



**CITY OF LAREDO
COMMUNITY DEVELOPMENT DEPARTMENT**

COVID-19 Mortgage Assistance Program

APPLICATION NO. _____

Date _____

APPLICANT INFORMATION

Name (Head of Household) _____

Status: Single Married Separated Divorce Veteran Status Yes No

Address: _____ Laredo, TX. Zip Code: _____

Is this your primary residence? Yes No Are you currently living in this residence? Yes No

Phone Number () _____ 2nd Phone Number () _____

Email _____

Hispanic: Yes No Ethnicity: White Native American (Indian) Black Asian Other

HOUSEHOLD INFORMATION

All members residing in the residence:

	Full Name	DOB	Relationship to Applicant	Gender (M/F)	Hispanic (Y/N)	Social Security No.
1			SELF			
2						
3						
4						
5						
6						
7						

EMPLOYMENT

Applicant's Employer (Current)

Name _____ Phone Number () _____

Address, City, State, Zip _____

Years Employed _____ Title _____

Supervisor's Name _____

Please indicate which of the following statements apply as a result to the Coronavirus (COVID-19) pandemic. Reduction of hours Furloughed Laid Off Other

Explain _____

HOUSEHOLD INCOME

List all household income in the table below.

Name of Adult	Source (Salary, SSI, Disability, Pension, Child Support)	Amount	Frequency (Weekly, Biweekly, Monthly)
TOTAL		\$	

ASSETS

Checking \$ _____ Bank Name _____

Other Checking \$ _____ Bank Name _____

Savings \$ _____ Bank Name _____

Other Savings \$ _____ Bank Name _____

Bonds _____ U.S. Savings Yes No

401K \$ _____ Bank Name _____

Other Property – Market Value _____

Address _____ Zip Code _____

Total Assets: \$ _____

MORTGAGE INFORMATION

Monthly mortgage amount \$ _____ Payment due date _____ Loan Number _____

Mortgagee Name _____ Phone number _____

Address _____ City _____ State _____ Zip Code _____

Mortgage Payment Information (If different from information mentioned above)

Address _____ City _____ State _____ Zip Code _____

Phone number _____ Fax Number _____

Is there a foreclosure notice from the mortgagee? Yes No Date of Foreclosure _____

How many months owed? _____ Late fees \$ _____ Total Amount \$ _____

ADDITIONAL INFORMATION

INITIALS

I understand the information provided is to determine eligibility but does not assure qualification for assistance.

I understand that any changes to the application during the eligibility phase must be reported immediately to the City.

Are you on a waiting list for assistance from another agency? Yes No

If yes, please list the agency and requested assistance:

Have you received assistance or received a commitment for assistance from any other source for the requested assistance? Yes No If yes, please explain _____

Are you related to the Mayor, a member of City Council or any relative working for the City of Laredo? Yes No If yes please provide name, relationship and department: _____

Is utility assistance needed? Yes No If yes, please fill out the supplemental form.

INDEMNIFICATION

TO THE EXTENT PERMITTED BY THE CONSTITUTION AND THE LAWS OF THE STATE OF TEXAS, THE APPLICANT SHALL INDEMNIFY, DEFEND AND HOLD HARMLESS THE CITY OF LAREDO AND THEIR RESPECTIVE DIRECTORS, OFFICERS, EMPLOYEE, AGENTS, FROM AND AGAINST ALL LOSSES, LIABILITIES, DAMAGES, SETTLEMENTS, CLAIMS, ACTIONS, SUITS, PENALTIES, FINES, COSTS OR EXPENSES (INCLUDING REASONABLE ATTORNEYS' FEES, EXPERTS' FEES AND OTHER COSTS OF INVESTIGATION OR DEFENSE AT ANY STAGE OF THE PROCEEDINGS) WHICH MAY BE SUSTAINED OR INCURRED AS THE RESULT OF ANY NEGLIGENT OR WILLFUL ACT, OMISSION, OR ANY ITS PERSONNEL, OCCURRING IN THE COURSE OF THE PERFORMANCE OF THIS PROGRAM. THIS INDEMNITY OBLIGATION SHALL SURVIVE THE EXPIRATION OR TERMINATION OF THIS AGREEMENT.

DUPLICATION OF SERVICES

By signing this application, you certify that you are **not** receiving mortgage assistance under another program and the City of Laredo's "Mortgage Assistance Program" is the only program assisting you at this moment. Approved applicants who receive assistance under this program must repay the City of Laredo the amount of funds used to assist him/her with mortgage/utility assistance if assistance is found to be duplicated.

NONDISCRIMINATION

The program shall not, in the provision of services or in any other manner, discriminate against any person on the grounds of age, race, color, creed, religion, sex, handicap, national origin, or familial status.

CERTIFICATION

Each person signing below certifies to the following: (1) to the best of my knowledge and ability, all of the information used in this application is true and complete. (2) I am not related to the program employee reviewing my application through family, business or other personal ties. (3) I understand that fraud is investigated by the U.S. Department of Housing and Urban Development, Office of Inspector General, and may be punished under Federal laws. (4) I understand that if any of these certifications is found to be false, I could be subject to criminal, civil and administrative penalties and sanctions.

Applicant Signature

Date

Application will be reviewed and applicant will be contacted within the next 5-10 business days on application status.

FOR OFFICE USE ONLY

FY 2020 INCOME LIMITS SUMMARY

Program	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
CDBG-CV 80%	\$33,000	\$37,700	\$42,400	\$47,100	\$50,900	\$54,650	\$58,450	\$62,200

Verify Income \$ _____

Program Eligibility: CDBG-CV (Up to 6 consecutive months, not exceeding \$10,000 of mortgage assistance per household.)

Not Eligible

Under penalty of perjury, I certify that to the best of my knowledge and ability, all of the Information used in this application is true and accurate. I understand that fraud is investigated by the U.S. Department of Housing and Urban Development, Office of Inspector General, and may be punished under Federal laws.

Reviewed by: Print Name

Date

Approved by: Print Name

Date

The following documents must be submitted with this application. Failure to provide all required documentation will delay process and may result in the denial of assistance.

- Valid TX ID or DL for every household member 18 years and older
- Social Security card of each household member
- Birth Certificates or permanent residence card of each household member
- Check stubs from the last 30 days of every household member 18 years and older
- Most recent Income tax return of all adults
- Most recent W-2 Form of all adults
- Verification of employment form for current/last employment and all employers listed under the last income tax filed
- Most current monthly billing statement from mortgagee showing past due amount
- Documentation of all income sources (Disability, SSI, Pension, Child Support)
- Bank statements of checking account from last 3 months of every household member 18 years and older
- Disaster Self-Declaration of Income form
- General Release form
- Acknowledgment form
- Waiver Agreement form
- Mortgagee W-9 Form

- If applicable, last bank statement of savings account from every household member 18 years and older
- If applicable, utility supplemental form
- If applicable, most recent utility bill(s)
- If applicable, notice of delinquency from mortgagee
- If applicable, deferment agreement with mortgagee
- If applicable, foreclosure notice

*****Once application is complete with all required documents,
please make an appointment by calling (956)523-0225*****





**CITY OF LAREDO
COMMUNITY DEVELOPMENT DEPARTMENT**

COVID-19 Mortgage Assistance Program

REQUEST FOR VERIFICATION OF EMPLOYMENT

Name of Applicant: _____

Employer Information:

Name _____

Address: _____

Phone: _____

Employer's Verification

Position held: _____

Dates of Employment: _____

Rate of Pay: Hourly _____ Biweekly _____ Monthly _____

Status: Full time Part time Other _____

I _____ certify one of the following statements apply as a result to the Coronavirus (COVID-19) pandemic for _____.

Reduction of hours Furloughed Laid off

Other _____

The above information is furnished in strict confidence in response to your request.

Signature _____

Date _____

Title _____

REQUEST FOR VERIFICATION OF EMPLOYMENT

Name and Address of Applicant: _____ _____	Date of Request _____
Name and Address of Applicant's Employer: _____ _____	

Employer's Verification

Position Held: _____ Dates of Employment: _____	Rate of Pay* (Estimate, if not actually paid on hourly or annual basis) Hourly \$ _____ Annual \$ _____
Probability of Continued Employment: _____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Additional Compensation (Actual Amount Received in the Past 12 Months) Overtime \$ _____ Commissions \$ _____ Bonus \$ _____
Other Remarks: _____	
Signature of Employer The above information is furnished in strict confidence, in response to your request. _____ Date Signature _____ Title	Name and Address of Department to which this Form is to be returned: City of Laredo Department of Community Development 1301 Farragut 2 nd Floor East Wing Laredo, Texas 78042 Authorization: I hereby authorize release of the above requested information _____ Signature of Applicant

**CITY OF LAREDO COVID-19 MORTGAGE ASSISTANCE PROGRAM
CERTIFICATION OF ZERO INCOME**

A "Certification of Zero Income" should be completed by adult household members only (if appropriate). If there are any sources of income listed that you (the applicant) need clarification on, please contact the CD COVID-19 Response Staff.

Applicant's Name:

Address:

Email Address:

Phone:

THIS SECTION TO BE COMPLETED BY APPLICANT/RESIDENT

I, _____ hereby certify that:

A. I *do not* individually receive income from *any* of the following sources:

- Wages from employment (including commissions, tips, bonuses, fees, etc.);
- Income from operation of a business;
- Rental Income from real or personal property;
- Interest or dividends from assets;
- Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
- Unemployment or disability payments;
- Public assistance payments other than food stamps;
- Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
- Sales from self-employment resources (including Avon, Mary Kay, Pampered Chef, Shaklee, etc.);
- Any other source not named above; AND

B. I currently *do not* have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months; AND

C. I will be using the following sources of funds to pay for rent, utilities, and/or other necessities:

APPLICANT CERTIFICATION

Under penalty of perjury, I certify, to the best of my knowledge, that the information presented in this certification is true and accurate. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of participation under the City of Laredo COVID-19 MORTGAGE ASSISTANCE PROGRAM.

Household/Resident Printed Name

Signature

Date

WARNING: Title 18, Section 1001 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency in the United States as to any matter within its jurisdiction.



**CITY OF LAREDO
COMMUNITY DEVELOPMENT DEPARTMENT
COVID-19 Mortgage Assistance Program**

DISASTER SELF-DECLARATION OF INCOME

Applicant Name _____

I hereby certify that I have been affected by the COVID-19 pandemic.

I will receive income from the following sources over the next 12 months. Please mark each statement.

- Y N Wages from employment
- Y N Income from operation of a business
- Y N Rental income from real or personal property
- Y N Interest or dividends from assets
- Y N Social Security, Annuities, Retirement, Insurance, Pension, etc.
- Y N Unemployment or disability payments
- Y N Public assistance
- Y N Periodic allowances such as alimony, child support, or donations
- Y N Sales from self-employed resources
- Y N Other type of source _____
- Y N I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

Please explain any Y (yes) answers and list the annual amounts:

I certify that I have provided income documentation for all income sources

I certify that I am unable to provide complete 3rd party verification or income documentation because:

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement and repayment of fund can be requested. The information provided is subject to verification by the City.

Applicant Signature _____

Date _____





**CITY OF LAREDO
COMMUNITY DEVELOPMENT DEPARTMENT
COVID-19 Mortgage Assistance Program**

GENERAL RELEASE FORM

I/We authorize City of Laredo’s Community Development Department Mortgage Assistance Program or its designated agents to obtain and receive all records and information pertaining to eligibility for the program, from all persons, companies, or firms holding or having access to such information. This authorization hereby gives the program staff the right to request all information that we can or could obtain from any persons, company, or firm on any matter regarding this program. I/We agree to have no claim for defamation, violation of privacy, or otherwise against any person or firm or corporation by reason of any statement or information released by them to program staff for purposes of the program.

I/We authorize city staff to disclose any or all information provided in my application to agencies that may offer assistance to me. I/We authorize the program to release this information without liability to the program staff and/or the City of Laredo. The release of information does not guarantee that I/we will receive assistance from an agency. Agencies will determine if assistance is available at the time the information becomes available to them. The City and partnering agencies are not required to provide any of these services/items under this program.

I/We authorize city staff to verify with other persons, company, or firm if I/we have received or waiting to receive services including but not limited to quarantine, rental, mortgage and/or utility assistance under another program, agency or from another person in order to verify and avoid duplication of services.

Signature of Head of Household

Date

Signature

Signature

Address





**CITY OF LAREDO
COMMUNITY DEVELOPMENT DEPARTMENT**

COVID-19 Mortgage Assistance Program

ACKNOWLEDGMENT FORM

The CARES Act made funds available thru the Community Development Block Grant Coronavirus (CDBG-CV) to prevent, prepare for, and respond to coronavirus. The program is designed to help the applicant regain stability in their current permanent home by providing a one-time grant to eligible applicants.

The City has the option to set a maximum length of time that an individual/family may participate and receive assistance under the program. Assistance may only be approved for a period of up to six (6) consecutive months for mortgage and utility assistance payments. Households can only be assisted once under the City of Laredo CDBG-CV Mortgage Assistance Program. The assistance must be for an owner-occupied residence and it must be located within the City of Laredo city limits.

The maximum amount of mortgage assistance per household will be based on household's need. Applicant must present mortgage statement with past due amount. The total amount of mortgage assistance provided will not exceed \$10,000.00 per household.

Utility payments allowed under this program include electricity, water and gas, **only**. The utility assistance amount will be based on household's need. Applicant must present utility statement with past due amount. The amount of assistance provided will not exceed the actual amount needed. Utility payments may **only** be made when there is a need to provide mortgage assistance payment(s).

They City of Laredo Community Development Department will process and issue payment directly to the mortgagee or utility company on behalf of the approved applicant. NO payments will be issued to the applicant directly. Payment will be processed according to the City's financial policy and accounts payable process. There is no obligation by the City of Laredo to fund a submitted application. All funding considerations are subject to the availability of funds, and program regulatory guidance from HUD.

By signing this form, you certify that you are **not** receiving or waiting to receive mortgage and/or utility assistance from another source or under another program and the City of Laredo's "Mortgage Assistance Program" is the only program assisting you at this moment.

Approved applicant who received assistance under this program must repay the City of Laredo the amount of funds used to assist him/her under this program if assistance is found to be duplicated, if applicant is found to be in violation of the program Policy and Procedure and/or has given false, misleading, or inaccurate statements or information.

I have read and understand my participation on the Mortgage Assistance Program and certify that all the information provided is accurate and truthful to the best of my knowledge.

Signature _____

Date _____





**CITY OF LAREDO
COMMUNITY DEVELOPMENT DEPARTMENT**

COVID-19 Mortgage Assistance Program

WAIVER AGREEMENT

The City of Laredo (“City”) on condition of your signing this waiver and affirming the promises and statements contained below, agrees to permit you to participate in the COVID-19 Mortgage Assistance Program.

I/We, acknowledge the following statements are true:

I/We acknowledge that our participation in COVID-19 Mortgage Assistance Program entails known and unanticipated risks that could result in physical or emotional injury, damage to us, to our property, or to third parties.

I/We certify that we have adequate insurance to cover any injury or damage we may cause or suffer while participating, or else agree to bear the costs of such injury or damage ourselves. We further certify that we are willing to assume the risk of any medical or physical condition we may have.

On behalf of myself, my heirs, personal representatives and executors, we hereby disclaim, release and waive any and all claims against the City for personal injuries or damages to property sustained by us or any other person arising out of my participation in the COVID-19 Mortgage Assistance Program including claims and damages arising in whole or in part from the negligence of the City, its agents or employees.

IT IS OUR EXPRESS INTENT TO RELEASE THE CITY FROM ANY AND ALL CLAIMS ARISING FROM OUR PARTICIPATION IN THE VOLUNTEER SERVICE REGARDLESS OF WHETHER SUCH CLAIMS ARE FOUNDED IN WHOLE OR IN PART UPON ALLEGED NEGLIGENCE OF CITY, ITS AGENTS OR EMPLOYEES.

In signing this release and waiver we are relying wholly upon our own judgment, belief and knowledge. By signing this document, we acknowledge that if anyone is hurt or property is damaged during my participation in the COVID-19 Mortgage Assistance Program, we may be found by a court of law to have waived our right to maintain a lawsuit against the City on the basis of any claim from which we have released them herein. We have had sufficient opportunity to read this entire document. We read and understand it, and agree to be bound by its terms.

Signature of Applicant

Date

Signature

Date

Signature

Date





**CIUDAD DE LAREDO
DEPARTAMENTO DE DESARROLLO DE LA COMUNIDAD**

**Community Development Block Grant
COVID-19 Programa de Asistencia de Hipoteca**

ACUERDO DE RENUNCIA

La ciudad de Laredo ("Ciudad") con la condición de que usted firme esta renuncia y afirme las promesas y declaraciones contenidas a continuación, se compromete a permitirle participar en el "COVID-19 Programa de Asistencia de Hipoteca".

Yo, _____ reconozco que las siguientes afirmaciones son verdaderas:

Reconozco que mi participación en el "COVID-19 Programa de Asistencia de Hipoteca" implica riesgos conocidos e imprevistos que podrían resultar en lesiones físicas o emocionales, daños a mí, a mi propiedad o a terceros.

Certifico que tengo un seguro adecuado para cubrir cualquier lesión o daño que pueda causar o sufrir mientras participo, o de lo contrario acepto asumir los costos de dicha lesión o daño a mí mismo. Certifico además que estoy dispuesto a asumir el riesgo de cualquier condición médica o física que pueda tener.

En nombre mío, mis herederos, representantes personales y ejecutores, por la presente renuncio y libero a todas y cada una de las reclamaciones contra la Ciudad por lesiones personales o daños a la propiedad sufridas por mí o cualquier otra persona que surja de mi participación en el "COVID-19 Programa de Asistencia de Hipoteca", incluyendo reclamos y daños que surjan en su totalidad o en parte de la negligencia de la Ciudad, sus agentes o empleados.

ES MI INTENCIÓN EXPRESA LIBERAR A LA CIUDAD DE CUALQUIER Y TODAS LAS RECLAMACIONES QUE SURJAN DE MI PARTICIPACION EN EL SERVICIO VOLUNTARIO, INDEPENDIENTEMENTE DE SI DICHAS RECLAMACIONES SE FUNDAN EN TODO O EN PARTE SOBRE LA PRESUNTA NEGLIGENCIA DE LA CIUDAD, SUS AGENTES O EMPLEADOS.

Al firmar esta liberación y renuncia, confío plenamente en mi propio juicio, creencia y conocimiento. Al firmar este documento, reconozco que si alguien resulta herido o la propiedad se daña durante mi participación en el "COVID-19 Programa de Asistencia de Hipoteca", puedo ser encontrado por un tribunal de justicia que he renunciado a mi derecho a mantener una demanda contra la Ciudad sobre la base de cualquier reclamo del cual los he liberado en este documento. He tenido la oportunidad suficiente de leer todo este documento. Lo leí y lo entiendo, y acepto estar obligado por sus términos.

Firma del Aplicante

Representante Autorizado

Fecha





**CITY OF LAREDO
COMMUNITY DEVELOPMENT DEPARTMENT
COVID-19 Mortgage Assistance Program**

COVID-19 UTILITY SUPPLEMENTAL INFORMATION

Please mark which type of utilities assistance is needed and attach the most recent utility bill(s):

Water _____ How many months do you owe? _____

Does the applicant have a disconnection notice for utilities? Yes No

Late/Reconnect fee \$ _____ Disconnection Date _____

Total amount owed \$ _____

Electricity _____ How many months do you owe? _____

Does the applicant have a disconnection notice for utilities? Yes No

Late/Reconnect fee \$ _____ Disconnection Date _____

Total amount owed \$ _____

Gas _____ How many months do you owe? _____

Does the applicant have a disconnection notice for utilities? Yes No

Late/Reconnect fee \$ _____ Disconnection Date _____

Total amount owed \$ _____

