# Was Your Home Flooded Due to Hurricane Harvey?

## Want to Know More About the Jefferson County Buyout Program?

Who: Jefferson County Buyout Program (JCBP)

What: Jefferson County will offer to each resident, the opportunity to participate in a voluntary Buyout Program of their home. It is important to note that you must live in Jefferson County to be eligible for the program. The program is designed to assist homeowners who want to relocate out of their floodplain to start over and minimize the possibility of future flooding.

**Eligibility:** To become eligible, one must complete the JCBP application.

- It will be determined that your structure is located inside a floodplain or floodway.
- Must provide documented proof of impact from Hurricane Harvey.
- Homeowner must agree to voluntarily participate in the program.
- Structure must be a single-family owner occupied or adjacent lot.
- Taxes and child support payments must be current.

Where: You can go to Jefferson County website <a href="www.co.jefferson.tx.us">www.co.jefferson.tx.us</a> to review and print the application.

#### **Assistance Available:**

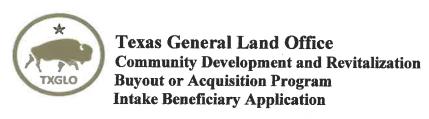
- Buyout at pre-storm fair market value
- Up to \$7,000 in moving expenses
- Up to \$35,000 incentive to purchase another home in Jefferson County

**Contact:** GMJ & Associates at 409.719.7657 for further questions and information regarding the program.









| Event:         |  |
|----------------|--|
| Date Received: |  |
| Subrecipient:  |  |
| Contract #:    |  |

| All Blanks Must be Completed or Indicated w  | vith "N/A"   |  |  |
|--|--|--|--|
| 1. APPLICANT INFORMATION:  |  |  |  |
| Applicant Name (must be property owner):   |  |  |  |
| Street Address:  |  |  |  |
| City/State/Zip:  | County:  |  |  |
| Email Address:   | Home Phone:  |  |  |
|  | Cell Phone:  |  |  |
| Name and Contact Information, including phone number, of the   | he relative who lives in closest proximity:                                      |  |  |
| 2. CO-APPLICANT INFORMATION: (If applicable)   |  |  |  |
| Applicant Name: Click or tap here to enter text.   |  |  |  |
| Street Address: Click or tap here to enter text.   |  |  |  |
| City/State/Zip: Click or tap here to enter text.   | County: Click or tap here to enter text.   |  |  |
| Email Address: Click or tap here to enter text.  | Home Phone: Click or tap here to enter text.                                     |  |  |
| The state of the s |  |  |  |
|  | Cell Phone: Click or tap here to enter text.                                     |  |  |
| Name and contact information including, including phone num Name and contact information for individual completing this ap information (e.g. attorney or other designated party)  Name: Click or tap here to enter text.  Street Address: Click or tap here to enter text.  City/State/Zip: Click or tap here to enter text.  Email Address: Click or tap here to enter text.  | County: Click or tap here to enter text.  Home Phone: Click or tap here to enter |  |  |
|  | Cell Phone:  |  |  |
| 3. ELIGIBILITY INFORMATION: Please answer the following Which disaster event(s) affected you and/or your residence?  Were you the owner of the residence on the date of the disaster event? If applicable, is your property currently owned by a(n): Estate Part Was the damaged property the homeowner's primary residence on the daw as the damaged property covered under homeowners' insurance at the Did you register with FEMA for repair assistance for structural damage to Have you ever received any other assistance for the repair or rehabilitation If yes, please explain.   | tnership   |  |  |
|  |  |  |  |

| 4. HOUSEHOLD C   | OMPOSITION AN                                 | D CHA        | RACTERISTIC   | CS: List all current                        | members of          | the household and any                                   |
|--|---|--------------|---|---|---------------------|---|
| additional household n   | nembers anticipated w                         | ithin the    | next 12 months.                                     |   |                     |   |
| Member Name  | Marital Sta<br>Head of Househo                |              | Relationship to<br>of Househo                       |   | ofBirth             | Gender  |
| Head of Household  |   |              | Of Househo.   | u   |                     |   |
| icau of fivuscholu   |   | II y i       |   |   |                     |   |
|  |   |              |   |   |                     |   |
|  |   |              |   |   |                     |   |
|  |   |              |   |   |                     |   |
|  |   |              |   |   |                     |   |
|  |   |              | -   |   |                     |   |
|  |   |              | Total N   | umber of Househo                            | old Membe           | rs:   |
| INCOME INFO  | DMATTON (CODY                                 | OF DE        | EXTOTIC VE AT                                       | TAN DETERM                                  | D m 1.              | mine if you are eligible for                            |
| unding for a specific l  | nousing program, all li                       | sted occ     | upants 18 years an                                  | d over must provide                         | a copy of           | their previous tax return. to determine a beneficiary's |
| DIRECT BENEF   | TT DATA BY HO                                 | JSEHO        | LDS (DEMOG  | RAPHIC AND S                                | PECIAL              | NEEDS INFORMATION                                       |
| Ethnicity Codes:<br>A—Hispanic: A person of Cu<br>or "Spanish Origin" apply to<br>B—Not Hispanic | aban, Mexican, Puerto Rican<br>this category. | , South or ( | Central American, or oth                            | er Spanish culture or ori                   | gin, regardless     | of race. Terms such as "Latino"                         |
| ace Codes:   |   | Е            | - Native Hawaiian/Ot                                | er Pacific Islander                         |                     | I – American Indian/Alaska                              |
| - White  |   | F            | – American Indian/Ala                               |   |                     | Native/Black-African American                           |
| -Black/African American  |   |              | G – Asian/White<br>H – Black/African American/White |   |                     | J - Other Multi-Racial                                  |
| – Asian<br>– American Indian/Alaska  | n Motiva                                      | н            | - Black/Airican Amen                                | can/white                                   |                     | K – Unknown   |
| pecial Needs Codes:  | 114410  | С            | - Colonia Resident                                  |   |                     | F – Public Housing Resident                             |
| -Elderly   |   | _            | - Homeless  |   |                     | G – Veteran   |
| B – Person with Disabilities*  |   | E            | T 17  |   | H - Wounded Warrior |   |
| Disability Definition: A ph<br>garded as having such an in                                       | ysical or mental impairment                   | which sub    | stantially limits one or n                          | ore major life activities;                  | a record of suc     | ch an impairment; or being                              |
|  | Ethnicity Code                                |              | Rac   | Code  |                     | Special Needs Code(s)                                   |
| Head)  |   |              |   |   |                     |   |
|  |   |              |   |   |                     |   |
|  |   |              |   |   |                     |   |
|  |   |              |   |   |                     |   |
|  |   |              |   |   |                     |   |
| DAMACED DEC  | IDENCE INFORM                                 | LATIO        | M. Disassination                                    | 17 (4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 | 0 1                 |   |
| ngle Family Home   | Modular Home Cl. Tow                          |              |   |   |                     | property:   |
| ddress:  | Modular Home □ Tow                            | nhome 🗆      | Manufactured Hou                                    | sing Unit 🗆 Othe                            | r.                  |   |
|  | inalitu                                       |              |   |   |                     |   |
| ity, State, Zip, Munic   | ipality:<br>I/Area where your hor             | na is 1      |   |   |                     |   |
| atte you acquired title  |   | ne is ioc    | ated:   |   |                     |   |
|  |   |              | unhish as a la                                      | A.b.I. C.                                   |                     | 1 111/2   |
| ogol Deserintian   | lowing property info                          |              |   | anable from your                            | recent prop         |   |
| egal Description:  | Assessed Value:                               | (Yes         | land Assessed?<br>or No)                            | Annual Property Amount:                     | Taxes               | Number of Acres Per Lot (or Lot Size):                  |
|  | \$  |              |   | \$  |                     |   |
|  | \$  |              |   | \$  |                     |   |
|  | \$  |              |   | \$  |                     |   |

**Total Acres:** 

| Di-  | A 4 4 . C. St   |                               |  |  |  |  |
|--|---|-------------------------------|--|--|--|--|
| Please answer Yes, No or N/  |   | ons:                          |  |  |  |  |
| Is anyone living at the damag  |   |                               |  |  |  |  |
| Is the property in the floodpla  | Is the property in the floodplain or floodway?  If you are seeking assistance for a manufactured housing unit, do you own the land? |                               |  |  |  |  |
| Does the manufactured housing unit have a valid Statement of Ownership and   |   |                               |  |  |  |  |
| Does the manufactured housing unit have a valid Statement of Ownership and Location (SOL) filed with the Texas Department of Housing and Community |   |                               |  |  |  |  |
| Affairs?   | Texas Department of Hous  | sing and Community            |  |  |  |  |
| Are there any other names on the deed for the damaged property?  |   |                               |  |  |  |  |
| Have you had property foreclosed upon or are you in the process of foreclosure?  |   |                               |  |  |  |  |
| Does the damaged property have a mortgage or any liens?  |   |                               |  |  |  |  |
| Are there any leases, rental agreements, easements or deed restrictions affecting the  |   |                               |  |  |  |  |
| property? If yes, explain.   |   |                               |  |  |  |  |
| Have any commercial activitie  | es ever taken place on this a   | property? If yes, explain     |  |  |  |  |
| Is the property currently listed   |   |                               |  |  |  |  |
| Note: While the asking price i   |   |                               |  |  |  |  |
| non-binding, and is not a com  |   |                               |  |  |  |  |
| amount should this property b  |   |                               |  |  |  |  |
| Please tell us about your prope  | erty, including any unique of   | or special environmental fea  | atures, known historical associations, and any   |  |  |  |
| bodies of water on the propert   | y or bordering the property   |                               | and the second s |  |  |  |
|  |   |                               |  |  |  |  |
|  |   |                               |  |  |  |  |
|  |   |                               |  |  |  |  |
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|  |   |                               |  |  |  |  |
|  |   | 10.7                          |  |  |  |  |
|  |   |                               |  |  |  |  |
|  |   |                               |  |  |  |  |
|  |   |                               |  |  |  |  |
|  |   |                               |  |  |  |  |
| Are you current or in good sta   | nding with a payment plan   | on your property taxes?       |  |  |  |  |
|  |   |                               |  |  |  |  |
| If you are required to pay chile   | d support, are you current o  | on your payments or in good   | 1  |  |  |  |
| standing with a payment plan?  |   |                               |  |  |  |  |
| 8  | . HOUSING ASSISTA   | NCE RECEIVED PRE              | VIOUSLY:   |  |  |  |
| I-   | lave you applied for any sto  | orm-related assistance for da | amage to your home from any source (local, state,  |  |  |  |
| f  | ederal, private)? If yes, proc  | eed with this section. If yo  | u have not applied for other storm-related   |  |  |  |
| a  | ssistance, include "N/A" in   | the "Source" column.          |  |  |  |  |
| Source   | Amount  | Date Received                 | Account Number   |  |  |  |
| 1. FEMA: Federal Emergency   |   |                               |  |  |  |  |
| Management Agency  |   |                               |  |  |  |  |
|  |   |                               |  |  |  |  |
|  | ľ   |                               |  |  |  |  |
| a CDA. C. Up.  |   |                               |  |  |  |  |
| 2. SBA: Small Business   |   |                               |  |  |  |  |
| Administration   |   |                               |  |  |  |  |
|  |   |                               |  |  |  |  |
|  |   |                               |  |  |  |  |

| Insurance Claims: Please provide information on insurance coverage carried and payments received.                      |     |        |               |               |
|--|-----|--------|---------------|---------------|
| Insurance company's name   | N/A | Amount | Date Received | Policy Number |
|  |     |        |               |               |
| National Flood Insurance<br>Program (Flood insurance<br>carrier)   | N/A | Amount | Date Received | Policy Number |
|  |     |        |               |               |
| 4. Other Funds (Include Funding Source):   |     |        |               |               |
| Have you received assistance from any federal program to repair your home PRIOR to this event? (Yes or NO)             |     |        |               |               |
| List the names of the programs and type of assistance received for the damaged home (e.g., HOME, CDBG, GLO/FEMA etc.): |     |        |               |               |
|  |     |        |               |               |

### 9. APPLICANT CERTIFICATION:

I/We understand the information provided above is collected to determine if I/we are eligible to receive assistance under the Community Development Block Grant Disaster Recovery (CDBG-DR) Program.

I/We hereby certify that all the information provided herein is true and correct.

I/We understand that providing false statements or information is grounds for termination of housing assistance and is punishable under federal law.

#### **Applicant's Authorization:**

I authorize the entity to which I am applying for assistance to obtain information about me and my household that is pertinent to determining my eligibility for participation in the CDBG-DR Program. I acknowledge that:

- (1) A photocopy of this form is as valid as the original; AND
- (2) I have the right to review information received using this form; AND
- (3) I have the right to a copy of information provided to the entity and to request correction of any information I believe to be inaccurate; AND
- (4) All adult household members will sign this form and cooperate with the eligibility verification process.
- (5) I understand that my documents may become electronically permanent.

By signing this application, the applicant(s) authorizes the state or any of its duly authorized representatives to verify the information contained herein, including this section. Warning: Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729.

| Signature of Applicant:    | Date: |
|----------------------------|-------|
| Signature of Co-Applicant: | Date: |

| Subrecipient:   | Contract Number:   |  |
|---|--|--|
| Name:   |  |  |
| Address:  |  |  |
| Instructions to Applicant: Your signature on this <i>Eligib</i> 18 years of age or older authorizes the above-named Subrand continued participation in the:   | ility Release, and the signatures or recipient to obtain information fro   | f each member of your household who is<br>m a third -party regarding your eligibility  |
| Community Development Block Grant Disaster Recove   | ry (CDBG-DR) Program   |  |
| Privacy Act Notice Statement: The Texas General Land Of information listed in this form to determine an applicant's el the level of benefits for which the applicant is eligible to recreceived from an applicant as a result of verifying an applicat agencies or, when relevant, to civil, criminal, or regulatory in delay or rejection of your eligibility approval.  Each adult member of the household must sign this Eligibility Note: THIS GENERAL CONSENT MAY NOT BE US return is needed, IRS Form 4506, "Request for a Copy | ligibility for the CDBG-DR Programeive and to verify the accuracy of the accur | m. This information will be used to establish he information furnished. Information the appropriate federal, state, and local failure to provide any information may result nefits to establish continued eligibility. |
| return is needed, 113 Form 4500, Request for a Copy   |  | Land signed same wetsler   |
| Information Covered: Inquiries may be made to third p   | 11 10 10 10 10 10 10 10 10 10 10 10 10 1   | l and signed separately.   |
|   | 11 10 10 10 10 10 10 10 10 10 10 10 10 1   | l and signed separately.   |
| Information Covered: Inquiries may be made to third p   | parties regarding the items initia   | l and signed separately.  led below by the applicant.  |
| Information Covered: Inquiries may be made to third p  Description  | parties regarding the items initia   | l and signed separately.  led below by the applicant.  |
| Information Covered: Inquiries may be made to third p  Description  Disaster Assistance (FEMA, SBA, Insurance, etc.)  | verification Required  | l and signed separately.  led below by the applicant.  |
| Information Covered: Inquiries may be made to third p  Description  Disaster Assistance (FEMA, SBA, Insurance, etc.)  Income (all sources)  | Verification Required  X  X  | l and signed separately.  led below by the applicant.  |
| Information Covered: Inquiries may be made to third p  Description  Disaster Assistance (FEMA, SBA, Insurance, etc.)  Income (all sources)  Occupancy Preference (Special Needs) (if applicable)  | Verification Required  X  X  X   | l and signed separately.  led below by the applicant.  |
| Description  Disaster Assistance (FEMA, SBA, Insurance, etc.)  Income (all sources)  Occupancy Preference (Special Needs) (if applicable)  Child Support Verification   | Verification Required  X  X  X  X  | l and signed separately.  led below by the applicant.  |
| Information Covered: Inquiries may be made to third p  Description  Disaster Assistance (FEMA, SBA, Insurance, etc.)  Income (all sources)  Occupancy Preference (Special Needs) (if applicable)  Child Support Verification  Other (list): Dependent Information:  Full-time Student  Disabled Household Member  | Verification Required  X  X  X  X  | l and signed separately.  led below by the applicant.  |
| Information Covered: Inquiries may be made to third p  Description  Disaster Assistance (FEMA, SBA, Insurance, etc.)  Income (all sources)  Occupancy Preference (Special Needs) (if applicable)  Child Support Verification  Other (list): Dependent Information: Full-time Student  | Verification Required  X  X  X  X  | l and signed separately.  led below by the applicant.  |
| Description  Disaster Assistance (FEMA, SBA, Insurance, etc.)  Income (all sources)  Occupancy Preference (Special Needs) (if applicable)  Child Support Verification  Other (list): Dependent Information:  Full-time Student Disabled Household Member Minor Children  By signing this application, the applicant(s) authorizes the contained herein, including this section. Warning: Any per  | Verification Required  X  X  X  X  X  X  X  X  X  X  X  X  X   | l and signed separately.  led below by the applicant.  Initials of Applicants  representatives to verify the information   |
| Information Covered: Inquiries may be made to third p  Description  Disaster Assistance (FEMA, SBA, Insurance, etc.)  Income (all sources)  Occupancy Preference (Special Needs) (if applicable)  Child Support Verification  Other (list): Dependent Information:  Full-time Student  Disabled Household Member  | Verification Required  X  X  X  X  X  X  X  X  X  X  X  X  X   | l and signed separately.  led below by the applicant.  Initials of Applicants  representatives to verify the information   |

## PLEASE PROVIDE ALL APPLICABLE DOCUMENTS LISTED BELOW TO ENSURE THAT YOUR APPLICATION WILL BE PROCESSED IN AN EXPEDITED MANNER.

| Completed Buyout and Acquisition Intake Application.   |
|--|
| Properly executed Eligibility Release Form.  |
| FEMA Award/Denial Letter.  |
| Small Business Administration (SBA) Award/Denial Letter.   |
| Private insurance letter (If you did not have private insurance, an Affidavit of no Insurance will be required).                                 |
| Letter or announcement from an "Other" award received for the repair or replacement of your damaged home, e.g., non-profit, donation grant, etc. |
| Copy of the applicant's driver's license (or a state-issued photo ID).   |
| Warranty Deed for the damaged home or a Statement of Ownership and Location (SOL) for MHU in applicant's name.                                   |
| Latest Financial Institution Bank statement or lien information.   |
| IRS Income Tax Documents for all individuals that live at the property and that are 18 years and over  |
| Property tax records including latest payment of property taxes or payment plan documentation from the applicable county appraisal office.       |
| Child support documentation (If applicable).   |
| Copy of the applicant's Lender or Mortgage statement and contact information.  |
| Photos of the property including structures or items such as barns, fence, etc., if available.   |
| Property Survey, if available.   |