

TEXAS EMERGENCY MORTGAGE ASSISTANCE PROGRAM (TEMAP)

HOMEOWNER APPLICATION

A. TEMAP PROGRAM ADMINISTRATOR/SUBRECIPIENT INFORMATION
1. Administrator Name :

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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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): 1. American Indian or Alaska Native 2. Asian 3. Black or African American 4. Native Hawaiian or Other Pacific Islander 5. White		Age Codes: A. 0 – 17 years B. 18 – 24 years C. 25 – 61 years D. 62 years +		Disability Status: 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.	
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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"/>

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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

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