



## Tenant-Based Rental Assistance Application Checklist

### **Application Forms: – All sections must be completed in their entirety**

- HOME Program Intake Application
- Supplement to the Intake Application
- Release and Consent Form
- Verification of Disability (if applicable)
- Certification of Zero Income – for any household member over 18 that does not have ANY source of income
- Under \$5,000 Asset Certification Form

### **Required Support Documents:**

- Social Security Cards for ALL household members**

- Proof of Citizenship for ALL household members. NO EXCEPTIONS!**

One of these will verify proof of citizenship and identification for any household member –

- Valid Passport, US American Indian or Alaska Native tribal enrollment card with photo, Certificate of Naturalization, Certificate of US Citizenship.

If you do not have one of the above, household members must provide:

- a **valid photo ID**: driver's license, military card, or state issued ID

#### **AND one of the following:**

- birth certificate, certification of degree of Indian blood issued by tribe, US Citizen card, American ID card, Final adoption decree showing US as place of birth, Texas Voter ID card, Permanent Resident Card, non-immigrant cards, refugee/asylee card.

To confirm identity for **CHILDREN UNDER AGE 16**: Parent/guardian ID that matches birth certificate of child, or a clinic, doctor, hospital, or school record.

- Proof of ALL Income for the PAST 90 Days for ALL members of the household.** Awards letters must be dated for 2019. Examples of proof of income include but not limited to:

- Social Security/SSI Awards Letters , Disability Awards Letters, VA Awards Letter, Pension Letter, Employer Check Stubs, Unemployment Benefit Statements, TANF Letter

- Households with minors: Regarding Child Support**

- If the household has a court order for child support, a 12 month FINANCIAL ACTIVITY REPORT from the Office of the Attorney General must be provided. Whether payments are being received or not.
- If the household DOES NOT have a court ordered child support or receives voluntary child support payments please complete the child support statement form in the presence of a notary public based the statement accurate to your household.

- 6 Months of Checking Account Statements for all accounts including:**

- Traditional Bank Accounts
- ANY Pre-paid Debit cards from employer, OAG, SSI, Unemployment, etc.

- Previous Month of All Savings Accounts**

- If no savings account exist please sign the No Account Form in the presence of a notary public

- Investments (stocks, bonds, CDs, retirement accounts)**



# HOME PROGRAM INTAKE APPLICATION

## A. ADMINISTRATOR INFORMATION

Administrator Name :

Street Address:

City/State/Zip: County:

## B. APPLICANT CONTACT INFORMATION

Applicant Name(s):

Street Address:

City/State/Zip: County:

Email Address: Home Phone: ( ) -  
Cell Phone: ( ) -

## C. HOUSEHOLD COMPOSITION INFORMATION (List all members of the household)

Full Name (exactly as it appears on driver's license or other government document)	Relationship to Head of Household	Date of Birth	Gender	Student Status	Receives Income?	Check if Veteran
1.	Head of Household		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
2.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
3.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
4.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
5.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
6.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
7.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
8.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
9.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>

Important Information for Former Military Services Members. Women and men who served in any branch of the United States Armed Forces, including Army, Navy, Marines, Cost Guard, Reserves or National Guard, may be eligible for additional benefits and services. For more information please visit with the Texas Veterans Portal at <https://veterans.portal.texas.gov/>."

**D. HOUSEHOLD COMPOSITION INFORMATION (Continued)**

1. Was any household member a full-time student within the last calendar year?  No  Yes, who?
2. Is any household member listed above a foster child?  No  Yes, who?
3. Is any household member listed above a live-in attendant?  No  Yes, who?
4. Is any household member temporarily absent from the home?  No  Yes, who?  
If Yes, indicate reason for temporary absence:
5. Do you anticipate other members will join your household within the next 12 months?  No  Yes, explain:

**E. HOUSING ASSISTANCE RECEIVED PREVIOUSLY**

(List any other housing assistance provided to or received by any household member)

Was this property impacted by a disaster?  No  Yes, which disaster?

Source	Amount	Date Received	Reason
1. FEMA: Federal Emergency Management Agency <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, which Disaster	\$		
2. SBA: Small Business Administration <input type="checkbox"/> No <input type="checkbox"/> Yes	\$		
3. Section 8: Housing and Urban Development <input type="checkbox"/> No <input type="checkbox"/> Yes	\$		
4. TBRA: Tenant Based Rental Assistance <input type="checkbox"/> No <input type="checkbox"/> Yes	\$		
5. Homeowner Insurance <input type="checkbox"/> No <input type="checkbox"/> Yes	\$		
6. Other Describe: <input type="checkbox"/> No <input type="checkbox"/> Yes	\$		

**F. CONFLICT OF INTEREST INFORMATION**

1. Is anyone in the household currently serving or has anyone served within the last 12 months as an employee, agent, consultant, officer, or elected or appointed official of TDHCA, Administrator, or Development Owner?  No  Yes  
If Yes, identify who, organization name, and role:  
Is this a current role?  No  Yes If No, identify date role ceased:
2. Is anyone in the household related to anyone who is currently serving or who has served within the last 12 months as an employee, agent, consultant, officer, or elected or appointed official of TDHCA, Administrator, or Development Owner (either through familial or business ties)?  No  Yes  
If YES, identify who, organization and role:  
Is this a current role?  No  Yes If No, identify date role ceased:

**G. DISPOSAL OF ASSETS INFORMATION**

1. Has anyone in the household given away anything of value within the last two years? (if a home was released due to foreclosure, bankruptcy, or divorce, answer No):  No  Yes, who?  
Provide explanation (including the type of asset, estimated value of asset, amount disposed for, and date of disposal):
2. Has anyone in the household owned a home in the last two years?  No  Yes, who?  
Do they currently own it?  No If No: When was it disposed of?  
 Yes If Yes: Is it being rented?  No  Yes  
Is it sitting vacant?  No  Yes  
Is it in the process of being sold?  No  Yes

### H. ANNUAL INCOME OF ALL HOUSEHOLD MEMBERS

(List ALL income of household members, except for the earned income from employment by persons under the age of 18)

Identify income from any source expected during the next 12 months	Head of Household	Spouse or Co-Head	Other Adult Members	Dependents	Total
1. Salary #1 <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
2. Salary #2 <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
3. Overtime Pay <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
4. Commissions/Fees <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
5. Tips and Bonuses <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
6. Temporary Income <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
7. Income from Military <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
8. Interest/Dividends <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
9. Net Business Income <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
10. Net Rental Income <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
11. Social Security <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
12. Supplemental Security Income <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
13. Pension <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
14. Retirement Income <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
15. Familial Support or Recurring Gifts <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
16. Unemployment Benefits <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
17. Worker's Compensation <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
18. Alimony <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
19. Child Support <input type="checkbox"/> No <input type="checkbox"/> Yes Circle Type: Court Awarded Voluntary Anticipated	\$	\$	\$	\$	\$
20. AFDC/TANF <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
21. Other Income <input type="checkbox"/> No <input type="checkbox"/> Yes Describe:	\$	\$	\$	\$	\$
<b>Total Annual Income:</b>					\$

### I. CURRENT EMPLOYMENT INFORMATION

1. Household Member Name:		Occupation:		Work Phone: ( ) -	
Employer Name and Address:			City:		State: Zip Code:
Date Hired:	Salary: \$	Pay Period: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly (26) <input type="checkbox"/> Twice month(24) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other		Hours worked per week:	Fax: ( ) -

I. CURRENT EMPLOYMENT INFORMATION (Continued)				
2. Household Member Name:		Occupation:		Work Phone: ( ) -
Employer Name and Address:		City:		State: Zip Code:
Date Hired:	Salary: \$	Pay Period:	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly (26) <input type="checkbox"/> Twice month(24) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other	Hours worked per week: Fax: ( ) -
3. Household Member Name:		Occupation:		Work Phone: ( ) -
Employer Name and Address:		City:		State: Zip Code:
Date Hired:	Salary: \$	Pay Period:	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly (26) <input type="checkbox"/> Twice month(24) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other	Hours worked per week: Fax: ( ) -
4. Household Member Name:		Occupation:		Work Phone: ( ) -
Employer Name and Address:		City:		State: Zip Code:
Date Hired:	Salary: \$	Pay Period:	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly (26) <input type="checkbox"/> Twice month(24) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other	Hours worked per week: Fax: ( ) -

J. ASSETS OF ALL HOUSEHOLD MEMBERS				
(When listing the cash value of any asset marked with an asterisk (*), indicate the amount you would have if you were to convert the asset to cash (i.e. sell or exchange the asset), deducting any penalties for early withdrawal, amounts used to pay off a balance, and any fees which may be assessed for the conversion.)				
Identify All Asset Sources	Cash Value	Asset Income (Interest/Dividends)	Name of Financial Institution	Account Number
1. Checking Account #1 <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
2. Checking Account #2 <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
3. Savings Account #1 <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
4. Savings Account #2 <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
5. Credit Union Account(s) <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
6. Stocks, Bonds, Mutual Funds* <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
7. Real Estate/Home* <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
8. Real Estate/Land* <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
9. IRA/Keogh Account(s)* <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
10. Retirement/Pension Fund(s)* <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
11. Trust Fund(s) <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
12. Mortgage Note Held <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
13. Whole Life Insurance* <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
14. Personal Property Held as an Investment (gems, coins, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
15. Lump Sums Received (inheritance, capital gains, insurance, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
16. Other: <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		

**K. DEMOGRAPHIC AND SPECIAL NEEDS INFORMATION:** The Texas Department of Housing and Community Affairs (TDHCA) requests this information in order to comply with HUD's required reporting requirements. Although TDHCA would appreciate receiving this information, you may choose not to furnish it. You may not be discriminated against on the basis of this information, or on whether or not you choose to furnish it. If you do not wish to furnish this information, please initial below.

**Applicant** \_\_\_\_\_ I do not wish to furnish information regarding my ethnicity, race, gender, age, and/or household composition.  
**Initials**

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

**Special Needs Codes:**

A – Elderly	E – Colonia Resident	J – Disaster Victim
B – Person with Disabilities*	F – VAWA/Victim of Domestic Violence	K – Veteran
C – Person with HIV/AIDS	G – Homeless	L – Wounded Warrior
D – Person with Alcohol and/or Drug Addiction	H – Migrant Farm Worker	M – Money Follows the Person
	I – Public Housing Resident	

\***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. Does not include current, illegal use of or addiction to a controlled substance.

	Ethnicity Code	Race Code	Special Needs Code(s)
1 (Head)			
2			
3			
4			
5			
6			
7			

**L. RELEASE AND SIGNATURES**

Each of the undersigned Applicants for HOME Program assistance hereby certify that all of the information provided in the above Application is true and correct, and do hereby authorize the release and/or verification of mortgage loan, employment, asset, liability, and income information. All household members age 18 or older must sign Application.

_____	_____	_____
Applicant's Printed Name	Signature	Date
_____	_____	_____
Co-Applicant's Printed Name	Signature	Date
_____	_____	_____
Adult Household Member Printed Name	Signature	Date
_____	_____	_____
Adult Household Member Printed Name	Signature	Date

**Warning: Title 18, Section 1001 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency in the United States as to any matter within its jurisdiction.**

*Reasonable accommodations will be made for persons with disabilities and language assistance will be made available for persons with limited English proficiency.*



TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS  
 Street Address: 221 East 11th Street, Austin, TX 78701 Mailing Address: PO Box 13941, Austin, TX 78711  
 Main Number: 512-475-3800 Toll Free: 1-800-525-0657 Email: info@tdhca.state.tx.us Web: www.tdhca.state.tx.us



**TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS  
SUPPLEMENT TO THE INTAKE APPLICATION**

Participation in a TDHCA Tenant Based Rental Assistance Program requires the determination of adjusted income to calculate the amount of subsidy assistance your household may be eligible for. Adjusted income is also used to determine the required tenant paid rent of a household identified as over income at recertification on a HOME Rental development. Information disclosed on this form will only be used to determine eligible deductions. If there are any questions that you do not understand, please contact the Administrator, Owner or Management.

**Applicant/Resident Name:** \_\_\_\_\_

**A. DEPENDENT DEDUCTION (Some household members cannot qualify for this deduction regardless of age, disability, or student status: Head of household, spouse, co-head, a foster child, an unborn child, a child who has not yet joined the family, or a live-in aide.)**

Is the household comprised of a family member under the age of 18?  NO  YES, who? \_\_\_\_\_

Is the household comprised of a family member with disabilities?  NO  YES, who? \_\_\_\_\_

Is the household comprised of a family member who is a full-time student?  NO  YES, who? \_\_\_\_\_

**B. CHILD CARE EXPENSES DEDUCTION**

Is the household paying for the care of children age 12 or under?  NO  YES, for whom? \_\_\_\_\_

If YES, Please answer the following questions:

1. Does the child care enable an adult household member to (check)  Seek employment OR  Be gainfully employed OR  Further his/her education (academic or vocational)?  NO  YES, who? \_\_\_\_\_

2. Is there an adult household member capable of providing care during the hours care is needed?  NO  YES

3. Is the child care provided by a member who comprises the household?  NO  YES, who? \_\_\_\_\_

4. Is the household reimbursed by an outside Agency or Individual?  NO  YES, who? \_\_\_\_\_

**C. DISABILITY ASSISTANCE EXPENSES DEDUCTION**

Is the household paying for attendant care and/or an auxiliary apparatus?  NO  YES, for whom? \_\_\_\_\_

If YES, Please answer the following questions:

1. Does the care and/or use of the auxiliary apparatus enable an adult household member to work?  NO  YES, who? \_\_\_\_\_

2. Is the household reimbursed by an Agency and/or Individual for these costs?  NO  YES, who? \_\_\_\_\_

3. Identify the type of care and/or apparatus paid for: \_\_\_\_\_

**D. ELDERLY OR DISABLED FAMILY DEDUCTION**

Is the head of household, spouse, or co-head at least 62 years of age or older?  NO  YES, who? \_\_\_\_\_

Is the head of household, spouse, or co-head a person with a disability?  NO  YES, who? \_\_\_\_\_

**E. MEDICAL EXPENSES DEDUCTION (If your household qualifies for the deduction listed in "D" then medical expenses for ALL household members may be eligible for deduction)**

Identify any of the following medical expenses?	Estimated Annual Costs	Can Support for expenses be provided?
Medicare <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES
Doctor Co-Pays <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES
Prescription Costs <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES
Medical Deduction Costs <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES
Over the Counter Costs <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES
Other: <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES

Is the household reimbursed by an Agency and/or Individual for any of these costs?  NO  YES, who? \_\_\_\_\_

Did the household have any one-time non-recurring medical expenses?  NO  YES, explain? \_\_\_\_\_

**F. APPLICANT/RESIDENT CERTIFICATION**

I certify that the above information is true and correct,

\_\_\_\_\_  
Applicant/Resident Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Warning: Title 18, Section 1001 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency in the United States as to any matter within its jurisdiction.

**TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS  
RELEASE AND CONSENT FORM**

I. THIS SECTION TO BE COMPLETED BY ADMINISTRATOR/OWNER/MANAGEMENT	
Administrator/Owner/Management Name: Community Council of South Central TX	TDHCA Number: 1002238
Contact Name: Melinda Vollmar	Contact Title: Program Coordinator
Address: 1410 E. Court Street, Seguin, TX 78155	Phone: 830-303-4376
Email Address: mvollmar@ccsct.org	Fax: 830-372-5354

II. THIS SECTION TO BE COMPLETED BY APPLICANT															
Applicant/Resident Name: _____															
I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our application for participation in a Texas Department of Housing and Community Affairs (TDHCA) Affordable Housing Program. I/we authorize release of information without liability to the administrator/owner/management listed above, and/or the Texas Department of Housing and Community Affairs and/or the Department's service provider.															
<b>INFORMATION COVERED</b>															
I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, student status, employment, income, assets, and medical or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation in a TDHCA Affordable Housing Program.															
<b>GROUPS OR INDIVIDUALS THAT MAY BE ASKED</b>															
The groups or individuals that may be asked to release the above information include, but are not limited to:															
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Past and Present Employers</td> <td style="width: 33%;">Welfare Agencies</td> <td style="width: 33%;">Veterans Administrations</td> </tr> <tr> <td>Support and Alimony Providers</td> <td>State Unemployment Agencies</td> <td>Retirement Systems</td> </tr> <tr> <td>Educational Institutions</td> <td>Social Security Administration</td> <td>Medical and Child Care Providers</td> </tr> <tr> <td>Bank and other Financial Institutions</td> <td>Utility Providers</td> <td>Previous Landlords</td> </tr> <tr> <td>Public Housing Agencies</td> <td>Appraisal Districts</td> <td>Insurance Carrier</td> </tr> </table>	Past and Present Employers	Welfare Agencies	Veterans Administrations	Support and Alimony Providers	State Unemployment Agencies	Retirement Systems	Educational Institutions	Social Security Administration	Medical and Child Care Providers	Bank and other Financial Institutions	Utility Providers	Previous Landlords	Public Housing Agencies	Appraisal Districts	Insurance Carrier
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Bank and other Financial Institutions	Utility Providers	Previous Landlords													
Public Housing Agencies	Appraisal Districts	Insurance Carrier													

III. APPLICANT CERTIFICATION		
I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and <b>will stay in effect for a year and one month</b> from the date signed. I/We understand I/We have a right to review this file and correct any information that is incorrect.		
_____ Applicant/Resident Printed Name	_____ Signature	_____ Date
_____ Co-Applicant/Resident Printed Name	_____ Signature	_____ Date
_____ Adult Member Printed Name	_____ Signature	_____ Date
_____ Adult Member Printed Name	_____ Signature	_____ Date

**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 COPY OF A TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.**





VERIFICATION OF DISABILITY

Administrator: Community Council of South Cental Texas, Inc

Contract/RSP Number: 1002238

Administrator Address: 1410 E. Court St., Seguin, TX 78155

Phone: 830-303-4376

Fax: 830-372-5354

Email: mvollmar@ccsct.org

Applicant Name:

Applicant Address:

Name of Household Member with a Disability:

Relationship of Person with a Disability to the Applicant:

The above-named Applicant has submitted an application to above-named Contract Administrator for federal housing assistance through the HOME Investment Partnerships (HOME) Program serving Persons with Disabilities. Applicant states that a member of his/her household meets the following definition of Person with Disability, in accordance with 24 CFR 92 and 10 TAC 23:

DEFINITION OF A PERSON WITH A DISABILITY

A Person with Disability is a person who:

- A. Has a disability that is a physical, mental or emotional impairment that:
1. Is expected to be of a long-continued, and indefinite duration, AND
2. Substantially impedes his or her ability to live independently, AND
3. Is of such a nature that the ability could be improved by more suitable housing conditions; OR
B. Has a developmental disability which is a severe, chronic disability that:
1. Is attributable to a mental or physical impairment or combination of mental or physical impairments; AND
2. Is manifested before the person attains age 22; AND
3. Is likely to continue indefinitely; AND
4. Results in substantial functional limitations in three or more of the following areas of life:
a. Self-care;
b. Receptive and expressive language;
c. Learning;
d. Mobility;
e. Self-direction;
f. Capacity for independent living;
g. Economic self-sufficiency; AND
5. Reflects the person's need for treatment or services that are of lifelong or extended duration and are individually planned and coordinated.
C. An individual from birth to age 9 who has a substantial developmental delay, congenital, or acquired condition may be considered to have a developmental disability without meeting three of the above-identified criteria if the individual has a high probability of meeting those criteria later in life.

In accordance with HOME Program regulations, the disability preference being claimed by Applicant must be confirmed by a health care provider or other reliable source. Any information provided is confidential and will be



VERIFICATION OF DISABILITY

used strictly for the purpose of establishing Applicant's eligibility to receive HOME Program assistance as a Person with Disability.

Do NOT disclose specific details regarding the nature of Applicant's disability, or pertaining to his/her specific medical diagnosis.

APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION:

I hereby authorize the individual identified below as "Individual Authorized to Provide Verification of Disability" to release information to the above-named Contract Administrator for the purpose of confirming my eligibility as a Person with Disability, in accordance with the above-stated definition of Person with Disability.

Signature of Person with Disability or His/Her Guardian

Date

INDIVIDUAL AUTHORIZED TO PROVIDE VERIFICATION OF DISABILITY

Individual's Name:

Individual's Address:

Relationship of Individual to Applicant:

Phone:

CERTIFICATION OF APPLICANT'S DISABILITY:

I hereby certify that the above-named Applicant meets the criteria of Person with Disability as provided in the above-stated definition of Person with Disability.

Signature of Individual Authorized to Provide Verification of Disability

Date

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department of the United States Government.

Reasonable accommodations will be made for persons with disabilities and language assistance will be made available for persons with limited English proficiency.



TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
Street Address: 221 East 11th Street, Austin, TX 78701 Mailing Address: PO Box 13941, Austin, TX 78711
Main Number: 512-475-3800 Toll Free: 1-800-525-0657 Email: info@tdhca.state.tx.us Web: www.tdhca.state.tx.us



**TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS  
CERTIFICATION OF ZERO INCOME**

A "Certification of Zero Income" should be completed by adult household members only (if appropriate). If there are any sources of income listed that you (the applicant) need clarification on, please contact the Contract Administrator, Owner or Management Office Personnel.

I. THIS SECTION TO BE COMPLETED BY ADMINISTRATOR/OWNER/MANAGEMENT	
Administrator/Owner/Management Name: Community Council of South Central TX	TDHCA Number: 1002214
Contact Name: Melinda Vollmar	Contact Title: Program Coordinator
Address: 801 N STATE HWY 123 BYPASS Seguin, TX 78155	Phone: 830-303-4376
Email Address: mvollmar@ccsct.org	Fax: 830-372-5354

II. THIS SECTION TO BE COMPLETED BY APPLICANT/RESIDENT
<p>I _____, hereby certify that:</p> <p>A. I <i>do not</i> individually receive income from <i>any</i> of the following sources:</p> <ul style="list-style-type: none"> <li>• Wages from employment (including commissions, tips, bonuses, fees, etc.);</li> <li>• Income from operation of a business;</li> <li>• Rental income from real or personal property;</li> <li>• Interest or dividends from assets;</li> <li>• Social Security payments;</li> <li>• Supplemental Security Income payments;</li> <li>• Payments from annuities, insurance policies, retirement funds, pensions, or death benefits;</li> <li>• Unemployment or disability payments;</li> <li>• Public assistance payments (other than food stamps);</li> <li>• Periodic allowances from alimony or child support;</li> <li>• Gifts received from persons not comprising the household;</li> <li>• Sales from self-employed resources (Avon, Mary Kay, Pampered Chef, Shaklee, etc.);</li> <li>• Any other source not named above; <b>AND</b></li> </ul> <p>B. I currently <i>do not</i> have income of any kind and there is no imminent change expected in my financial or employment status during the next 12 months; <b>AND</b></p> <p>C. I will be using the following sources of funds to pay for rent, utilities, and/or other necessities: _____</p> <p>_____</p> <p>_____</p>

III. APPLICANT CERTIFICATION						
<p>Under penalty of perjury, I certify, to the best of my knowledge, that the information presented in this certification is true and accurate. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of participation under a Texas Department of Housing and Community Affairs' (THDCA) Affordable Housing Program</p>						
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border-top: 1px solid black; border-bottom: 1px solid black;"></td> <td style="width: 33%; border-top: 1px solid black; border-bottom: 1px solid black;"></td> <td style="width: 33%; border-top: 1px solid black; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="text-align: center; border: none;">Household/Resident Printed Name</td> <td style="text-align: center; border: none;">Signature</td> <td style="text-align: center; border: none;">Date</td> </tr> </table>				Household/Resident Printed Name	Signature	Date
Household/Resident Printed Name	Signature	Date				

**Warning: Title 18, Section 1001 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency in the United States as to any matter within its jurisdiction.**

**TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS  
UNDER \$5,000 ASSET CERTIFICATION**

For households whose combined net assets do not exceed \$5,000.  
Complete only one form per household; include assets of children.

Household Name: \_\_\_\_\_ Unit No. \_\_\_\_\_

Development Name: \_\_\_\_\_ City: \_\_\_\_\_

**Complete all that apply for 1 through 4:**

1. My/our assets include:

(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source
\$ _____	_____	\$ _____	Savings Account	\$ _____	_____	\$ _____	Checking Account
\$ _____	_____	\$ _____	Cash on Hand	\$ _____	_____	\$ _____	Safety Deposit Box
\$ _____	_____	\$ _____	Certificates of Deposit	\$ _____	_____	\$ _____	Money market funds
\$ _____	_____	\$ _____	Stocks	\$ _____	_____	\$ _____	Bonds
\$ _____	_____	\$ _____	IRA Accounts	\$ _____	_____	\$ _____	401K Accounts
\$ _____	_____	\$ _____	Keogh Accounts	\$ _____	_____	\$ _____	Trust Funds
\$ _____	_____	\$ _____	Equity in real estate	\$ _____	_____	\$ _____	Land Contracts
\$ _____	_____	\$ _____	Lump Sum Receipts	\$ _____	_____	\$ _____	Capital investments
\$ _____	_____	\$ _____	Life Insurance Policies (excluding Term)				
\$ _____	_____	\$ _____	Other Retirement/Pension Funds not named above:				_____
\$ _____	_____	\$ _____	Personal property held as an investment** :				_____
\$ _____	_____	\$ _____	Other (list): _____				_____

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which are.

\*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

\*\*Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

2.  Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts\* are included above and are equal to a total of: \$ \_\_\_\_\_ (\*the difference between FMV and the amount received, for each asset on which this occurred).
3.  I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.
4.  I/we do not have any assets at this time.

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000 and the annual income from the net family assets is \$ \_\_\_\_\_. This amount is included in total gross annual income.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

\_\_\_\_\_  
Applicant/Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/Tenant

\_\_\_\_\_  
Date

Community Council of South Central Texas  
801 N State Hwy 123 Bypass  
Seguin, Texas 78155  
830-303-4376 ext 203



## CHILD SUPPORT STATEMENT

NAME: \_\_\_\_\_

INDICATE THE APPROPRIATE ANSWER: CHILD SUPPORT

### Receiving Payments

\_\_\_\_\_ I have a court order for child support and have enclosed the Child Support Income Verification for the previous 12 months

\_\_\_\_\_ I DO NOT have a court ordered child support but do receive voluntary child support payments of \$ \_\_\_\_\_ every \_\_\_\_\_

### NOT RECEIVING PAYMENTS

\_\_\_\_\_ I have a court order for child support but am NOT RECEIVING payments as ordered and have enclosed the Child Support Income Verification for the previous 12 months showing arrears

\_\_\_\_\_ I DO NOT have a court ordered child support nor do I receive MONETARY child support from any other source.

The statement are above are true to the best of my knowledge.

X \_\_\_\_\_ Date: \_\_\_\_\_

State of Texas County of \_\_\_\_\_

This document was acknowledged before me on \_\_\_\_\_ (date) by \_\_\_\_\_ (name of person).

(seal)

Notary Public Signature

\_\_\_\_\_

Community Council of South Central Texas  
801 N Hwy 123 Bypass  
Seguin, Texas 78155  
830-303-4376 ext. 203



**NO ACCOUNT/ NEW ACCOUNT STATEMENT  
INDICATE THE APPROPRIATE ANSWER**

Name: \_\_\_\_\_

\_\_\_\_\_ I DO NOT HAVE A CHECKING ACCOUNT AND HAVE NOT HAD ONE WITHIN THE PREVIOUS SIX MONTH PERIOD

\_\_\_\_\_ I DO NOT HAVE A SAVINGS ACCOUNT AND HAVE NOT HAD ONE WITHIN THE PREVIOUS SIX MONTH PERIOD

---

\_\_\_\_\_ CHECKING ACCOUNT IS NEW. THE ACCOUNT STATEMENT(S) FOR THE PREVIOUS 6 MONTH PERIOD IS NOT AVAILIABLE AND I DID NOT HAVE ANY OTHER ACCOUNT BEFORE THIS.

\_\_\_\_\_ SAVINGS ACCOUNT IS NEW. THE ACCOUNT STATEMENT(S) FOR THE PREVIOUS 6 MONTH PERIOD IS NOT AVAILIABLE AND I DID NOT HAVE ANY OTHER ACCOUNT BEFORE THIS.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

State of Texas County of \_\_\_\_\_

This document was acknowledged before me on \_\_\_\_\_ (date) by \_\_\_\_\_ (name of person).

(seal)

Notary Public Signature

\_\_\_\_\_