

January 18, 2021

Dear Resident or Renter,

As a resident of Karnes County with property in a flood prone area, we are notifying you of possible assistance to have your property "bought out". Karnes County has received an allocation of \$1,725,606.00 in buyout grant funding from the department of Housing and Urban Development (HUD) and the Texas General Land Office (GLO). These funds have been awarded to the County through a Community Development Block Grant - Disaster Recovery (CDBG-DR) grant. The goal of this program is to reduce the number of properties within a floodplain and to reduce future flood loss. Participation in this program is completely voluntary. Neither the State nor the County will use its eminent domain authority to acquire any property for open-space purposes if you choose not to participate. We are also required to inform all persons who may be renting the identified property, there is a chance they may be displaced if the property owner chooses to participate in this buyout program.

The application period for this program will be ending on 3/8/21 for Karnes County and the Eligibility period will begin. If you are interested in this program, please fill out the enclosed forms and return to address below, if you have questions please call (512)452-0432.

Sincerely-

Langford Community Management Services
Grant Administrator Firm for Karnes County

Langford Community Management

Services

2901 CR 175

Leander, TX 78641

Office: 512.452.0432 Fax: 512-452-5380



January 25, 2021

Dear Karnes County Resident,

Karnes County has received an allocation of \$1,725,606.00 in housing grant funds from the Texas General Land Office to assist recovering homeowners impacted by the 2017 Hurricane Harvey floods. These funds have been awarded to the County through a Community Development Block Grant – Disaster Recovery (CDBG-DR) grant which requires a minimum of 70 percent of all grant funds (\$1,207,924.20) to be expended on activities that benefit low-to-moderate income households. Karnes County is working with the Grant Administration Firm, Langford Community Management Services to assist residents with the application process.

The County is in the process of gathering information on homeowner recovery needs that still remain from the damage caused by the 2017 Hurricane Harvey floods. **Please assist us in documenting this unmet need by completing the program survey & Application by one of two methods below:**

1. Complete the enclosed 2-page survey & Application and return it in the enclosed post marked envelope to:

**Langford Community Management Services (LCMS)
2901 CR 175
Leander, TX 78641
1(512)452-0432**

2. Complete the enclosed 2-page survey & Application and drop it off at the Karnes County Courthouse office at:

**Karnes County Courthouse- Judge's Office
101 North Panna Maria Ave. Suite 101
Karnes City, TX 78118
1(830)780-3732**

Homeowners who return a survey & Application will be contacted directly provided that accurate and legible contact information is included on the Unmet needs survey & Application. Assistance through the 2017 Hurricane Harvey Karnes County Housing Assistance Program will support the buyout of homes damaged in the 2017 flood events. Homeowners interested in participating must live within Karnes County and must demonstrate compliance with program eligibility requirements as described on the following page.

Para asistencia en español llama 877-894-8990.

Sincerely,

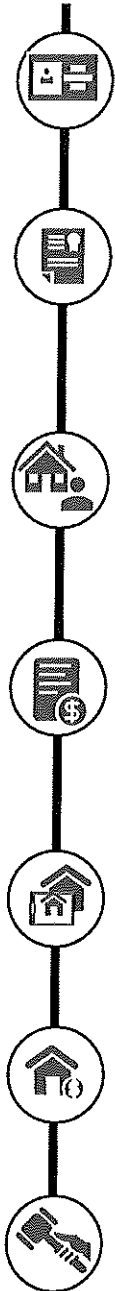
Karnes County, County Judges Office and
Langford Community Management Services

KARNES COUNTY

HOUSING PROGRAM REQUIRED

ELIGIBILITY DOCUMENTS

Karnes County is now accepting homeowner applications. Homeowners interested in applying can prepare today by gathering the following documentation required to submit an eligible application:



PROOF OF IDENTITY

Provide one of the following current and valid government-issued ID's: • State of Texas Driver's License • U.S. Passport • Military ID • Certificate of Naturalization or Permanent Resident Card

PROOF OF OWNERSHIP

Provide one of the documents to prove undisputed ownership: • Valid deed of trust or warranty deed recorded with the County • 2017 Property Taxes • OR • tax receipts, home insurance, or utility bills from the time of the storm

PROOF OF PRIMARY RESIDENCE

Provide one of the following documents as proof of primary residency at the time of the storm: • 2017 property taxes that show homestead exemption • OR • Complete an Affidavit of Principal Residency with one of the following supporting documents: • Government-issued ID with the storm-damaged address that was valid at the time of the storm • Two or more utility bills showing usage at the time of the storm • Property insurance coverage from the time of the storm.

PROOF OF INCOME

Household income is determined at the time of assistance based on the most recent household tax return: • 2019 or 2020 Tax Return for all household members 18 years of age or older • OR • Most recent W2 and three most recent pay stubs • Unemployment Award Letter • Pension/Annuity Letter • Social Security Benefit Letter • Veteran's Affairs Benefit Letter

PROOF OF STORM IMPACT

Provide one of the following as evidence of storm impact and prior award of funds: • Copy of FEMA Award Letter • Copy of Insurance Letter(s) and /or Insurance Claims • Timestamped photos of damage to home.

PROOF OF CURRENT PROPERTY TAXES

Must provide evidence that property taxes are either current, have an approved payment plan, or qualify for an exemption under current law.

PROOF OF CHILD SUPPORT

Must be current on all child support payments or enter into a payment plan with the Office of Attorney General (OAG), if applicable.

KARNES COUNTY UNMET NEEDS SURVEY

Please complete and return to Langford Community Management Services at 2901 CR 175 Leander, TX 78641 by 03/08/2021.

Name and Address Information

Full Legal Name: _____

Address of Damaged Property: _____

Did you live in this property at the time it incurred storm damage? Yes No

Are you the owner of the damaged property? Yes No

Do you have clear title on the damaged property? Yes No

Was this location your primary residence at the time it incurred damage from the 2017 storm? Yes No

Contact Information

Phone Number: _____

Email: _____

Preferred method of contact: phone email
(select only one)

Alternate contact name and relationship: _____

Alternate contact phone number: _____

Household Information

Number of individuals that live in the home: _____

Number of household members under the age of 18: _____

Indicate any of the following characteristics that apply to any members living in the household:

65 years of age or above Veteran

5 years of age or below Disabled

Between the ages of 6 and 18 Female head of household

Indicate number of household members that fall in one of the categories below. Count each member only once.

Race	Hispanic	Non-Hispanic
White		
Black/African American		
American Indian/Alaska Native		
Asian		
Native Hawaiian/Other Pacific Islander		
Some Other Race		
White and Black/African American		
White and American Indian/Alaska Native		
White and Asian		
Black/African American and American Indian/Alaska Native		

Please circle your household income category below:

FY2020 Income Limit Category	Number of Persons in Household							
	1	2	3	4	5	6	7	8
Extremely Low-Income Limits (0% - 30% AMI)	\$14,050 or below	Between \$14,051- \$17,240	Between \$17,241- \$21,720	Between \$21,721- \$26,200	Between \$26,201- \$30,680	Between \$30,681- \$35,160	Between \$35,161- \$39,640	Between \$39,641- \$44,120
Very Low-Income Limits (31% - 50% AMI)	\$23,450 or below	Between \$23,451 - \$26,800	Between \$26,801- \$30,150	Between \$30,151- \$33,450	Between \$33,451- \$36,150	Between \$36,150- \$38,850	Between \$38,851- \$41,500	Between \$41,501- \$44,200
Low Income Limits (51% - 80% AMI)	\$37,450 or below	Between \$37,451- \$42,800	Between \$42,801- \$48,150	Between \$48,151- \$53,500	Between \$53,501- \$57,800	Between \$57,801- \$62,100	Between \$62,101- \$66,350	Between \$66,351- \$70,650

Check here if your household income exceeds the limits listed above

Prior Assistance

Has your property been assessed for damage? Yes No If yes, what was the estimated value of the damage? \$ _____

Did you apply for FEMA assistance? Yes No

If yes, which type of FEMA assistance did you receive: temporary housing assistance (i.e., FEMA trailer) financial assistance for living expenses in the amount of \$ _____
 temporary hotel assistance

Did you apply for SBA assistance? Yes No

If yes, what was your awarded loan amount? \$ _____

Did you file with private insurance? Yes No

If yes, what amount did you receive from your insurance? \$ _____

Displaced neighbors (optional)

Karnes County is reaching out to all residents impacted by the 2017 Hurricane Harvey storm event. We understand that many residents may have relocated or been displaced since the time of these storms and ask for your help as a friendly neighbor to locate these individuals. If you have any information about former neighbors who lived in the impacted area during the 2017 Hurricane Harvey (August 25, 2017) storm and have since moved or not returned to their home, please indicate so in the contact fields below:

Name (s):	Contact information: (phone and/or email)
Name (s):	Contact information: (phone and/or email)



Texas General Land Office
Community Development and Revitalization
Buyout or Acquisition Program
Intake Beneficiary Application

Event: Hurricane Harvey(2017) Floods

Date Received:

Subrecipient: Karnes County

Contract #: 2017-20-066-032-C226

All Blanks Must be Completed or Indicated with "N/A"

1. APPLICANT INFORMATION:

Applicant Name (must be property owner):

Street Address:

City/State/Zip:

County:

Email Address:

Home Phone:

Cell Phone:

Name and Contact Information, including phone number, of the relative who lives in closest proximity:

2. CO-APPLICANT INFORMATION: (If applicable)

Applicant Name:

Street Address:

City/State/Zip:

County:

Email Address:

Home Phone:

Cell Phone:

Name and contact information including, including phone number, of relative who lives in closest proximity:

Name and contact information for individual completing this application, if this is different from applicant information (e.g. attorney or other designated party)

Name:

Street Address:

City/State/Zip:

County:

Email Address:

Home Phone:

Cell Phone:

3. ELIGIBILITY INFORMATION: Please answer the following questions:

Which disaster event(s) affected you and/or your residence?

Were you the owner of the residence on the date of the disaster event?

If applicable, is your property currently owned by a(n): Estate Partnership Corporation

Was the damaged property the homeowner's primary residence on the date of the disaster event?

Was the damaged property covered under homeowners' insurance at the time of the disaster event?

Did you register with FEMA for repair assistance for structural damage to your home?

Have you ever received any other assistance for the repair or rehabilitation of your home?

If yes, please explain.

4. HOUSEHOLD COMPOSITION AND CHARACTERISTICS: List all current members of the household and any additional household members anticipated within the next 12 months.

Member Name	Marital Status Head of Household Only	Relationship to Head of Household	Date of Birth	Gender
Head of Household				
Total Number of Household Members:				

5. INCOME INFORMATION (COPY OF PREVIOUS YEAR TAX RETURN): To determine if you are eligible for funding for a specific housing program, all listed occupants 18 years and over must provide a copy of their previous tax return. *Subrecipients will refer to the GLO's IRS FORM 1040/Adjusted Gross Income (AGI) Method Calculation Policy to determine a beneficiary's household income.*

6. DIRECT BENEFIT DATA BY HOUSEHOLDS (DEMOGRAPHIC AND SPECIAL NEEDS INFORMATION):

Ethnicity Codes:

A – 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.
 B – Not Hispanic

Race Codes:

A – White	E – Native Hawaiian/Other Pacific Islander	I – American Indian/Alaska Native/Black-African American
B – Black/African American	F – American Indian/Alaska Native/White	J – Other Multi-Racial
C – Asian	G – Asian/White	K – Unknown
D – American Indian/Alaskan Native	H – Black/African American/White	

Special Needs Codes:

A – Elderly	C – Colonia Resident	F – Public Housing Resident
B – Person with Disabilities*	D – Homeless	G – Veteran
	E – Migrant Farm Worker	H – Wounded Warrior

*Disability Definition: A physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment.

	Ethnicity Code	Race Code	Special Needs Code(s)
1 (Head)			
2			
3			
4			
5			
6			

7. DAMAGED RESIDENCE INFORMATION: Please indicate the type of structure for the property:

Single Family Home | Modular Home | Townhome | Manufactured Housing Unit | Other: _____

Address: _____

City, State, Zip, Municipality: _____

Name of Neighborhood/Area where your home is located: _____

Date you acquired title to the property: _____

Please Provide the following property information which may be available from your recent property tax bill(s):

Legal Description:	Assessed Value:	Farmland Assessed? (Yes or No)	Annual Property Taxes Amount:	Number of Acres Per Lot (or Lot Size):
	\$		\$	
	\$		\$	
	\$		\$	
Total Acres:				

Please answer Yes, No or N/A to the following questions:			
Is anyone living at the damaged residence?			
Is the property in the floodplain or floodway?			
If you are seeking assistance for a manufactured housing unit, do you own the land?			
Does the manufactured housing unit have a valid Statement of Ownership and Location (SOL) filed with the Texas Department of Housing and Community Affairs?			
Are there any other names on the deed for the damaged property?			
Have you had property foreclosed upon or are you in the process of foreclosure?			
Does the damaged property have a mortgage or any liens?			
Are there any leases, rental agreements, easements or deed restrictions affecting the property? If yes, explain.			
Have any commercial activities ever taken place on this property? If yes, explain.			
Is the property currently listed for sale? If yes, what is the current asking price. <i>Note: While the asking price is a key element in the evaluation of this property, it is non-binding, and is not a commitment of the part of the Subrecipient to pay this amount should this property be selected for the Buyout or Acquisition program.</i>			
Please tell us about your property, including any unique or special environmental features, known historical associations, and any bodies of water on the property or bordering the property.			
Are you current or in good standing with a payment plan on your property taxes?			
If you are required to pay child support, are you current on your payments or in good standing with a payment plan?			
8. HOUSING ASSISTANCE RECEIVED PREVIOUSLY:			
Have you applied for any storm-related assistance for damage to your home from any source (local, state, federal, private)? If yes, proceed with this section. If you have not applied for other storm-related assistance, include "N/A" in the "Source" column.			
Source	Amount	Date Received	Account Number
1. FEMA: Federal Emergency Management Agency			
2. SBA: Small Business Administration			

Insurance Claims: Please provide information on insurance coverage carried and payments received.				
Insurance company's name	N/A	Amount	Date Received	Policy Number
National Flood Insurance Program (Flood insurance carrier)	N/A	Amount	Date Received	Policy Number
4. Other Funds (Include Funding Source):				
Have you received assistance from any federal program to repair your home PRIOR to this event? (Yes or NO)				
List the names of the programs and type of assistance received for the damaged home (e.g., HOME, CDBG, GLO/FEMA etc.):				

9. APPLICANT CERTIFICATION:

I/We understand the information provided above is collected to determine if I/we are eligible to receive assistance under the Community Development Block Grant Disaster Recovery (CDBG-DR) Program.

I/We hereby certify that all the information provided herein is true and correct.

I/We understand that providing false statements or information is grounds for termination of housing assistance and is punishable under federal law.

Applicant's Authorization:

I authorize the entity to which I am applying for assistance to obtain information about me and my household that is pertinent to determining my eligibility for participation in the CDBG-DR Program. I acknowledge that:

- (1) A photocopy of this form is as valid as the original; AND
- (2) I have the right to review information received using this form; AND
- (3) I have the right to a copy of information provided to the entity and to request correction of any information I believe to be inaccurate; AND
- (4) All adult household members will sign this form and cooperate with the eligibility verification process.
- (5) I understand that my documents may become electronically permanent.

By signing this application, the applicant(s) authorizes the state or any of its duly authorized representatives to verify the information contained herein, including this section. Warning: Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729.

Signature of Applicant:

Date:

Signature of Co-Applicant:

Date:

10. ELIGIBILITY RELEASE:

Subrecipient:

Contract Number:

Name:

Address:

Instructions to Applicant: Your signature on this *Eligibility Release*, and the signatures of each member of your household who is 18 years of age or older authorizes the above-named Subrecipient to obtain information from a third -party regarding your eligibility and continued participation in the:

Community Development Block Grant Disaster Recovery (CDBG-DR) Program

Privacy Act Notice Statement: The Texas General Land Office (GLO) or Subrecipient named above require the collection of the information listed in this form to determine an applicant's eligibility for the CDBG-DR Program. This information will be used to establish the level of benefits for which the applicant is eligible to receive and to verify the accuracy of the information furnished. Information received from an applicant as a result of verifying an applicant's eligibility may be released to the appropriate federal, state, and local agencies or, when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in delay or rejection of your eligibility approval.

Each adult member of the household must sign this Eligibility Release prior to the receipt of benefits to establish continued eligibility.

Note: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. If a copy of a tax return is needed, IRS Form 4506, "Request for a Copy of Tax Form" must be prepared and signed separately.

Information Covered: Inquiries may be made to third parties regarding the items initialed below by the applicant.

Description	Verification Required	Initials of Applicants
Disaster Assistance (FEMA, SBA, Insurance, etc.)	X	
Income (all sources)	X	
Occupancy Preference (Special Needs)(if applicable)	X	
Child Support Verification	X	
Other (list): Dependent Information:	X	
Full-time Student		
Disabled Household Member		
Minor Children	X	

By signing this application, the applicant(s) authorizes the state or any of its duly authorized representatives to verify the information contained herein, including this section. Warning: Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729.

Signature of Applicant:

DATE:

Signature of Co-Applicant:

DATE:

PLEASE PROVIDE ALL APPLICABLE DOCUMENTS LISTED BELOW TO ENSURE THAT YOUR APPLICATION WILL BE PROCESSED IN AN EXPEDITED MANNER.

- Completed Buyout and Acquisition Intake Application.
- Properly executed Eligibility Release Form.
- FEMA Award/Denial Letter.
- Small Business Administration (SBA) Award/Denial Letter.
- Private insurance letter (If you did not have private insurance, an Affidavit of no Insurance will be required).
- Letter or announcement from an "Other" award received for the repair or replacement of your damaged home, e.g., non-profit, donation grant, etc.
- Copy of the applicant's driver's license (or a state-issued photo ID).
- Warranty Deed for the damaged home or a Statement of Ownership and Location (SOL) for MHU in applicant's name.
- Latest Financial Institution Bank statement or lien information.
- IRS Income Tax Documents for all individuals that live at the property and that are 18 years and over
- Property tax records including latest payment of property taxes or payment plan documentation from the applicable county appraisal office.
- Child support documentation (If applicable).
- Copy of the applicant's Lender or Mortgage statement and contact information.
- Photos of the property including structures or items such as barns, fence, etc., if available.
- Property Survey, if available.



Texas General Land Office
Community Development and Revitalization
Consent to Release Information

CDBG-DR Applicant Information		
Applicant Name:	Program Applicant is applying to: Locally Administered Buyout/Acquisition Program	
Co-Applicant Name:	Applicant ID Number (if available):	
Physical Address:		
City:	State: Texas	Zip code:
External Party Information		
Is this party an: <input type="checkbox"/> Individual <input type="checkbox"/> Local Representative <input type="checkbox"/> Other:		
Name of Individual authorized to request/obtain information:		
Mailing Address:		
Phone Number:	Email Address:	
Specific verbal information authorized by applicant to be released:		
Statement of Facts		
I/we agree to the following:		
<input type="checkbox"/>	The Texas General Land Office's Community Development and Revitalization Division (GLO-CDR) is hereby granted my/our express permission to provide the individual listed above with the specific verbal information identified above related to my/our application to the GLO-CDR for the above referenced program.	
<input type="checkbox"/>	I/We understand that while I/we agree to grant access to provide information to the individual identified above, the individual does not have the right or the ability to make decisions on my/our behalf as it relates to my/our application to GLO-CDR.	
<input type="checkbox"/>	I/We understand that GLO-CDR will not provide any information that is "Sensitive personal information" as defined in Texas Business and Commerce Code, Title 11, Personal Identity Information, Section 531.001.	
<input type="checkbox"/>	I/we are authorizing the release of verbal information because the above-named individual needs to know this information to assist with my/our application to the GLO-CDR for the above referenced program.	
<input type="checkbox"/>	I/we understand that, once information is released under this authorization, the recipient could re-release it and the information may no longer be protected by Federal or Texas privacy regulations. I/we release the GLO-CDR from legal responsibility or liability for the disclosure of the information as authorized on this form.	
<input type="checkbox"/>	I understand that I may withdraw or revoke my consent to release information granted herein at any time. If I withdraw my consent, my information may no longer be used or released by the GLO-CDR for the reasons covered by this authorization. However, any information disclosures previously made with my consent are unable to be taken back. I may revoke this Consent to Release Information by notifying the GLO-CDR in writing.	
Unless revoked earlier, this authorization expires upon this date or event: _____		
Signatures		
Under penalties of perjury, I/we certify that the information presented in this consent form is true and accurate to the best of my knowledge and belief. I/We further understand that providing false representation herein constitutes an art of fraud. False, misleading or incomplete information may result in my ineligibility to participate in this program or any other programs that will accept this consent form. Warning: Any person who knowingly makes a false claim or statement may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729.		
Applicant Signature:	Co-Applicant Signature:	
Date:	Date:	



Texas General Land Office
Community Development and Revitalization
Right-of-Entry Release

Applicant's Information	
Subrecipient/Vendor Name: Karnes County/ Langford Community Management Services	Contract and/or WO: 20-066-032-C226
Applicant's Name:	Project #:
Co-Applicant's Name:	Address:
Project Legal Description:	
Project Type (Rehabilitation, Reconstruction, etc.): Buyout	
Right-of-Entry Release Statement	
<p>I, hereby, provide and authorize the Texas General Land Office (GLO) and each of their respective employees, vendors, and contractors, the "Right-of-Entry" in and onto the property describe above for the purpose of performing all necessary activities to carry out the CDBG-DR Program. I will confirm that the officer, official, or employee will present credentials including photo identification, and state the reason for the site visit in order to request entry.</p>	
Applicant's Acknowledgment	
<p>Under penalties of perjury, I certify that the information presented in this Affidavit is true and accurate to the best of my knowledge and belief. I further understand that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in my ineligibility to participate in Programs that will accept this Affidavit. Warning: Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729.</p>	
Applicant's Signature:	Date:
Printed Name:	
Co-Applicant's Signature:	Date:
Printed Name:	