



**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

*This project is being supported in whole, or in part, by Federal Award Number ERA0318 and ERAE0151 awarded to McLennan County by the U.S. Department of the Treasury*

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

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

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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

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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

## Termination of Services Notice/ Aviso de Terminación de Servicios

Applicant Name /Nombre del Solicitante:

This notice is to inform you that you will be terminated from the CEAP/CSBG/WAP Program immediately for the following offenses if committed by you, the applicant, or any household member:

*Este aviso es para informarle que se cancelará este programa inmediatamente por los siguientes delitos cometido por usted, el solicitante o cualquier miembro del hogar:*

1. Belligerent or threatening behavior toward a staff member or any other person(s) while inside or outside any EOAC office.  
*Comportamiento beligerante o amenazante hacia un miembro del personal o cualquier otra persona mientras dentro o fuera de cualquier oficina EOAC.*
2. Verbal abuse to including the use of profanity at or in the presence of a staff member or any person(s) while inside or outside any EOAC office.  
*Insultos a parte a oen presencia de un miembro del personal o cualquier otra persona(s) mientras que dentro o fuera de cualquier oficina EOAC.*
3. Any type of actual physical confrontation toward a staff member or any other person(s) while inside or outside any EOAC office.  
*Cualquier tipo de confrontación física real hacia un miembro del personal o cualquier otra persona mientras dentro o fuera de cualquier oficina EOAC.*
4. Providing a false or misleading information regarding any household member(s).  
*Proporcionar false o engañosa información con respecto a cualquier miembro del hogar.*
5. Theft from agency or staff member or any other person(s) while inside or outside any EOAC office. Theft is also identified as not returning EOAC funds refunded by an energy company.  
*Proporcionar false o engañosa información con respecto cualquier miembro del hogar.*
6. Violation of EOAC concealed and open carry handgun and firearm policy.  
*Es una violación en EOAC llevar armas de fuego ocultas o enseñares una política.*

I acknowledge that once terminated, I will not be allowed to reapply for any services with EOAC for a period of 1-2 years depending on the severity of the violation; and the ban from services will remain in effect even if the person(s) who committed the violation moves out.

I acknowledge that all documentation of the violation will be maintained in my client file, and that I shall have the right to appeal in writing to the Program Director within 10 days of the violation.

*Reconozco que al finalizar, no se me permitirá volver a solicitar ningún servicio con EOAC por un período de 1 a 2 años, dependiendo de la gravedad de la infracción; y la prohibición de servicios seguirá en vigencia incluso si la (s) persona (s) que cometió la violación se mudan.*

*Reconozco que toda la documentación de la violación se mantendrá en mi archivo de cliente; y que tendré el derecho de apelar por escrito al Director del Programa dentro de los 10 días de la violación.*

### **Applicant has a responsibility to / El solicitante tiene la responsabilidad de:**

- Provide required information to verify eligibility for assistance whenever the case is opened or reopened. *Proporcione la información requerida para verificar la elegibilidad para recibir asistencia cada vez que se abra o se vuelva a abrir el caso.*
- Report any changes in the household – income, number of people in the home, etc. which may affect eligibility. *Informe sobre cualquier cambio en el hogar; ingresos, cantidad de personas en el hogar, etc. Que puedan afectar la elegibilidad.*
- Report any changes in utility provider when receiving utility assistance. *Informe cualquier cambio en el proveedor de servicios cuando recibe asistencia de utilidad.*

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Client signature / Firma de cliente

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Date / Fecha