

Completed applications and corresponding documentation must be submitted in person to the [Palmview CARES Center](#) or via [email](#). Date and time of submittals will be documented.

Residents may submit completed applications missing W-9 Forms or Death Certificate, if applicable. **Otherwise incomplete applications (with or without proper documentation) will be rejected, and are ineligible for funding, unless resubmitted in completed form.** All submitted documents become the property of the City and will not be returned.

C. Assistance

Staff assistance is available during regular office hours to answer questions or complete applications. This assistance is available in person, via telephone or [email](#):

[Palmview CARES Center](#)
105 E Veterans Blvd, Suite D
Palmview TX 78572
956.432.0319
palmviewcareshousing@cityofpalmview.us

D. Schedule

Applications will be accepted on a first-come-first-serve basis. The program will operate on the following schedule:

Activity	Start Date	End Date	Duration (Days)
Council Program Approval	July 21	July 21	1
Program Promotion	Aug. 26	Sept. 11	17
Staff Training	July 24	Aug. 28	30
Applications Available	Aug. 31	Sept. 11	14
Evaluate Applications & Award Funds	Aug. 31	As funds permit or at discretion of City	

This schedule is subject to change without notice. Updates may be available on the City's website and other media.

3. Attachments

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A. Homestead & Funeral Grant Program Application

1. Contact & Program Information

The Resident shall enter completely the following information as required.

Resident Contact Info (Applicant)	Homestead Info
Legal Name	Household Gross Income \$
Street Address	Employment Status
City, State Zip	Pay Periods
App. Phone	Benefits
App. email	Benefits
Social Security Number (SSN)	Benefits

Mortgage Company or Landlord Info	Homestead Info
Legal Name	Homestead Type
Street Address	House Size
City, State Zip	Bedrooms
Business Phone	Mortgage or Rent/Month \$
Business email	Total Residents

Funeral Home Info	Deceased Legal Name:
Legal Name	
Street Address	Relation to Deceased
City, State Zip	Unpaid Funeral Costs \$
Business Phone	
Business email	

Brief description how Resident was negatively affected by pandemic:

Additional information, if needed:

2. Program Requirements

By initialing below, the Resident certifies in good faith as follows:

- _____ a. The Resident had a mortgage or was renting before January 1, 2020.
- _____ b. The Resident's homestead is within the City of Palmview.
- _____ c. The Resident's annual gross income meets federal poverty requirement.
- _____ d. The Resident was adversely affected by the pandemic.
- _____ e. The Resident received no federal or state residential COVID-19 financial assistance after January 1, 2020? If yes, provide details on Additional Information section above.
- _____ f. The current economic uncertainty makes this grant request necessary to maintain the homestead. Grant funds will be used exclusively to make mortgage, rental or funeral payments. Grant funds will not be used for personal expenses.
- _____ g. For **Funeral** program, Resident's deceased 1st degree relative (affinity or consanguinity) was a Resident of Palmview at time of death.

3. Program Guarantees & Authorizations

By initialing below, the Resident certifies in good faith as follows:

- _____ a. I acknowledge that the City may confirm the eligible grant amount using required documents submitted.
- _____ b. I understand, acknowledge and agree that the City can share any tax information that I have provided with the appropriate federal and state governmental agencies, for the purpose of program compliance and reviews.
- _____ c. I acknowledge that I will provide proper documentation as requested by the City to assure the fund will be utilized in a proper/eligible manner. I will provide to the City documentation verifying covered mortgage/rent payments, funeral payments and/or other relevant information for the eight-week period following award of this grant.
- _____ d. If the funds are knowingly used for unauthorized purposes, the City may hold Resident(s) joint and severally legally liable.
- _____ e. I will comply, whenever applicable, with state and municipal ethics laws, including disclosures of nepotism, conflicts of interest and other related requirements.

4. Resident Background

The Resident certifies in good faith as follows:

If **YES**, CHECK BOX. If **NO**, leave blank.

- Resident is presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any federal or state department or agency.
- Resident is subject to an indictment or criminal information regarding theft or embezzlement, or other means by which formal criminal charges are brought in any jurisdiction.
- Resident has within the last five (5) years, for any felony of moral turpitude: 1) been convicted; 2) pleaded guilty; or 3) pleaded nolo contendere.
- Resident has a relationships to an elected or appointed municipal officers as defined by Texas Government Code, Chapter 573 and/or the City's [municipal charter](#)?
- Resident has a Conflicts of Interest as per the Texas Local Government Code, Chapters 173, 176 and/or the City's [municipal charter](#)?

5. Certifications and Authorizations

By signing below, the Resident makes the following representations, authorizations, and certifications:

I certify that:

- I have read the statements included in this application, and I understand them.
- The information I have provided in this application and all supporting documents and forms is true and accurate in all material respects.
- I understand that knowingly making a false statement to obtain grant funds may be punishable under the law.
- I authorize the City to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for this program.
- Upon being awarded grant monies (if awarded) I ensure I will follow all federal, state and City of Palmview guidelines and procedure to ensure all monies are spent legally.

X

Print Legal Name:

Title & Date:

B. Voluntary Release of Image for Publication

I authorize City of Palmview (Grantee) to film, photograph, and record my likeness, voice, and any other form of my identity (Recording), and grant Grantee an irrevocable, transferable, sublicensable, royalty-free right and license to create, reproduce, alter, modify, publish, publicly perform, publicly display, distribute, sell, assign, transfer, exhibit, create derivative works of, and use my voice, likeness, and any other form of my identity in any manner (including without limitation advertising, promotion, merchandising, and other commercial purposes) or form, including without limitation all video, audio, digital, and print formats and any other media now known or hereafter created, including without limitation use via computer, the internet, films, DVDs, video tapes, audio tapes, digital audio files, digital image files, photographs, prints, copies, facsimiles, and electronically captured images thereof, without limitation as to method of reproduction or exhibit and without any territorial or time restrictions.

Further, I hereby relinquish, give, transfer, and assign to Grantee all right, title, copyright, and interest I may have in the finished product contemplated by this Release, agree that any and all materials created by or on behalf of Grantee are the property of Grantee, and I waive any right of review or inspection. I agree that no other material needs to be submitted to me for any further approval, and Grantee shall be without liability to me or any person for any distortion or illusionary effect resulting from the publication or dissemination of any likeness, audio recording, or other indicia of my identity.

I further release the City and any of its agents, employees and customers, and their officers, agents and employees, and those acting pursuant to their authority, from any and all liability associated with my execution of this Publicity Release or from the use of the Recording of my name, likeness and/or voice, or other form of my identity, described above, and from all claims of every kind on account of such use.

I state further that: (a) I am of legal age and capacity; (b) I acknowledge that nothing herein requires Grantee to use my likeness as described herein or elsewhere; (c) I acknowledge that no compensation or consideration will be provided to me for the rights and releases granted herein, other than the potential publicity; (d) I have read, or have had read to me, this release and agreement and have had the opportunity to ask questions before its execution, and I am fully familiar with and understand its contents; and (e) I hereby irrevocably release Grantee from any and all liability based upon, arising out of or in any way related to this release and agreement or the exercise of the rights granted herein.

Recording Date(s): _____

X

Print Legal Name:

Title & Date:

C. Declaration of Income Form

Resident shall enter completely the following information as required.

Resident Contact Info (Applicant)
Legal Name
Street Address
City, State Zip
App. Phone
App. email
Social Security Number (SSN)

Provide the Gross Income for all household members, 18 years and older, who have no documentation of the income received in the 30 day period prior to the date of this application:

All Household Residents	Gross Income
Legal Name	Resident (Applicant) \$
Legal Name	Resident 2 \$
Legal Name	Resident 3 \$
Legal Name	Resident 4 \$
Legal Name	Resident 5 \$
	TOTAL

Household has no documented proof of income due to the following situation:

I certify that the above information is true and correct to the best of my knowledge and belief. I understand that the information will be verified to the extent possible; and that I may be subject to prosecution for providing false or fraudulent information.

X

Print Legal Name:
Title & Date:

D. Rental Assistance Form

Resident shall enter completely the following information as required. Information should be based on current rental lease agreement.

Resident Contact Info (Applicant)	Homestead Info
Legal Name	Current Monthly Rent \$
Street Address	Total Past Due Rent(s) \$
City, State Zip	
Phone	
email	

The Landlord/Leasing Agency shall enter completely the following information as required:

Landlord/Leasing Agency Contact Info	Business Info
Legal Name	Eviction Date, If Applicable
Street Address	Acceptance Amount \$
City, State Zip	
Phone	
email	

If Resident(s) are subject to eviction, Landlord agrees to guarantee that tenant may remain in the above residence for the next 30 days upon receipt of the Acceptance Amount above.

By signing below, I certify that the above information was given by me, the Landlord/Leasing Agency, for the above listed tenant. I also certify that the above information is true and complete.

X

Print Legal Name:
Title & Date:

Landlord/Leasing Agency must return this form and a W-9 to [Palmview CARES Center](#). For more info, call 956.432.0319 or email (palmviewcareshousing@cityofpalmview.us).

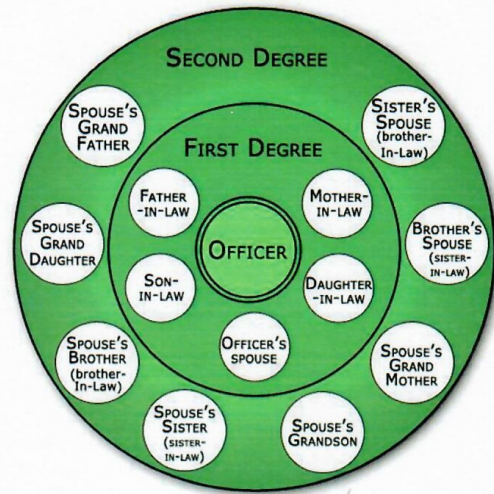
[Palmview CARES Center](#)
105 E Veterans Blvd, Suite D
Palmview, TX 78572

F. Nepotism Charts

The chart below shows

- **Affinity Kinship** (relationship by marriage)
- **Consanguinity Kinship** (relationship by blood)

AFFINITY KINSHIP
Relationship by Marriage



CONSANGUINITY KINSHIP
Relationship by Blood

