



**Economic Opportunities Advancement Corporation  
of Planning Region XI**

**McLennan County Emergency Rental Assistance Program**

The Emergency Rental Assistance Program assists with rent and utility payments to help families in crisis who have been affected by COVID-19 due to job losses and reduced income. Assistance includes help for low-income families who qualify and meet income guidelines set by the Department of Housing and Urban Development with rental assistance and utilities to prevent and avoid evictions and homelessness.

**REQUIRED DOCUMENTS:**

*To apply, you must be a resident of McLennan County.*

- Completed Intake Application
- Driver's License or State Issued ID
- Completed Landlord Rental Packet
- Signed copy of lease
- Current utility bill if assistance is needed
- Proof of ALL income from the last 30 days of each household member working or receiving assistance (check stubs, unemployment, child support, SSI award letter, etc.)
- Proof of hardship related to the Covid-19 pandemic (i.e. unemployment approval, layoff notice, furlough notice, eviction notice, written statement explaining the reduction in income or financial hardships related to Covid-19)

**PLEASE REMEMBER:** Once the application has been received with ALL supporting documents, it will be processed in the order received, and by priority. **Failure to fill out the application completely and/or provide all required documentation and signatures will result in a delay in the processing of your application. Due to the high volume of rental applications, the minimum processing time is 60 business days. Until your application is processed, you are responsible for your rental and utility bills and any late fees applied.** Once the application is processed, you will be notified in writing if you qualify for assistance. All assistance is subject to the availability of funds.

Applications and all supporting documents can be returned in person, by mail, email, or fax.

- Address: 500 Franklin Ave, Waco, TX 76701
- Email: [communityservices@eoacwaco.org](mailto:communityservices@eoacwaco.org)
- Fax: (254)756-7664

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Rental Assistance:  Past Due     Future     Eviction Notice Provided

Utility Assistance:  Electricity     Gas     Water     Sewer

<b>1.</b>	<b>Applicant Full Name (head of household)</b>			
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<b>Date of Birth</b>	<b>Race</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other/Multi-Race	<b>Ethnicity</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<b>Social Security Number</b>
	<b>Age</b>			<b>Education Level</b> <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12/non-graduate <input type="checkbox"/> High school graduate/GED <input type="checkbox"/> 2- or 4-year college graduate <input type="checkbox"/> Graduate or post-secondary school <input type="checkbox"/> Unknown/not reported
	<b>Receives Income?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Street Address</b>				
<b>City/State/Zip Code</b>				
<b>Email Address</b>			<b>Home Phone</b>	
			<b>Cell Phone</b>	

<b>Other Household Members</b>				
<b>2.</b>	<b>Full Name</b>		<b>Relationship to Head of Household</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Other Relative <input type="checkbox"/> Child <input type="checkbox"/> Other Non-Relative <input type="checkbox"/> Grandchild	
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of Birth</b>	<b>Race</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other/Multi-Race	<b>Ethnicity</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<b>Social Security Number</b>
	<b>Age</b>			<b>Education Level</b> <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12/non-graduate <input type="checkbox"/> High school graduate/GED <input type="checkbox"/> 2- or 4-year college graduate <input type="checkbox"/> Graduate or post-secondary school <input type="checkbox"/> Unknown/not reported
	<b>Receives Income?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

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<b>3.</b>	<b>Full Name</b>		<b>Relationship to Head of Household</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Other Relative <input type="checkbox"/> Child <input type="checkbox"/> Other Non-Relative <input type="checkbox"/> Grandchild	
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of Birth</b>	<b>Race</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other/Multi-Race	<b>Ethnicity</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<b>Social Security Number</b>
	<b>Age</b>			<b>Education Level</b> <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12/non-graduate <input type="checkbox"/> High school graduate/GED <input type="checkbox"/> 2- or 4-year college graduate <input type="checkbox"/> Graduate or post-secondary school <input type="checkbox"/> Unknown/not reported
	<b>Receives Income?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>4.</b>	<b>Full Name</b>		<b>Relationship to Head of Household</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Other Relative <input type="checkbox"/> Child <input type="checkbox"/> Other Non-Relative <input type="checkbox"/> Grandchild	
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of Birth</b>	<b>Race</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other/Multi-Race	<b>Ethnicity</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<b>Social Security Number</b>
	<b>Age</b>			<b>Education Level</b> <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12/non-graduate <input type="checkbox"/> High school graduate/GED <input type="checkbox"/> 2- or 4-year college graduate <input type="checkbox"/> Graduate or post-secondary school <input type="checkbox"/> Unknown/not reported
	<b>Receives Income?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>5</b>	<b>Full Name</b>		<b>Relationship to Head of Household</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Other Relative <input type="checkbox"/> Child <input type="checkbox"/> Other Non-Relative <input type="checkbox"/> Grandchild	
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of Birth</b>	<b>Race</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other/Multi-Race	<b>Ethnicity</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<b>Social Security Number</b>
	<b>Age</b>			<b>Education Level</b> <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12/non-graduate <input type="checkbox"/> High school graduate/GED <input type="checkbox"/> 2- or 4-year college graduate <input type="checkbox"/> Graduate or post-secondary school <input type="checkbox"/> Unknown/not reported
	<b>Receives Income?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

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<b>6</b>	<b>Full Name</b>		<b>Relationship to Head of Household</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Other Relative <input type="checkbox"/> Child <input type="checkbox"/> Other Non-Relative <input type="checkbox"/> Grandchild	
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of Birth</b>	<b>Race</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other/Multi-Race	<b>Ethnicity</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<b>Social Security Number</b>
	<b>Age</b>			<b>Education Level</b> <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12/non-graduate <input type="checkbox"/> High school graduate/GED <input type="checkbox"/> 2- or 4-year college graduate <input type="checkbox"/> Graduate or post-secondary school <input type="checkbox"/> Unknown/not reported
	<b>Receives Income?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>7</b>	<b>Full Name</b>		<b>Relationship to Head of Household</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Other Relative <input type="checkbox"/> Child <input type="checkbox"/> Other Non-Relative <input type="checkbox"/> Grandchild	
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of Birth</b>	<b>Race</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other/Multi-Race	<b>Ethnicity</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<b>Social Security Number</b>
	<b>Age</b>			<b>Education Level</b> <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12/non-graduate <input type="checkbox"/> High school graduate/GED <input type="checkbox"/> 2- or 4-year college graduate <input type="checkbox"/> Graduate or post-secondary school <input type="checkbox"/> Unknown/not reported
	<b>Receives Income?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>8</b>	<b>Full Name</b>		<b>Relationship to Head of Household</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Other Relative <input type="checkbox"/> Child <input type="checkbox"/> Other Non-Relative <input type="checkbox"/> Grandchild	
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of Birth</b>	<b>Race</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other/Multi-Race	<b>Ethnicity</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<b>Social Security Number</b>
	<b>Age</b>			<b>Education Level</b> <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12/non-graduate <input type="checkbox"/> High school graduate/GED <input type="checkbox"/> 2- or 4-year college graduate <input type="checkbox"/> Graduate or post-secondary school <input type="checkbox"/> Unknown/not reported
	<b>Receives Income?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

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<b>Landlord Information</b>		
Landlord Name: _____	Phone: _____	
Address: _____		
City: _____	State _____	Zip Code: _____
Email Address: _____		

<b>HOUSING INFORMATION</b>	
<input type="checkbox"/> Private Home <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home	
Monthly Rent Amount \$ _____	
Utilities Included: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Household Type:	
<input type="checkbox"/> Single Person ONLY <input type="checkbox"/> Single Parent Female <input type="checkbox"/> Single Parent Male <input type="checkbox"/> Two Adults No Children	
<input type="checkbox"/> Two Parent Household <input type="checkbox"/> Non-Related Adults w/Children <input type="checkbox"/> Multigenerational Household	
<input type="checkbox"/> Other	

<b>UTILITY INFORMATION</b>		
Electric Service Provider	Account#	<input type="checkbox"/> Heating <input type="checkbox"/> Cooling <input type="checkbox"/> Both
Natural Gas Service Provider	Account#	<input type="checkbox"/> Heating <input type="checkbox"/> Cooling <input type="checkbox"/> Both
Propane Service Provider	Account#	<input type="checkbox"/> Heating <input type="checkbox"/> Cooling <input type="checkbox"/> Both
Water Service Provider	Account#	<input type="checkbox"/> Heating <input type="checkbox"/> Cooling <input type="checkbox"/> Both
Type of A/C <input type="checkbox"/> Central <input type="checkbox"/> Window Unit <input type="checkbox"/> None	Type of Heater <input type="checkbox"/> Central <input type="checkbox"/> Electric Heater <input type="checkbox"/> Fireplace <input type="checkbox"/> Space Heater <input type="checkbox"/> Wall Furnace <input type="checkbox"/> None	Are any services currently disconnected? <input type="checkbox"/> Yes <input type="checkbox"/> No

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**COVID- 19 SELF-ATTESTATION FORM**

Applicant Name:
Address
<b>I hereby certify under penalty of perjury that the following information is true (check all that apply):</b> <input type="checkbox"/> I was laid off due to the Covid-19 pandemic <input type="checkbox"/> I was employed at a facility at which the employer made a general announcement that the facility will close <input type="checkbox"/> My hours were reduced due to the Covid-19 quarantine <input type="checkbox"/> I was subject to a quarantine required by medical professional or state or local health officer <input type="checkbox"/> I am a parent who must stay home to care for a child due to a school closure <input type="checkbox"/> I am totally unemployed <input type="checkbox"/> My work separation from my employer was during the Covid-19 quarantine <input type="checkbox"/> I am partially unemployed <input type="checkbox"/> I was furloughed or unemployed through no fault of my own <input type="checkbox"/> I am physically unable to work <input type="checkbox"/> I am available for work <input type="checkbox"/> I am ready and willing to accept work immediately <input type="checkbox"/> I am actively looking for work
<b>Briefly explain how Covid-19 has impacted your ability to make rent and/or utility payments.</b>          

**I attest that the information stated above is true and accurate, and understand that any intentional or negligent misrepresentation(s) of the information contained in this form may result in civil liability and/or criminal penalties including, but not limited to fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001, et seq. and liability for monetary damages to McLennan County, and any other person who may suffer any loss due to reliance upon my misrepresentation which I have made on this form.**

Applicant Signature	Date
<b>Certification</b>	
I certify that the individual whose signature appears above provided the information recorded on this form. Staff Signature _____ Date _____	

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**Household Income Attestation**

If you cannot provide the required documentation, please use this form to document your income. If you have the required documentation and plan to provide it as a part of your application, you can skip to this section.

*Note that the self-attestation of household income will require that you re-certify income every three months in order to receive future funding.*

FULL NAME (Including yours)	Relationship to You (indicate "self" for your name)	Employed? (Y or N)	Gross Monthly Income

**Please briefly explain why you are unable to provide the required documentation.**

I attest that the information stated above is true and accurate, and understand that any intentional or negligent misrepresentation(s) of the information contained in this form may result in civil liability and/or criminal penalties including, but not limited to fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001, et seq. and liability for monetary damages to McLennan County, and any other person who may suffer any loss due to reliance upon my misrepresentation which I have made on this for

\_\_\_\_\_

Applicant Signature Date

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RELEASE OF CLIENT INFORMATION

1. I certify that the information provided on this application is true and correct to the best of my knowledge and belief. If granted assistance and fraud is proved, I will repay any funds spent on my behalf.
2. I authorize utility companies, landlords and other sources to release information to McLennan County for the purpose of certification under this program.
3. I authorize EOAC and McLennan County to use the information I provide to screen me for any additional services available through the County and its partner agencies.
4. This certification is being made with the full knowledge and understanding that this statement and all applicable documents deemed necessary to substantiate my eligibility is subject to full disclosure and verification by authorized McLennan County officials.
5. I understand that I may be responsible for making a co-payment and/or paying the balance on my utility bill and/or lease agreement.
6. I will not hold EOAC or McLennan County responsible or liable if my services are shut off and/or an eviction notice is received, as a result of non-payment.
7. My signature below will certify I fully understand the above statement and I agree to the terms of assistance as stated in the Assistance Guidelines included in this application.

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Applicant Signature

---

Date



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**MCLENNAN COUNTY COMMUNITY DEVELOPMENT BLOCK GRANT DUPLICATION OF BENEFITS  
 CERTIFICATION AND AGREEMENT**

This document must be completed and signed by any person that has applied for and/or received any assistance from the McLennan County COVID-19 Emergency Housing Assistance Program funded with Community Development Block Grant funds

**Have you applied for or received any form of financial assistance for rent, or utilities as a result of Covid-19?**

This section identifies any sources of funds that you have received or applied for as a result of the COVID-19 crisis. Sources of funds include but are not limited to: Federal, State and Local loan/grant programs, insurance, private or bank loans, nonprofit donations, or loans. Receipt of or pending receipt of any benefit amounts must be disclosed to McLennan County. By submitting this application, you certify that the benefits disclosed above have been accurately reported. You hereby authorize HUD, the County and each of their respective designees to verify this information and if requested, you agree to provide any information required.

If the information you provided is incorrect, or if your financial circumstances change after the date of your application such that the information disclosed above has become incorrect, you are required to provide written notification to the County and provide corrected information within five (5) business days. Upon receipt of the updated or corrected information, the County will determine if there has been a duplication of benefits under Section 312 of the Stafford Act. Written notification should be sent to: McLennan County Community Services Department, Attention: Grants Administrator, 501 Washington Ave, Waco, TX 76701.

You agree to repay any assistance that is determined by the County to be a duplication of benefits under the Stafford Act and you further hereby assign to the County all of your future rights to reimbursement and all payments received from any grant, subsidized loan, or insurance policies of any type or coverage or under any reimbursement or relief program related to or administered by the Federal Emergency Management Agency or the Small Business Administration or any other program, but only to the extent the proceeds are determined by the County to be a duplication of benefits under the Stafford Act.

Yes No

➤ If yes, please list the following information for all benefits received and/or applied for the above purposes as a result of Covid-19.

Organization/Benefit provider (ex: Texas Rent Relief)	Type/Purpose of Assistance (ex: rent)	Period of Assistance (ex: 6 months)	Amount of Assistance (ex: \$3900)	Status (pending or received) (ex: received)

\_\_\_\_\_ Applicant Signature

\_\_\_\_\_ Date