

Drought Housing Relocation Assistance Program (DHRA)

CLIENT - APPLICATION

(1) Applicant Household Information

(a) Name:	
(b) Address: *Verify current residence by obtaining: utility bill or driver's license or similar documentation showing eligible household lives in the Current Residence.	
(c) Telephone Number:	
(d) Language:	

(2) Occupation/Type of Employment

(a) Farm Labor	
(b) Trucking/Transport	
(c) Factory/Production	
(d) Other Farming/Agriculture	
(e) Other (describe)	
(f) How far do you commute each day/week?	

(3) Well Information

(a) Private Well?	Yes_____	No_____
(b) Is the Well dry? <u>If yes,</u> how has this been confirmed? (County OES or Department of Public Health or Third-party expert?)	Yes_____	No_____
(c) When did the Well go dry?		
(d) Is the Residence connected to a Water Utility with less than 15 connections	Yes_____	No_____

(e) <u>Length of time</u> without Potable Water – drinkable water		
(f) Is the property eligible to connect to an existing water system?	Yes_____	No_____
(g) Is the owner able to fund a new well or connect to an existing water system?	Yes_____	No_____
(h) Will the property be connected to a new water source?	Yes_____	No_____
(i) What has the household done to find a permanent, Potable Water source that is connected to the plumbing system of the residence within a reasonable amount of time? (explain)		
(j) <u>Has the private well been tested?</u> (A mechanical problem with the pump is not sufficient grounds to qualify for the DHRA Program)	Yes_____	No_____
(4) <u>Renters</u>		
(a) Does the Household <u>Rent</u> their current residence?	Yes_____	No_____
(b) Landlord Name:		
(c) Landlord Address:		
(d) Landlord Telephone Number:		
(e) Is Landlord a Relative?	Yes_____	No_____
(f) Current Monthly Rental Payment *Documentation of current rent paid is required: Acceptable documents could be: Rental Agreement or receipts or cancelled checks.	\$_____	

<p>*If no documentation is available, the Provider will obtain comparable rents using the 'Rental Comparison' form.</p>	
<p>(g) Utility Allowance</p> <p>(Gather information necessary to calculate the utility allowance).</p> <p>(h) Utilities paid by the tenant at the <u>Current Residence</u>.</p>	<p>\$ _____</p>
<p>(i) Number of Persons living in Household</p>	
<p>(j) <u>Number of rooms with furniture:</u> Living room, bedroom, family room(excludes the bathroom, hallways)</p>	
<p>(k) Moving Allowance Cost Allowance:</p> <p>(*Refer to the Federal Uniform Moving Calculator – See next page)</p>	<p>\$ _____</p>
<p>Household Income:</p> <p>(l) Gross Monthly Income Income can be up to 120% of Area Median Income adjusted for household size</p>	<p>\$ _____</p>
<p>(5) <u>Homeowners</u></p>	
<p>(a) Does the Household <u>Own</u> the residence they currently reside in?</p>	<p>Yes _____</p>

<p>(b) Current Monthly Mortgage Payment.</p> <p>Does this include Property taxes and Insurance? <u>If not</u>, how much are Property taxes and insurance?</p> <p>*Documentation of current mortgage payment, property taxes and property insurance is required. Acceptable documents could be: Cancelled checks or receipts or electronic print out showing current payment.</p>	<p>\$_____</p> <p>Yes _____</p>	<p>No_____</p> <p>\$_____Property Taxes</p> <p>\$_____Insurance</p>
<p>(c) Utility Allowance</p> <p>(Gather information necessary to calculate the utility allowance).</p> <p>(d) Utilities paid by the homeowner at the <u>Current Residence</u>.</p>	<p>\$_____</p>	
<p>(e) Number of Persons living in Household</p>		
<p>(f) <u>Number of rooms with furniture:</u> Living room, bedroom, family room(excludes the bathroom and hallways)</p>		
<p>(g) Moving Allowance Cost Allowance:</p> <p>(*Refer to the Federal Uniform Moving Calculator – See next page)</p>	<p>\$_____</p>	
<p>Household Income:</p> <p>(h) Gross Monthly Income</p>	<p>\$_____</p>	

<p>*Income can be up to 120% of Area Median Income adjusted for household size.</p> <p>*<u>Current Homeowners</u> must provide their most recent IRS tax return.</p> <p>(i) *Provider must calculate 35% of Homeowner's Monthly Income (this will be used to determine Rental Subsidy Payment)</p>	<p style="text-align: center;">\$ _____</p>
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(6) Household Prioritization Information

(a) Medically fragile, disabled, pregnant	
(b) Young Children	
(c) Seniors	
(d) Limited Access to Transportation (describe)	
(e) Length of Water Outage	
(f) Effect of Water Unavailability on employment	

(7) Replacement Rental Unit Information

(a) Where do you want to move to?	
(b) How far are you from your job now?	
(c) How far will it be in the new location?	
(d) Replacement Rental Unit Address	

<p>(e) Utility Allowance</p> <p>(Gather information necessary to calculate the utility allowance).</p> <p>(f) Utilities to be paid by the tenant at the <u>New Replacement Rental Unit</u></p>	<p>\$ _____</p>
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(8) Rental Subsidy Payment (Current Renters)

A) Rent paid at Current Rental Residence \$ _____ (minus) Utility Allowance \$ _____ = \$ _____ **Net Rent**

B) Rent paid at Replacement Rental Unit \$ _____ (minus) Utility Allowance \$ _____ = \$ _____ **Net Rent (To be completed when Replacement Unit is located)**

Calculation:

(B) \$ _____ (minus) (A) \$ _____ = \$ _____ **Rental Subsidy Payment**

(9) Rental Subsidy Payment (Current Homeowners)

A) Total mortgage, insurance and taxes paid at Current owned Residence \$ _____ **Net Housing Cost**

B) 35% of monthly gross Income \$ _____ (Line 22, Form 1040 IRS)

C) Rent paid at Replacement Rental Unit \$ _____ (minus) Utility Allowance \$ _____ = \$ _____ **Net Rent (To be completed when Replacement Unit is located)**

D) Net Housing Cost \$ _____ (plus) Net Rent \$ _____ = \$ _____

Calculation:

(D) \$ _____ (minus) (B) \$ _____ = \$ _____ **Rental Subsidy Payment**

(10) <u>Demographics</u>	
(a) Ethnicity	Hispanic__ Not Hispanic __
(b) Race: (Select One)	
(c) White	
(d) Black/African American	
(e) Asian	
(f) American Indian/Alaskan Native	
(g) Nat. Hawaiian/Other Pacific Island	
(h) Am. Indian/Alaska Nat. & White	
(i) Asian and White	
(j) Black/African American and White	
(k) Am. Indian/Alaskan and Black African	
(l) Other Multi-Racial	

Applicant Signature and Certification:

I certify, under penalty of perjury, that the information given on this form is true and accurate to the best of my knowledge. I am aware that there are penalties for willfully and knowingly giving false information on an application for State funds, which may include immediate repayment of all State funds received and/or prosecution under the law. I understand that the information on this form is subject to verification by state personnel as part of compliance monitoring.

Applicant Signature: _____ **Date:** _____

Applicant Name (print): _____

Drought Housing Relocation Assistance Program (DHRA)

CHECKLIST

The following information/documents are requirements to qualify an eligible household in the DHRA Program. Refer to the DHRA Guidelines

Documentation Required by the Household

_____ Current Income Tax Form (**Homeowners Only**)

_____ Documentation of monthly Mortgage payment, Property Tax and Homeowners Insurance payments. (**Homeowners Only**)

_____ Documentation of rent paid at their Current Residence (Rental receipts, cancelled checks) (**Current Renters Only**)

_____ Obtain one of the following for proof that the household lives at Current Residence: (utility bill, driver's license, or similar documentation) (**Homeowner and Renters**)

Documentation the Provider must Obtain

_____ Documentation that the Household's Current Residence is served by a private well or water utility with less than 15 connections that is running out of an adequate supply of Potable Water. The lack of an adequate supply of Potable Water must be reasonably believed to be caused by drought conditions.

_____ Documentation that all reasonable attempts to find a permanent, Potable Water source connected to the plumbing system of the residence within a reasonable amount of time have been exhausted.

As verified by:

- County Office of Emergency Services **or**
- Department of Public Health **or**
- Other appropriate County office, or if the County does not respond to a request for verification, a qualified third-party expert hired by the Provider.

