



EMERGENCY HOUSING ASSISTANCE PROGRAMS

PRE- SCREENING APPLICATION  
TEXAS EVICTION DIVERSION PROGRAM (TEDP)

**PLEASE SUBMIT ONLY ONE APPLICATION PER HOUSEHOLD**

*(Completed forms may be sent by fax to 214-819-6085 or through secured email link provided by Caseworker)*

**SECTION I: COURT INFORMATION**

A. Referring Court\*: \_\_\_\_\_

B. Docket Number\*: \_\_\_\_\_

C. Court Contact Phone Number\*: \_\_\_\_\_

D. Court Contact Email\*: \_\_\_\_\_

**SECTION II: LANDLORD INFORMATION**

A. Name: \_\_\_\_\_  
(Last Name\*) (Middle Initial) (First Name\*)

B. Landlord Taxpayer Identification Number (TIN) (9-digit SSN or EIN)\*: \_\_\_\_\_

C. Contact Information: Phone\*: \_\_\_\_\_ Email: \_\_\_\_\_

D. Street Address \*: \_\_\_\_\_ Apt #: \_\_\_\_\_  
City\*: \_\_\_\_\_ State\*: \_\_\_\_\_ Zip code\*: \_\_\_\_\_ County: \_\_\_\_\_

E. Rental Property Name: \_\_\_\_\_

F. Rental Property Address\*: \_\_\_\_\_  
City\*: \_\_\_\_\_ State\*: \_\_\_\_\_ Zip code\*: \_\_\_\_\_ County\*: \_\_\_\_\_

**SECTION III: TENANT INFORMATION**

A. Name: \_\_\_\_\_  
(Last Name\*) (Middle Initial) (First Name\*)

B. Contact Information: Phone\*: \_\_\_\_\_ Email: \_\_\_\_\_

C. Date of Birth\*: \_\_\_\_\_

D. U.S. Government Issued Identification Number (DL, ID, Passport)\*: \_\_\_\_\_

**SECTION IV: CURRENT ASSISTANCE THROUGH OTHER ENTITIES**

A. Currently receiving assistance or living in any of the following ( ✓ ): YES NO  
(if yes, please select what kind of assistance you are receiving)

- Public Housing
- Housing Choice Voucher (Section 8)
- Project Based Voucher Program Participants
- Other Entities/Programs (Name of Assistance Provider): \_\_\_\_\_

**SECTION V: CURRENT HOUSING INFORMATION**

A. Type of Housing:                      Rental                      Mortgage

B. Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ County: \_\_\_\_\_  
*(Proof of residency - Photo ID will be required at Intake)*

**SECTION VI: HOUSEHOLD INCOME INFORMATION**

A. Total household members including applicant: \_\_\_\_\_

B. Monthly household income prior to economic impact due to COVID-19

- Work: Monthly Amount
- SSI: Monthly Amount
- Unemployment: Monthly Amount
- Pension: Monthly Amount
- Social Security: Monthly Amount
- Other: Monthly Amount

C. Total annual income from all family members: \_\_\_\_\_

**SECTION VII: ECONOMIC IMPACT BY COVID-19**

A. Household income impacted due to COVID-19 (Impact must be on April 1st 2020 or thereafter):                      YES                      NO  
If yes, impact due to: ( ✓ )                      Job Loss                      Reducation in income

B. Job loss or reduction in income caused non-payment of rental or mortgage payment                      YES                      NO

If yes, date of impact: \_\_\_\_\_  
(Proof of impact will be required at Intake)

**SECTION VIII: DISCLAIMER**

Attestation: I attest that the information stated above is true and accurate, and understand that the above information, if misrepresented or incomplete may be grounds for denial and/or penalties as specified by law.

Please sign by typing your name in the signature box below:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date