

Texas Rent Relief Program

Tenant Application and Certification

Important Information

The Texas Rent Relief Program provides money to pay for rent and/or utilities only. You may receive assistance faster if your landlord applies for you. If your landlord is willing to participate, please work with your landlord and apply by using the Landlord Portal at www.texasrentrelief.com.

If your application is found to be eligible, the Texas Rent Relief Program will first try to pay your landlord and/or utility provider. If your landlord and/or utility provider does not accept the payment, the Texas Rent Relief Program will try to contact your landlord and/or utility provider for 21 days to confirm that they do not want to be paid directly.

The Texas Rent Relief program will only pay you after contacting or trying to contact your landlord and/or utility provider. If you receive payment directly from the Texas Rent Relief Program, you must use it to pay your landlord and/or utility provider.

Qualification Criteria

Renter households must have an income no more than 80 percent of area median income (AMI) **AND** one or more members of the household must have either:

- qualified for unemployment benefits, **OR**
- attest in writing that due to or during the pandemic they:
 - experienced a reduction in income,
 - incurred significant costs, or
 - experienced other financial hardship.

AND one or more individuals within the household must demonstrate they:

- are at risk of experiencing homelessness or housing instability, which may include a past due utility or rent notice or eviction notice, **OR**
- live in unsafe or unhealthy housing conditions.

Preliminary Screening Questions

You may be eligible for the Texas Rent Relief Program and can begin the application process only if you answer “Yes” to all of the five (5) questions below. If you answer “No” to any of the following questions you may not be eligible for assistance, however you may continue to apply for assistance and your application will be thoroughly reviewed.

Q.1 - Are you seeking assistance for Rent and/or Utilities for your primary residence, located in Texas?

YES NO

Q.2 - Is your household income less than or equal to 80% AMI for its size? For more information on household income, please visit texasrentrelief.com and utilize the tool [Look Up Your Area Median Income \(AMI\)](#).

YES NO



Q.3 - Can anyone in the household demonstrate that they are either at risk of homelessness (this includes past due utility/rent notice(s), eviction notice,) or demonstrate unsafe/unhealthy living conditions?

YES NO

Q.4 - Has anyone in the household experienced any of these financial impacts related to COVID-19: reduction/loss of income, increased expenses, other financial hardship and/or qualified for unemployment benefits since March 13, 2020?

YES NO

Q.5 - Is this the only payment assistance you are requesting or will receive for the months you are seeking assistance?

YES NO

Documents Needed To Apply

As part of the Program application, all tenants and household members will be required to submit the following documentation required to perform the eligibility review:

- Government- or other personal ID for at least one household member on the lease
- Copy of rent or lease agreement (or rent receipt)
- Evidence of unemployment benefits, if applicable
- Notices of late rent payment or notice to evict, if applicable
- Copies of past due utility bills, if utility assistance is being requested
- Income Documentation for all household members above the age of 18 (or head and/or co-head of household if all members are under 18) must be provided from one of the two options in the Tenant Income information.

Tenant Contact Information

Prior to submitting your application, you should gather the documents mentioned above to ensure your application is complete. Applications missing information may delay the award of funds. In order for your application to be processed, please fully complete the application.

Please enter the contact information below for the person seeking rental assistance (the person must be on the lease):	
First Name*	
Last Name*	
E-mail*	
Phone Number*	
Address Line 1	
Unit Number	
City/Town	
State	
County	
Zip/Postal Code	
Mailing Address	
Mailing Address Line 2	
City/Town	



State and County	
Zip/Postal Code	

* If utility assistance is being requested, the household member(s) whose name the utilities are in must also be entered below as a household member and their phone # and email provided.

If different from the person listed above, please enter the contact information below for the person seeking utility assistance (the person must be listed on the utility bill):	
First Name*	
Last Name*	
E-mail*	
Phone Number*	
Address Line 1	
Address Line 2	
City/Town	
State	
County	
Zip/Postal Code	
Mailing Address	
Mailing Address Line 2	
City/Town	
State and County	
Zip/Postal Code	

Eviction Diversion Program Participation

A portion of the funds have been set aside specifically for households whose landlords have already sued for eviction in their local court. The application process is the same, however please complete this section if you are undergoing eviction proceedings. If your landlord has not started eviction proceedings, then you may skip this section.

Please provide the information related to your eviction lawsuit.

Court Docket #	
Justice of the Peace Precinct	
County	

Tenant Household Information

Unemployment

Have you or anyone within the household qualified for Unemployment Benefits since March 13, 2020? (If you select "YES", you must submit your unemployment benefit letter or statement with this application)

YES NO



Are you or anyone within your household currently unemployed as of today?

- YES NO

Were you or anyone within your household unemployed for at least the last 90 days?

- YES NO

Financial Impact

Which of the following financial impacts that apply to you or anyone within your household were due to, or during, the COVID-19 pandemic? (select all that apply):

Reduction in Income:

- Laid off-Receiving unemployment assistance.
- Laid off-Not receiving unemployment assistance
- Place of employment has closed
- Reduction in hours of work
- Must stay home to care for child/children due to closure of daycare or school
- Not able to work and/or missed hours due to contracting COVID-19
- Unable to find work due to COVID-19
- Unwilling or unable to participate in their previous employment due to their high risk of

severe illness from COVID-19

Other reduction in household income (please describe): _____

Incurred Significant Costs:

- Reduction or elimination of child or spousal support
- Increased medical expenses
- Child or Adult dependent care expenses increased due to COVID-19
- Other significant costs (please describe): _____

Other Financial Hardship Experienced (please describe): _____

Housing Instability and Housing Conditions

Is your household at risk of homelessness or household instability? (if you select "YES", you must submit one of these documents: a past due utility notice, a past due rent notice(s), or an eviction notice)

- YES NO

Are you living in unsafe or unhealthy housing conditions? (if you select "YES", you must submit the Unsafe/Unsanitary Housing Condition Certification)

- YES NO



Tenant Income Information

Please list all household members' names (including the applicant) and include all income sources and amounts received for the previous year or the 60-days prior to applying for assistance.

You must submit documentation for each household member and for each source of income. If any adult household member does not receive income, please sign and submit the Income Certification. If any household member is self-employed and does not have a 2020 tax return or a profit and loss statement, please sign and submit the Self-Employment Income Certification.

Each household member may report their annual income **OR** the income for the most recent 60-day period. You do **NOT** need to enter income under both categories although each household member must report one or the other.

Household Member Name	Date of Birth	Employer or pay source	Annual Income	Income Past 60-Days

Rent Information

The program will automatically calculate your potential rental or utility assistance if you are eligible. Please enter and validate all information is correct to allow for an expedited review.

You must submit the lease and/or rent receipt for the listed address.

Monthly Rent	
Number of Months Late on Rent	

Are you also requesting rental assistance for 3 months of current/future rent for this unit (if you select "YES", your lease must cover this period, or a month-to-month lease with your landlord must be executed)

YES NO



Utility Information

Are you behind on utility payments or need assistance with the next few months of utility bills? Eligible utilities include electricity, gas, water and sewer, trash removal and energy costs, such as fuel oil. Telecommunication services, such as telephone, cable, and internet service costs are NOT eligible for assistance.

	Requesting Assistance for Past Due?	Total Amount Past Due	Requesting Assistance for 3 Months Current/Future?	Most Recent Monthly Bill Amount
Electricity	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$_____
Gas	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$_____
Water (and Sewer if Combined)	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$_____
Sewer (if Separate from Water)	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$_____
Trash Removal	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$_____
Other Energy Costs (such as fuel oil)	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$_____

For any row above that you answer yes, you must submit the past due statement from the specific utility provider for the listed address.

I/We, above named Tenant(s), hereby certify that:

- I/We have occupied the unit for which I/we am seeking assistance as my/our principal residence during the period of time for which the rental or utility arrears assistance, if any, is requested and will occupy the unit as my/our principal residence throughout the remaining months for which the assistance is provided.**
- I/We understand that if the Landlord and/or Utility Provider does not elect to participate, assistance payment may be made directly to me/us as the legally responsible party(ies) for the unpaid bill or future payment, and the payment must only be used for eligible costs as identified in this application. Use of payment received for any purpose other than the rent or utility assistance requested is subject to criminal penalty.
- To my/our knowledge, the Unit for which I am receiving assistance is not receiving Housing Choice Voucher or Project-Based Rental Assistance or is not public housing and is not receiving any other form of government or charitable assistance for the same month or months of rent for which this assistance is requested, such as tenant-based voucher assistance (such as Section 8), or project-based assistance.



4. I/We will not seek to obtain rental or utility assistance in the future for the same months of rental arrears, rent, utility arrears, or utilities covered by this assistance, and if I/we do receive such assistance I will report it to Landlord and/or Utility Provider using the contact information in my/our lease or utility bill statement, and to the Texas Rent Relief Program.
5. I/We will inform the Texas Rent Relief Program within ten calendar days if evicted from the Unit, if disconnected from Utility services, or if I/we no longer occupy the Unit as my/our principal residence during the period of assistance.
6. I/We have provided a current written lease as part of the application, or if I/we have not provided a current written lease, I/we have provided a copy of the most recent written lease (as applicable) and the rent receipt for the most recent full month that a rent payment was made, and that the information I have provided in the Tenant Application regarding the terms of my/our lease, rent amount, and/or utility arrears are true and accurate.
7. I/We understand that if determined to be ineligible, I/We can appeal the decision by following the appeal instructions at TXRentRelief.com
8. Tenant acknowledges that all information collected, assembled, or maintained by the Texas Rent Relief Program pertaining to their application, except records made confidential by law or court order, are subject to the Texas Public Information Act (Chapter 552 of Texas Government Code) and the Texas Rent Relief Program must provide citizens, public agencies, and other interested parties with reasonable access to all records pertaining to this application subject to and in accordance with the Texas Public Information Act.
9. I/We shall provide the U.S. Department of the Treasury, the U.S. Inspector General, the U.S. General Accounting Office, the Texas Comptroller, the Texas State Auditor's Office, the Office of Court Administration and the Texas Department of Housing and Community Affairs, or any of their duly authorized representatives, access to and the right to examine and copy records related to a payment made as a result of this application. If provided funds directly, I/we agree to keep records of payment to the Landlord for the later of five years, or Such records will be kept for the longer of five years, after notice of a monitoring, audit, or litigation, has been provided, the matter has had a final disposition.
10. I/We have been provided a copy of this certification.
11. I/We may remain responsible for charges presented with my utility bill, such as district assessments, internet, or cooperative fees, that are presented separately from the charges for utility service.
12. I/We may remain responsible for charges authorized under the lease other than rent going forward, including but not limited to pet rent or trash pickup fees.
13. **The information I/We have provided is true, accurate, and complete, and if requested, I am able to provide documentation to prove my household's loss of income or additional expenses. I/We understand that providing false, incomplete, or inaccurate information on application forms or seeking assistance for months in which assistance has been or will be provided, may result in termination of participation in the Program, up to 5 years of imprisonment and for each occurrence a fine of up to \$10,000.**

Full Name

Date

Signature of Person Helping Complete Form
(if Applicable)

Date



My name is _____ (first, middle, and last name of the Tenant); my date of birth is _____, and my street address is _____, in the City of _____, the State of _____, with the Zip Code _____. I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the ____ day of _____ (month), _____ (year).

Declarant (Named Tenant) Date

My name is _____ (first, middle, and last name of the Tenant); my date of birth is _____, and my street address is _____, in the City of _____, the State of _____, with the Zip Code _____. I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the ____ day of _____ (month), _____ (year).

Declarant (Named Tenant) Date

My name is _____ (first, middle, and last name of the Tenant); my date of birth is _____, and my street address is _____, in the City of _____, the State of _____, with the Zip Code _____. I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the ____ day of _____ (month), _____ (year).

Declarant (Named Tenant) Date

