



CITY OF MISSION
CDBG-CV3
ASSISTANCE PROGRAM
APPLICATION GUIDELINES AND CHECKLIST

CHECKLIST		
1	Application- Qualified Documents Application OR Full Program Application	
2	Driver's License, I.D. Card	
3	Proof of address/ Utility Bills	
4	A statement on how the household was affected by COVID-19	
	Qualified Documents Application <60% of the AMI	
5	SNAP Eligibility Letter, Medicaid Letter, TANF, SSI Letter	
	Full Program Application >60% of the AMI	
5	Most recent Income Tax Return	
6	Three months most recent pay stubs, showing year to date earnings	
7	Last three months of bank statements for all Checking/Savings Accounts	
	Qualified Documents Application & Full Program Application	
8	Conflict of Interest Affidavit Form (To be executed upon approval of application)	
9	COVID-19 Liability Waiver Form	

Landlord Documents

- 10 Lease Agreement
- 11 Statement of missed payment
- 12 W9

Mortgage Documents

- 13 Mortgage Statement
- 14 W9 from servicer

**CDBG-CV 3 Program Application
Entitlement Community of Mission, TX
Income Eligibility Certification Form**

Qualified Documents Application

Participants of the Federally-funded Community Development Block Program (CDBG) must disclose personal information for reporting and eligibility purposes. Please print legibly and answer all questions completely.

WARNING: The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.

I. General Information: Household Demographics

A. Applicant Information

Applicant Name: _____

Co-Applicant Name: _____

Address _____

City, State _____ Zip Code _____

Does the applicant reside within the City limits? Yes No

B. Characteristics (Circle One)

1. Hispanic: Yes No

2. Race:

- | | |
|--|--|
| White | Black/African American |
| Asian | American Indian/Alaskan Native |
| Native Hawaiian/Other Pacific Islander | American Indian/Alaskan Native & White |
| Asian & White | Black/African American & White |
| American Indian/Alaskan Native & Black | Other Multi-Racial |

3. Number of Persons Benefitting from Services _____

4. Number of Persons in Household _____

5. Head of Household _____ Male _____ Female

II. Qualification Documents

Please mark (X) your answer

- A. Does your family receive TANF (Temporary Assistance for Needy Families)?
 Yes; Source Documentation: provide an award letter no older than 6 months from the date of this application; Stop and go to Step III to sign and date this application
 No; please continue to the next question

- B. Does anyone in your household receive MEDICAID?
 Yes; Source Documentation: provide an award letter no older than 6 months from the date of this application; Stop and go to Step III to sign and date this application
 No; please continue to the next question

- C. Does your family receive SNAP (FOOD STAMPS)?
 Yes; Source Documentation: provide an award letter no older than 6 months from the date of this application; Stop and go to Step III to sign and date this application
 No; please continue to the next question

- D. Do you reside in Public Housing (Housing Authority or Section 8)?
 Yes; Name the City in which the Public Housing is located _____
Source Documentation: provide a copy of ID/license, or utility bill indicating address; Stop and go to Step III to sign and date this application
 No; please use the Income and Assets Application

III. Certification of Applicant

Circle income limit based on household size.

INCOME TABLE
(BELOW): As of May 1, 2024

Household Size	Extremely Low Income (30%)	Very Low Income (50%)	Low Income (80%)
1 Person	\$15,750	\$26,250	\$42,000
2 Persons	\$18,000	\$30,000	\$48,000
3 Persons	\$20,250	\$33,750	\$54,000
4 Persons	\$22,250	\$37,500	\$60,000
5 Persons	\$24,300	\$40,500	\$64,800
6 Persons	\$26,100	\$43,500	\$69,600
7 Persons	\$27,900	\$46,500	\$74,400
8 Persons	\$29,700	\$49,500	\$79,200

Applicant is _____ Eligible _____ Not Eligible

I/We, _____,
[Print Name(s)]

hereby acknowledge that (1) eligibility for assistance under this CDBG-funded program is based upon having a presumption or qualifying household income; (2) the information furnished to the Agency providing the services and Grantee is current as of the date signed; (3) this information may be subject to further verification by the Grantee and/or the U.S. Department of Housing and Urban Development (HUD) and HUD–Office of Inspector General (HUD-OIG); (4) I authorize such verification; and (5) falsification of the information provided may subject me to prosecution under applicable state and federal laws.

Applicant Signature

Date

Co-Applicant Signature

Date

IV. Certification of Agency

I, _____, hereby acknowledge that I have
(Print Name)
received the necessary documentation in order to provide services under the CDBG Program.

Signature

Date

**CITY OF MISSION
CDBG-CV3**

CDBG-CV3 has been developed to prevent, prepare for and respond to the coronavirus pandemic. Assistance will be provided on a first come, first served basis.

El CDBG_CV3 se ha desarrollado para prevenir, prepararse y responder a la pandemia de coronavirus. La asistencia se proporcionará por orden de llegada.

APPLICANT'S NAME (Nombre del solicitante): _____

CO-APPLICANT'S NAME (nombre del co-solicitante): _____

PHONE NUMBER (Teléfono): _____ OTHER (Otro): _____

RESIDENCE ADDRESS (Dirección de residencia): _____

MAILING ADDRESS/ Dirección de envío (if different/ si es diferente): _____

Does the applicant reside inside the City limits of Mission? _____

(¿El solicitante reside dentro de los límites de la ciudad de Mission?): _____

DUPLICATION OF BENEFITS

- I/we have **not** applied for or received **any** funding assistance for food from another agency in the past 12 months
(Yo / nosotros no hemos solicitado ni recibido ninguna ayuda financiera para alimentos de otra agencia en los últimos 12 meses).
(Initial) _____ (Initial) _____
- I/we have applied and received funding assistance from the following agencies to assist us with food in the past 12 months. (Yo / nosotros hemos solicitado y recibido asistencia financiera de las siguientes agencias para ayudarnos con la comida en los últimos 12 meses). (Initial) _____ (Initial) _____
- Are there **any** applications pending from other agencies: Yes or No
¿Hay solicitudes pendientes de otras agencias? Sí o No

(If yes name the agency and date applied/ En caso afirmativo, nombre la agencia y la fecha de solicitud).

Name (Nombre): _____ Date (fecha): _____

Name (Nombre): _____ Date (fecha): _____

If yes, be aware that you are not eligible to receive duplicate funding under this program.

En caso afirmativo, tenga en cuenta que no es elegible para recibir fondos duplicados bajo este programa.

CERTIFICATION: I/We certify that the information provided is true and correct and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information submitted may result in civil liability and/or criminal penalties including, but not limited to fine or imprisonment or both under the provisions of United States Codes.

CERTIFICACIÓN:

Certifico / certificamos que la información proporcionada es verdadera y correcta y reconozco mi / nuestro entendimiento de que cualquier tergiversación intencional o negligente de la información presentada del programa requerirá reembolso y puede dar lugar a responsabilidad civil y / o sanciones penales que incluyen, entre otras, una multa o prisión o ambas bajo las disposiciones de los Códigos de los Estados Unidos.

Signature of Applicant

Signature of Co-Applicant

Other Household Member

Other Household Member

FOR OFFICE USE ONLY:

Eligibility Reviewed
and Verified by

Staff

Approved by:

Director

COVID-19 Statement

Name: _____

Address: _____

Phone Number: _____

I was affected by COVID-19 due to... (Me afectó COVID-19 debido a)..... _____

CERTIFICATION:

I/We certify that the information provided is true and correct and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information submitted may result in civil liability and/or criminal penalties including, but not limited to a fine or imprisonment or both under the provisions of United States Codes.

CERTIFICACIÓN:

Certifico / certificamos que la información proporcionada es verdadera y correcta y reconozco mi / nuestro entendimiento de que cualquier tergiversación intencional o negligente de la información presentada puede dar lugar a responsabilidad civil y / o sanciones penales que incluyen, entre otras, una multa o prisión o ambas bajo las disposiciones de los Códigos de los Estados Unidos.

Signature of Applicant (Firma del solicitante)

City of Mission

**Affordable Homes of South Texas, Inc. (CDBG-CV3)
Assistance Program**

**Participant Assumption of Risk and Waiver of Liability Relating to
Coronavirus Pandemic COVID-19**

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to, or infected by COVID-19 by participating under the City of Mission's Community Development (CD) Department Programs which includes the Affordable Homes of South Texas Program and any other programs associated within the dept. and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand exposure to or infection by COVID-19 by participating under the CD Dept. programs may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City employees and contractors, subcontractors, or their respective employees.

In no event shall the City or its agents or employees be liable for any claims arising out of the COVID-19 Pandemic. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my participating in the CD Dept. programs. I hereby release, covenant not to sue, discharge, and hold harmless the City of Mission, its employees, agents, volunteers and representatives, of and from the assistance, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any assistance based on the actions, omissions, or negligence of the City of Mission, its employees, agents, volunteers and representatives, whether a COVID-19 infection occurs before, during, or after participation in the City of Mission CD Dept. programs which includes the Affordable Homes of South Texas Program (CDBG-CV3), and any other programs associated within the dept.

This Agreement shall be governed by the laws of the State of Texas. I agree that the venue for any and all disputes related to this Agreement shall be Hidalgo County, Texas. For any controversy, claim, or dispute arising out of or relating to this Agreement, I shall first attempt to informally resolve such controversy, claim, or dispute with the City. Thereafter, I shall submit in good faith to mediation with the City before commencing a legal proceeding. Each party shall bear its own costs and expenses, including attorneys' fees and costs, in seeking to enforce the terms of this Agreement.

I am at least eighteen years of age and have carefully read and freely signed this Release of Liability Form. I understand and agree that no oral or written representations can or will alter the contents of this document. I agree that this agreement shall be governed by the laws of the State of Texas (excluding its conflict of laws principles).

Signature of Applicant Print Name Date

Signature of Co-Applicant Print Name Date

EXHIBIT "G"
Conflict of Interest Certification

Instructions: Please check below if you are related to any of the individuals listed.

City of Mission Council:

- | | |
|---|--|
| <input type="checkbox"/> Mayor Norie Gonzalez Garza | <input type="checkbox"/> Mayor Pro Tem Ruben Plata |
| <input type="checkbox"/> Councilwoman Jessica Ortega Ochoa | <input type="checkbox"/> Councilwoman Marissa Ortega Gerlach |
| <input type="checkbox"/> Councilman Jose Alberto Vela, PharmD | <input type="checkbox"/> City Manager Randy Perez |

Citizens Advisory Committee:

- | | |
|--|--|
| <input type="checkbox"/> Lorenzo Garza | <input type="checkbox"/> Zoreida Lopez |
| <input type="checkbox"/> Roxanne Mendez | <input type="checkbox"/> Cynthia Pacheco |
| <input type="checkbox"/> Alma Garcia | <input type="checkbox"/> Francisco Cadena |
| <input type="checkbox"/> Marsha Terry | <input type="checkbox"/> Emigdio Villanueva, Jr. |
| <input type="checkbox"/> Monica Rosales-Flores | |

City Staff:

- | | |
|--|--|
| <input type="checkbox"/> Jo Anne Longoria, CD Director | <input type="checkbox"/> Esther G. Rivera, Housing Coordinator |
| <input type="checkbox"/> Daniel X. Sanchez, Administrative Coordinator | <input type="checkbox"/> Martha Lopez, Projects Clerk |

Please check the appropriate box below. If you are related to any of the listed above, please state how the individual is related to you, if he /she is providing you with any assistance, and if he/she has any interest on your property.

I am not related to any of the listed elected officials or staff members.

I am related to the elected official or staff member so designated.

Signature	Date	Signature	Date
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STATE OF TEXAS
COUNTY OF HIDALGO

_____, personally, appeared before me and declared that he/she signed this affidavit in the capacity designated, if any, and further states that he/she has read the above document and the statements therein contained are true.

Subscribed and sworn before me on this the _____ day of _____, 2024.

Notary Public in and for the State of Texas

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____	<small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-			-				
or											
Employer identification number											
				-							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.