



HOLLIS RUTLEDGE & ASSOCIATES INC.

Business Management • Marketing Consultants • Real Estate • Governmental Affairs

Texas Emergency Mortgage Assistance Program

Documentation Check list

NAME: _____

PHONE: _____

ADDRESS: _____

EMAIL:

2021 Income

Social Security/SSI – 2021 Award Letter

Employment – Check stubs (5 for paid weekly, 3 for paid every other week, 2 for paid twice a month, 1 for paid monthly)

Benefit Letter – VA, Child Support, SNAP benefits, utility assistance, etc.

Self -Certification of Annual Income by Beneficiary

Bank Statement covering at least the most recent 4 weeks

Homeowner Certification (attached)

Copy of Most recent mortgage statement showing missed payment(s).

Proof of Primary Residency: utilities under the homeowners name, document from County Appraisal District showing a homestead exemption.

Signed Authorization to Release Mortgage Information

TEXAS EMERGENCY MORTGAGE ASSISTANCE PROGRAM (TEMAP)

HOMEOWNER APPLICATION

A. TEMAP PROGRAM ADMINISTRATOR/SUBRECIPIENT INFORMATION	
1. Administrator Name : Hollis Rutledge and Associates, Inc.	

B. APPLICANT INFORMATION	
1. Applicant Name:	
2. Street Address:	
3. City/State/Zip Code:	4. County:
5. Email Address:	6. Home Phone: () - 7. Cell Phone: () -

C. MORTGAGE INFORMATION	
1. Mortgage Lender's Name: Mortgage lender is an eligible lender according to the TEMAP Guidelines <input type="checkbox"/> Yes <input type="checkbox"/> No Contact Information (Email and/or Phone Number):	
2. Is your mortgage in forbearance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is your forbearance greater than 5 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Your mortgage is: 1) first lien <input type="checkbox"/> or a first and second lien mortgage <input type="checkbox"/>	
4. Is your mortgage funded through Federal, State, or Local funds? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Date of Purchase: Date the home was constructed:	
6. Number of bedrooms in the Home:	
7. Monthly Mortgage Payment amount: \$ Include the total amount on the Mortgage Statement (Principal, Interest and Escrow for Taxes and/or Insurance).	
If you need assistance in determining the correct amount below, please ask the assistance provider.	
8. 150% SAFMR or FMR: \$ Determine the applicable 150% of Small Area Fair Market Rent (SAFMR) or Fair Market Rent (FMR) for your current unit size and county or zip code. HERE .	
<i>* If the contract rent is higher than 150% of the SAFMR or FMR, your home is not eligible for assistance and you can stop filling out the rest of the application.</i>	

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D. NEEDS ASSESSMENT

1. Amount Owed to Mortgage Lender

- a. Does your mortgage payment include escrow for taxes and insurance? Yes No

Indicate the monthly amount for escrow \$

- b. Do you owe any late fees? Yes No

Indicate the total amount of late fees \$

- c. Total amount of mortgage currently owed to your lender: \$

Include current month's mortgage and any arrears owed.

- d. List the prior months for which mortgage is owed:

Include both month and year. For example: 10/2020, 11/2020 and 12/2020.

- e. List the current and future months for which you are seeking mortgage assistance:

Note that the months of prior, current and future assistance cannot exceed 6 months and you must include at least one current or future month.

2. Mortgage Assistance Received

- a. Have you received any mortgage assistance from other sources (for example, city, county, church or other organization) for the months that you are seeking mortgage assistance? Yes No

➔ If no, skip the rest of this question.

- b. If, yes, what is the total amount of mortgage assistance already received?

• List the month(s) the mortgage assistance covered:

• What was the source of assistance (for example, name of assistance program)?

3. Unmet Need

What is your total unmet need?

Calculate the total amount of mortgage currently owed to your mortgage company (item D1c) minus (-) total amount of mortgage assistance already received (item D2b).

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E. HOUSEHOLD COMPOSITION INFORMATION						
(List all members of the household)						
Full Name (exactly as it appears on driver's license or other identification document)	Relationship to Head of Household	Date of Birth	Gender	Student Status	Receives Income?	Check if Veteran
1.	Head of Household		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
2.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
3.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
4.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
5.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
6.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
7.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
8.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
9.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
10.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
11.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
a. Is any household member listed above a foster child?			<input type="checkbox"/> No <input type="checkbox"/> Yes, who?			
b. Is any household member listed above a live-in attendant?			<input type="checkbox"/> No <input type="checkbox"/> Yes, who?			

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F. CATEGORICAL ELIGIBILITY

Is the household made up of 6 or fewer members AND receiving benefits under SSI (for the head or co-head of household), LIHEAP, or SNAP?

Yes If yes, attach source support documentation and skip Section H. **No**

G. CURRENT EMPLOYMENT INFORMATION

Add an additional sheet if you need space to list the income of additional household members.

1. Household Member Name:		Occupation:		Work Phone: () -	
Employer Name and Address:		City:		State:	Zip Code:
Date Hired:	Salary: \$	Pay Period: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly (26) <input type="checkbox"/> Semi-monthly (24) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other	Hours worked per week:		Employer Email:
2. Household Member Name:		Occupation:		Work Phone: () -	
Employer Name and Address:		City:		State:	Zip Code:
Date Hired:	Salary: \$	Pay Period: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly (26) <input type="checkbox"/> Semi-monthly (24) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other	Hours worked per week:		Employer Email:
3. Household Member Name:		Occupation:		Work Phone: () -	
Employer Name and Address:		City:		State:	Zip Code:
Date Hired:	Salary: \$	Pay Period: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly (26) <input type="checkbox"/> Semi-monthly (24) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other	Hours worked per week:		Employer Email:
4. Household Member Name:		Occupation:		Work Phone: () -	
Employer Name and Address:		City:		State:	Zip Code:
Date Hired:	Salary: \$	Pay Period: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly (26) <input type="checkbox"/> Semi-monthly (24) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other	Hours worked per week:		Employer Email:

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HOMEOWNER APPLICATION

H. CURRENT EMPLOYMENT INFORMATION					
Add an additional sheet if you need space to list the income of additional household members.					
5. Household Member Name:		Occupation:		Work Phone: () -	
Employer Name and Address:		City:		State:	Zip Code:
Date Hired:	Salary: \$	Pay Period: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly (26) <input type="checkbox"/> Semi-monthly (24) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other		Hours worked per week:	Employer Email:
6. Household Member Name:		Occupation:		Work Phone: () -	
Employer Name and Address:		City:		State:	Zip Code:
Date Hired:	Salary: \$	Pay Period: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly (26) <input type="checkbox"/> Semi-monthly (24) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other		Hours worked per week:	Employer Email:

I. DEMOGRAPHIC INFORMATION: The Texas Department of Housing and Community Affairs (TDHCA) requests this information for reporting requirements. Although TDHCA would appreciate receiving this information, you may choose not to provide it. You may not be discriminated against on the basis of this information, or on whether or not you choose to provide it.

If you do not wish to provide this information, please check this box:

Ethnicity Codes:
H – Hispanic: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as “Latino” or “Spanish Origin” apply to this category.
NH – Not Hispanic

Choose all applicable Race Code(s):	Age Codes:	Disability Status:		
<ol style="list-style-type: none"> 1. American Indian or Alaska Native 2. Asian 3. Black or African American 4. Native Hawaiian or Other Pacific Islander 5. White 	<ol style="list-style-type: none"> A. 0 – 17 years B. 18 – 24 years C. 25 – 61 years D. 62 years + 	A person with a disability has a physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or is regarded as having such an impairment. The definition of disability does not include current, illegal use of or addiction to a controlled substance.		
Member	Ethnicity Code	Race Code	Age Code	Check if Person has Disability
Example	<i>H</i>	<i>2, 3</i>	<i>C</i>	<input checked="" type="checkbox"/>
1 (Head)				<input type="checkbox"/>

TEXAS EMERGENCY MORTGAGE ASSISTANCE PROGRAM (TEMAP)

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2				<input type="checkbox"/>
3				<input type="checkbox"/>
4				<input type="checkbox"/>
5				<input type="checkbox"/>
6				<input type="checkbox"/>
7				<input type="checkbox"/>
8				<input type="checkbox"/>
9				<input type="checkbox"/>
10				<input type="checkbox"/>
11				<input type="checkbox"/>

J. RELEASE AND SIGNATURES

Each of the undersigned Applicants for the Texas Emergency Mortgage Assistance Program (TEMAP) hereby certifies that all of the information provided in the above Application is true and correct, and does hereby authorize the release and/or verification of employment, tenancy, and income information.

Applicant's Printed Name	Signature	Date
Co-Applicant's 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.

Reasonable accommodations to complete the application will be made for persons with disabilities and language assistance will be made available for persons with limited English proficiency.



TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

Street Address: 221 East 11th Street, Austin, TX 78701 | Mailing Address: PO Box 13941, Austin, TX 78711
 Main Number: 512-475-3800 Toll Free: 1-800-525-0657
 Email: info@tdhca.state.tx.us Web: www.tdhca.state.tx.us



Texas Emergency Mortgage Assistance Program (TEMAP)

Homeowner Certification

Office Use ONLY

Organization Name:

Organization Email and Phone:

Homeowner Use

Homeowner Name:

Property Address:

Homeowner Phone Number:

Homeowner Email:

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

1. I/We have owned and occupied the above-referenced home as my/our principal residence during the period of time for which the mortgage assistance, if any, is requested and will occupy the home as my/our principal residence throughout the remaining months for which the assistance is provided.
2. I/We understand that this program requires participation from both the Mortgage Servicer and Homeowner and if the Mortgage Servicer does not elect to participate, no assistance will be provided.
3. To my/our knowledge, the mortgage for which I am receiving assistance was not made with federal, state, or local funds.
4. To my/our knowledge, the mortgage is a first lien mortgage, or a first and second lien mortgage in which the first lien mortgage was not made with federal, state or local government funds.
5. I/We will not seek to obtain mortgage assistance in the future for the same months of mortgage arrears or mortgage covered by this assistance, and that if I/we do receive such assistance I will report it to the Mortgage Servicer using the contact information in my/our mortgage statement, and to the TEMAP Program Administrator using the contact information at the top of this form.
6. I/We will inform the TEMAP Program Administrator, using the contact information at the top of this form, within ten calendar days if home is foreclosed on or if I/we no longer occupy the home as my/our principal residence during the period of assistance.
7. To my/our knowledge, neither I/We, nor the Mortgage Servicer, have previously received mortgage assistance funded with Community Development Block Grant (CDBG) Coronavirus Relief Act funds.

Texas Emergency Mortgage Assistance Program (TEMAP)

Homeowner Certification

8. I/We have provided a mortgage statement to TEMAP Program Administrator, and that the information I/we have provided in the Homeowner Application regarding the terms of my/our mortgage statement and mortgage amount are true and accurate and if requested, I will provide proof of my/our homeownership.

9. I/We understand that in accordance with Section 2105.151 of the Tex. Gov't Code, I/we have a right to request a hearing if I/we believe the TEMAP Program Administrator has been unjust, discriminatory, or without reasonable basis in law or fact, and that I/we have the right to file a complaint with the Texas Department of Housing and Community Affairs.

10. I/We have been impacted by the COVID-19 Pandemic. (Please select any/all conditions that apply to your household since March 13, 2020, the date of the State of Texas Disaster Proclamation):

- A. Household has had a loss or reduction of income due to the COVID-19 pandemic.
- B. Household has had increased household costs due to school closures, medical expenses, or other increased expenses associated with the COVID-19 pandemic.

(Please describe your economic impact due to the Coronavirus pandemic including circumstance(s) resulting in loss of income or increased expenses. Statement may be provided verbally and documented by staff completing form.)

11. The information I/we have provided is true, accurate, and complete, and if requested, I/we am/are able to provide documentation to prove my household's loss of income or additional expenses. (Consent may be given verbally).

12. Homeowner acknowledges that all information collected, assembled, or maintained by TEMAP Program Administrator pertaining to this Certification, except records made confidential by law or court order, are subject to the Texas Public Information Act (Chapter 552 of Texas Government Code) and must provide citizens, public agencies, and other interested parties with reasonable access to all records pertaining to this Contract subject to and in accordance with the Texas Public Information Act.

13. Homeowner shall provide the U.S. Department of Housing and Urban Development, 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 certification.

Texas Emergency Mortgage Assistance Program (TEMAP)

Homeowner Certification

14. I/We have been provided a copy of this certification.

15. I/We may remain responsible for charges authorized under the mortgage other than the mortgage going forward.

Signature of Head of Household

Date

Signature of Co-Head or Spouse

Date

Signature of TEMAP Program Administrator Staff Person

Date

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