

# COVID-19 Financial Hardship Application for Assistance



U.S. Department of Housing and Urban Development  
CARES Act /CDBG /CDBG-CV /HOME Programs  
administered by/on behalf of the City of Killeen, Texas

The *Coronavirus Aid, Relief and Economic Security Act* (CARES Act) signed into Public Law (116-13) on March 27, 2020 has made available the use of limited funding to Killeen residents who are experiencing a financial hardship as a result of the Coronavirus. The City of Killeen will make available limited, temporary assistance to low-income residents of Killeen who have a demonstrated financial hardship due to temporary or permanent loss of employment income due to effects of COVID-19 pandemic. Additional information available at: [www.killeentexas.gov/programs](http://www.killeentexas.gov/programs). The City is not obligated to fund a submitted application. All funding considerations are subject to availability of funding and program regulatory and statutory guidance from the U.S. Department of Housing and Urban Development. **ONE Application per household per program will be accepted.**

Financial assistance may be paid on behalf of qualified persons for:

- City of Killeen Water Bills and/or
- Rental Assistance (*Requires Assistance Agreement and Addendum*)

**Applicant Priority to Receive the Utility and/or Rental Assistance programs will be in the following order:**

- Graduating scale starting at Extremely Low Income (0-30%) level of annual household income based on household size and area median income (AMI) as provided by HUD applicable for the Killeen area; then to,
- Families with children under the age of 6 years; then to,
- Households with disabled persons in the following priority:
  - 1) disabled children under age 12 years; then to,
  - 2) disabled children age 12-17 years; then to,
  - 3) disabled Adults age 18 years and over

**A request for Rental Assistance includes priorities as presented above then in the following order:**

- All Priorities as stated above, then, to:
- Households who are not in violation of their current lease agreement (*e.g. - occupancy, pets*); then to,
- Households who do not owe back rent to the landlord/property manager prior to March 27, 2020.

Tenants requesting Rental Assistance must agree to execute a City of Killeen Rental Assistance Contract detailing the Terms of Assistance, Tenant Protections (V.A.W.A.) Addendum, and Notice of Assistance Termination which includes requirements of acceptance by signature of the Landlord/Property Manager in control of the rental unit.

**ALL HOUSEHOLDS MUST DEMONSTRATE A FINANCIAL HARDSHIP DUE TO LOSS OF INCOME FROM EMPLOYMENT DUE TO COVID-19.**

**RENTAL ASSISTANCE MAY NOT BE PROVIDED TO HOUSEHOLDS CURRENTLY RECEIVING A FEDERAL HOUSING SUBSIDY OR LIVING IN FEDERALLY SUBSIDIZED HOUSING UNIT/COMPLEX OR ANY HOUSING THAT HAS A FEDERALLY INSURED MORTGAGE**

Including Assisted Housing Programs Administered by the U.S. Department of Housing and Urban Development (HUD), Office of Multifamily Housing Programs, Public Housing, Section 8 - Housing Choice Voucher Program, Multifamily Housing Properties Insured by the Federal Housing Administration (FHA), Multifamily Rental Units Receiving Project Based Rental Assistance, Rental Assistance Demonstration (RAD) Program, Single-Family Housing Mortgage insured by the Federal Housing Administration (FHA)

*Consult your Landlord/Property Manager PRIOR to requesting Rental Assistance.*

## **INSTRUCTIONS - COVID-19 Financial Hardship Application for Assistance**

Complete the following application forms and each section as it applies to you/your family/household needs related to this request for Utility and/or Rental Assistance.

**PLEASE WRITE YOUR ANSWERS CLEARLY! ♦ DOUBLE CHECK & CONFIRM YOUR WRITTEN RESPONSES!**

**Once you have completed the application forms, attach a copy of the following documents to the application:**

- Copy of Texas Driver's License or State Identification Card or Other State or Federally issued Identification for all household members over age 18;
- Copy of the last 2 pay stubs (bi-weekly pay) or 4 pay stubs (weekly pay) for household members over age 18;
- Copy of most recent Unemployment Payment, as applicable;
- Copy of most recent Payroll Protection Program payment, as applicable;
- Copy of most recent bank statement for all accounts held by household members;
- Copy of most recent City of Killeen Water Bill;
- Copy of most recent Electric Bill and/or Gas Bill, as applicable;
- Copy of most recent Receipt for Child Care expenses, as applicable;
- Copy of Notice from Employer relating to reduction of work hours/employment/business closure due to COVID-19;
- Copy of current Rental Lease/Agreement executed prior to March 1, 2020 – if requesting Rental Assistance

**Staff can make necessary copies of documents as needed.**

Submit documents and applications for Utility Assistance by email to: [KTXUtilityCOVID@killeentexas.gov](mailto:KTXUtilityCOVID@killeentexas.gov)

Submit documents and applications for Rental or Utility & Rental Assistance by email to: [KTXRentalCOVID@killeentexas.gov](mailto:KTXRentalCOVID@killeentexas.gov)

Submit Applications in person May 6 through May 13, 2020 to:

Killeen Community Development, 802 N. 2nd Street, Bldg. E, Killeen, TX 76541



## FY 2020 INCOME LIMITS DOCUMENTATION SYSTEM

[HUD.gov HUD User Home Data Sets Fair Market Rents Section 8 Income Limits](#) [MTSP Income Limits](#) [HUD LIHTC Database](#)

### FY 2020 Income Limits Summary

Selecting any of the buttons labeled "Explanation" will display detailed calculation steps for each of the various parameters.

FY 2020 Income Limit Area	Median Family Income	FY 2020 Income Limit Category	1	2	3	4	5	6	7	8	
<b>Killeen-Temple, TX HUD Metro FMR Area</b>	\$63,900 <a href="#">Explanation</a>	Extremely Low (30%) Income Limits (\$)*	13,450	17,240	21,720	<b>26,200</b>	30,680	35,160	39,640	42,200*	
		<a href="#">Explanation</a>									
		Very Low (50%) Income Limits (\$)	22,400	25,600	28,800	<b>31,950</b>	34,550	37,100	39,650	42,200	
		<a href="#">Explanation</a>									
		Low (80%) Income Limits (\$)	35,800	40,900	46,000	<b>51,100</b>	55,200	59,300	63,400	67,500	
		<a href="#">Explanation</a>									

Effective: April 1, 2020

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Place a CHECK MARK in the box indicating the type of assistance requested.  
 You may select one or both categories for assistance.

- Utility Assistance-Killeen Water/Sewer/Garbage
- Rental Assistance-Killeen Rental Property

**STAFF ONLY**

COVID-19 REF# \_\_\_\_\_  
 CD STAFF \_\_\_\_\_ DATE \_\_\_\_\_

Applicant				Co-Applicant			
NAME / (Please Print)		Head of Household?		NAME (Please Print)		Head of Household?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Texas DL /State ID #		Other ID#		Texas DL/ State ID#		Other ID#	
Current Address				Current Address			
City	State TX	Zip Code Postal		City	State TX	Zip Code Postal	
Currently receiving Federal housing assistance?		YES <input type="checkbox"/> NO <input type="checkbox"/>		Currently receiving Federal housing assistance?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
If YES, please indicate which type of housing assistance: you receive:				If YES, please indicate which type of housing assistance: you receive:			
Public Housing <input type="checkbox"/>		Housing Choice Voucher/Section 8 <input type="checkbox"/>		Public Housing <input type="checkbox"/>		Housing Choice Voucher/Section 8 <input type="checkbox"/>	
Email		Telephone		Email		Telephone	

FAMILY MEMBER INFORMATION					Ethnicity – mark Y or N if you are of Hispanic origin.		MONTHLY FAMILY INCOME					
LIST EACH FAMILY MEMBER LIVING IN THE HOUSEHOLD	AGE	Gender (M)ale (F)emale	DATE OF BIRTH MM/DD/YYYY	RELATION TO APPLICANT	Race – mark the number that identifies your Race		Enter the MONTHLY DOLLAR AMOUNT for each category of income listed; If none then enter zero "0"					
					ETHN	RACE	Employment/ Unemployment/Workers Comp	Social Security/ SSDI VA Disability	TANF/WIC	Pension, Retirement, VA Benefits, Pension	Other Income- Alimony, Child Support, COVID-19 Payroll Program Payments	
1.												
2.												
3.												
4.												
5.												
6.												
7.												
8.												
9.												
10.												
AMI 0-30% >30-50% >50-80% Over 80%							Calculated Total Monthly Income All Sources \$					

**Race—select one (1) category applicable to each person in the family . Write the number next to the name of each person indicating that person's RACE.**  
 11 White 12 Black/African American 13 Asian 14 American Indian/Alaska Native 15 Native Hawaiian / Other Pacific Islander  
 16 American Indian/Alaska Native & White 17 Asian & White 18 Black/African American & White  
 19 American Indian/Alaska Native & Black/African/American 20 OTHER MULTI-RACIAL

HOUSING & EMPLOYMENT INFORMATION			
Name of Apartment Complex	<input type="checkbox"/> NA	Employer Name/ City	
Property Manager/ Company Name		Supervisor Name	
Telephone		Telephone	
Lease Start / End Date		Last Date Worked / # Hours	

UTILITY ACCOUNTS & CHILD CARE PROVIDER INFORMATION			
Killeen Utilities (Water) Account #		Child Care Provider Name	<input type="checkbox"/> NA
Gas Company Name/Account #		City/Location	
Electric Co Name/ Account #			

- By checking one of the statements below—You may be required to provide proof to document the statement. CHECK ALL THAT APPLY
- A Household Member tested positive for COVID-19 by a source authorized by the State of Texas.
  - A Household Member was required to quarantine because of close contact exposure to someone who tested positive for COVID-19



**FINANCIAL HARDSHIP QUESTIONNAIRE/SCREENING QUESTIONS**

**Please complete the requested information and place a check mark next to the statement that most closely reflects your current situation since the COVID-19 Disaster Declaration**

**EMPLOYMENT** COMPLETE REQUESTED INFORMATION AND CHECK ALL THAT APPLY

A determination of financial hardship due to lost employment or income either permanently or temporarily due to the effects of the COVID-19 pandemic.

I was employed in a position working  full time (40 hours/week)  part time (less than 40 hours/week) when COVID-19 restrictions were imposed by the Texas Governor. My position at my employer prior to COVID-19 restrictions was *(describe position)*

1.  My employer has guaranteed my return to employment once the COVID-19 restriction are lifted.
2.  My employer has contacted me to return to work on May 18, 2020 and has guaranteed return to my previous position and scheduled hours.
3.  My employer has not guaranteed my return to employment once the COVID-19 restriction are lifted;
4. I am currently receiving unemployment compensation  YES  NO.

**HOUSING** (Rental Assistance) COMPLETE REQUESTED INFORMATION AND CHECK ALL THAT APPLY

A determination of housing crisis due to lost employment or income either permanently or temporarily due to the effects of the COVID-19 pandemic.

I am experiencing a housing crisis and facing potential homelessness due to loss of income when COVID-19 restrictions were imposed by the Texas Governor. My monthly rent payment is \$\_\_\_\_\_ and is due on *(day of month)*\_\_\_\_\_.

1.  I was behind on my rent payments before COVID-19 restrictions were imposed by the Texas Governor. I owe back rent for a total of \_\_\_\_\_ months.
2.  I owe late fees for back rent owed.
3.  I am at risk of losing my current housing as ordered by an eviction notice from my landlord/property manager dated \_\_\_\_\_ and effective \_\_\_\_\_.
4.  I am not at risk of losing my current housing and I am able to pay my rent.

**UTILITIES**

A determination of hardship and inability to pay for basic utilities due to lost employment or income either permanently or temporarily due to the effects of the COVID-19 pandemic. Basic Utilities include: Water, Electric, Gas CHECK ALL THAT APPLY

1.  I am experiencing a financial hardship and am unable to pay for basic utilities for my current housing.
2.  I am able to pay for basic utilities for my current housing.

**CHILDCARE**

A determination of hardship and inability to pay for proper child care due to lost employment or income either permanently or temporarily or day care is closed due to the effects of the COVID-19 pandemic. Childcare is for a child/children age 0-12 years of age. COMPLETE REQUESTED INFORMATION AND CHECK ALL THAT APPLY

Prior to the restrictions associated with the COVID-19 pandemic I had proper childcare for my child/children and paid a  after school only  daily  weekly  bi-monthly  monthly rate of \$\_\_\_\_\_. If I were to return to work when the COVID-19 restrictions are lifted:

1.  I will need short term assistance to pay for proper childcare for my child/children.
2.  I will not need assistance to pay for proper childcare for my child/children.

**FOOD**

A determination of financial hardship and inability to pay for an adequate amount food due to lost employment or income either permanently or temporarily due to the effects of the COVID-19 pandemic. CHECK ALL THAT APPLY

1.  I am currently unable to pay for sufficient food to meet family needs.
2.  I am able to pay for sufficient food to meet family needs.

**TRANSPORTATION**

A determination of hardship and inability to pay for fuel to access certain necessary services due to lost employment or income either permanently or temporarily due to the effects of the COVID-19 pandemic. Necessary services include: grocery stores, pharmacies, child care, employment. CHECK ALL THAT APPLY

1.  I own my vehicle and can make the monthly payment.
2.  I access public transportation to meet my transportation needs.
3.  I need transportation assistance.

**HEALTH/MEDICAL/PRESCRIPTIONS**

A determination of hardship and inability to pay for medical/prescriptions due to lost employment or income either permanently or temporarily due to the effects of the COVID-19 pandemic. CHECK ALL THAT APPLY

- |   |   |
|---|---|
| 1. <input type="checkbox"/> I have health insurance.        | 2. <input type="checkbox"/> Enrolled in Medicare and/or Supplemental Insurance      |
| 3. <input type="checkbox"/> Enrolled in Affordable Care Act | 4. <input type="checkbox"/> No Health insurance                                     |
|   | 5. Prescription Insurance <input type="checkbox"/> YES <input type="checkbox"/> NO. |



**COVID-19 has affected my household in the following way:**

*(Describe in detail the need for assistance and how the household has been affected by the COVID-19 pandemic.)*

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**Authority for Release of Information**

To Whom It May Concern:

I hereby authorize investigation by a duly accredited representative of the City of Killeen, Texas on behalf of the U.S. Department of Housing and Urban Development bearing this release, or a copy thereof, within one year of its date, to obtain any information from schools, residential management agents, employers, utility providers, criminal justice agencies, U.S. Citizenship and Immigration Services, or individuals, relating to an application for assistance relative to financial hardship as the result of the COVID-19 pandemic on my household. This information may include, but is not limited to, academic, residential, employment history, wages and attendance, income, personal history, status of utility accounts, immigration status, and arrest and conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use and may be disclosed to such third parties as necessary in the fulfillment of responsibilities related to application for program(s) funded in whole or in part by the U.S. Department of Housing and Urban Development or other Federal agency.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which mat at any time result to me on account of compliance, or any attempts to comply, with this authorization. Should there be any questions as to the validity of this release, you may contact me as indicated below.

**AUTHORIZATION FOR RELEASE OF INFORMATION  
 SELF CERTIFICATION STATEMENT OF ANNUAL INCOME BY BENEFICIARY  
 All household members age 18 years and over**

1. Signature	Print Full Legal Name	Telephone /	Date
2. Signature	Print Full Legal Name	Telephone /	Date
3. Signature	Print Full Legal Name	Telephone /	Date
4. Signature	Print Full Legal Name	Telephone /	Date
5. Signature	Print Full Legal Name	Telephone /	Date
6. Signature	Print Full Legal Name	Telephone /	Date
7. Signature	Print Full Legal Name	Telephone /	Date
8. Signature	Print Full Legal Name	Telephone /	Date
9. Signature	Print Full Legal Name	Telephone /	Date
10. Signature	Print Full Legal Name	Telephone /	Date

**WARNING:** The information provided in this application 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 for knowingly and willingly making a false or fraudulent statement to a department of the United States Government, and may be fined not more than \$10,000 or imprisoned for not more than five years, or both. This information will be used to establish a level of benefit for HUD and other Federally funded program(s); To protect the government's financial interest; and to verify the accuracy of information furnished. It may be released to appropriate Federal, State, and Local Agencies when relevant to civil, criminal or regulatory investigators, and prosecu-