2026 TENANT BASED RENTAL ASSISTANCE (TBRA)

This program supports income-eligible households **on their path to self-sufficiency** by providing rental assistance for qualifying residences. This program will require support from property management. Rental subsidies may be provided for up to twenty-four (24) months after approval by the Texas Department of Housing and Community Affairs. If additional funding is available, assistance beyond 24 months may be offered to households that meet specific program requirements. Depending on the number of applicants, you may be put on the waiting list awaiting random selection after you have submitted all required documentation. Processing of complete and accurate applications typically takes between 24-32 weeks after you have been selected from the waiting list.

APPLICATION INSTRUCTIONS

1. Complete application using **blue or black ink only**.
2. Do **NOT** use any type of white out or correction fluid.
3. If you make a mistake, **draw one line through the mistake and initial it**.
4. You must fill-in **ALL** blanks. If the question does not apply to you, write N/A.
5. Gather and make a copy of **ALL** of your required documents as listed on the next page.

Please return the documents in one of the following ways:

- **Hand deliver** to your local Community Services office.
  Call ahead of time for hours or schedule an appointment.

- **Mail to**:
  COMMUNITY COUNCIL OF SOUTH CENTRAL TEXAS, INC.
  Attn: Vicky LeMeilleur, TBRA Program Coordinator
  1216 SIDNEY BAKER S STE C, KERRVILLE, TEXAS 78028

- **E-mail to**: vlemeilleur@ccsct.org
  Scan-to-PDF all documents and attach them to one email submission.
  Do not submit photos.

Incomplete applications, missing required documents, or illegible information will prevent your application from being processed.
Please review your application to make sure you have completed all forms in full, have included all required documents, and can read all information clearly before submitting your application. The checklist on the following page can help.

We look forward to assisting you!

Vicky LeMeilleur

Vicky LeMeilleur
TBRA Program Coordinator

EQUAL HOUSING OPPORTUNITY

If you have any questions necessary to fulfill this request for documentation, please contact me in one of the following ways:

- **Email: vlemeilleur@ccsct.org**
- **Phone: 830-253-4607**
- **Fax: 830-896-2194**

7/21/2026

Tenant-Based Rental Assistance Application Checklist

Have you filled out each of these application forms in their entirety?

Application Forms:

- ❑ This checklist
- ❑ Acknowledgement of Landlord / Owner Terms Statement
- ❑ HOME Program Intake Application
- ❑ Household Status Verification Form (HSV)
- ❑ Supplement to the Intake Application
- ❑ Release and Consent Form
- ❑ Asset Certification of Net Family Assets
- ❑ Verification of Disability: *completed by a doctor (if applicable)*
- ❑ Certification of Zero Income: *each household member over 18 without a source of income*

Have you Included all required supporting documents?

Please provide the following documentation for each household member.

REQUIRED SUPPORTING DOCUMENTS:
LL THREE of the following documents for EACH household member:

- ❑ **Social Security Cards**
- ❑ **Proof of Identity** (one of the following):
  - Driver's license
  - Military ID
  - State-issued ID
- ❑ **Proof of Citizenship** (one of the following):
  - Birth certificate
  - U.S. Citizen card
  - U.S. Passport
- ❑ **Proof of Income** for **all household income sources** for the past **30 days**

Have you acknowledged that more documents will be required if selected?

Applicant Acknowledgment:
I understand that I must complete the application forms and supply all documents listed above before I can be added to the TBRA Program Waiting List. I acknowledge that if I am selected from the TBRA Waiting List, **I agree to supply additional documents**, including proof of income for all income sources, financial records for all checking, savings, and investment accounts, or notarized statements **when requested**.

Applicant Initials: _____

If you can answer "Yes" to these questions, you are ready to return the documents.

- Hand deliver your completed application forms and supporting documents to your local Community Services office (see the box).
- If you cannot hand deliver the documents, please mail to the address on the front page.
- If email is more convenient, please scan the documents and attach in a single email to the address on the front page.

FOR COUNTY COORDINATOR USE ONLY			
REVIEWED BY:		DATE RECEIVED:	
COMMENTS:			

LOCAL COMMUNITY SERVICES OFFICES	
Atascosa 830-767-2019	1220 Simmons Avenue Jourdanton, TX 78026
Bandera 830-584-2100	803 Buck Creek Dr Bandera TX, 78003
Comal 830-625-6268	111 W. San Antonio St, Ste. 210-3 New Braunfels, TX 78130
Dimmit 830-854-2110	Call Zavala office for schedule and location
Edwards 830-278-3699	201 N. US Hwy 377 Rocksprings, TX 78880
Frio 830-334-4800	409 S Cedar Pearsall, TX 78061
Gillespie 830-896-2124	Call Kerr office for schedule and location
Guadalupe 830-379-3022	813 N State Hwy 123 Bypass Seguin, TX 78155
Kendall 830-625-6268	Call Comal Office for schedule and location
Kerr 830-896-2124	1216 Sidney Baker S, Suite C Kerrville, TX 78028
Karnes 830-583-9731	302 N. Buttler St. Karnes City, TX 78118
Kinney 830-422-2196	201 E. Spring St Brackettville, TX 78832
Lasalle 830-334-4800	Call Frio office for schedule and location
Live Oak 830-294-0179	107 W Tip St. Three Rivers, TX 78071
McMullen 830-767-2019	207 Ash, Tilden, TX 78072
Maverick 830-776-5637	1000 Crown Ridge Blvd., Ste G. Eagle Pass, TX 78852
Medina 830-584-2100	1205 17th Street Hondo, TX 78861
Real 830-278-3699	255 Main Leakey, TX 78873
Uvalde 830-278-3699	1022 Garner Field Rd. Ste. C Uvalde, TX 78801
Val Verde 830-422-2196	315 E Chapoy St Rm E-1 Del Rio TX 78840
Wilson 830-393-1072	4814 US Hwy 181 N. Floresville, TX 78114
Zavala 830-854-2110	118 E Dimmit Crystal City, TX 78839

ACKNOWLEDGEMENT OF LANDLORD/OWNER TERMS STATEMENT

Tenant Applicant Name: _____

Mark next to the answer most applicable to your circumstances.

LIVING ARRANGEMENTS: Choose ONE

❑ **LANDLORD/OWNER IS WILLING TO MAKE ARRANGEMENTS** *(Landlord/Owner signature required.)*

I, tenant applicant, have discussed with my landlord/owner that some changes to my lease and/or the property that I rent may be needed in order to qualify for this program. My landlord/owner is **agreeable** to making some necessary adjustments as described in the terms, if deemed necessary.

LANDLORD/OWNER ACKNOWLEDGEMENT

I, landlord/owner, have discussed with tenant applicant that some documentation is required from me in order for them to receive assistance with this program. I have read the terms on the following page and understand that some adjustments to the lease agreement are to be expected. Additionally, I recognize that a home inspection will occur at a future time if applicant reaches pre-approval. This is not a commitment to any specific changes.

_____ _____

Landlord/Owner signature **Date**

❑ **LANDLORD/OWNER IS NOT WILLING TO MAKE ARRANGEMENTS**

I, tenant applicant, have discussed with my landlord/owner that some changes to my lease and/or the property that I rent may be needed in order to qualify for this program. My landlord/owner is **not agreeable** to making some necessary adjustments as described in the terms, if deemed necessary.

I am aware that if my application is pre-approved then I will be expected to look for other qualified living arrangements. I am willing to move.

❑ **LANDLORD/OWNER IS UNAWARE OR CANNOT BE REACHED** *(Reason required.)*

I, tenant applicant, have not discussed or cannot discuss with my landlord/owner that some changes to my lease and/or the property that I rent may be needed in order to qualify for this program for the following **reason**: _____. I am aware that if my application is pre-approved then I will be expected to look for other qualified living arrangements. I am willing to move.

❑ **NO LANDLORD/OWNER**

I, tenant applicant, do not currently have a landlord/owner. I am aware that if my application is pre-approved then I will be expected to look for other qualified living arrangements. I am willing to move.

_____ _____

Tenant Applicant signature **Date**

TBRA LANDLORD/OWNER TERMS

Once tenant applicant is pre-approved for TBRA rental assistance, the following terms will be used…

- The landlord/owner must submit a completed W-9 tax form, which CCSCT can provide if requested.

- A home inspection of the rental property is required to confirm that the unit meets suitable living conditions per HUD (Department of Housing and Urban Development) guidelines. Items not meeting HUD guidelines will need to be corrected or repaired at landlord/owner expense.

- Even if the client has a current lease agreement, a new rental lease agreement is required, dated after the home inspection is completed and approved.

- After final state approval, the initial rental subsidy payment and/or security deposit check (if applicable) may take up to **120 days** to be received by the landlord/owner. Once final state approval is received, CCSCT will issue rent payments directly by mail to the landlord/owner. During the interim of up to 120 days, tenants must make payment arrangements with landlord/owner as needed.

- The initial TBRA Subsidy check will be retroactive back to the new rental lease agreement start date. Payment may include the security deposit (if applicable). If retroactive payments result in a credit to the tenant, landlord/owner must make credit or refund arrangements with tenant as needed.

- Tenant remains responsible for any amount owed to the landlord/owner. Tenant is solely responsible for paying late charges and/or any other fees. In the event that final approval from the state is not received or if contact dates are adjusted for any reason, the tenant will be responsible for paying any amount owed to landlord/owner.

HOME PROGRAM INTAKE APPLICATION

A. ADMINISTRATOR INFORMATION

Administrator Name : Community Council of South Central Texas, Inc.

Street Address: 801 N State Highway 123 Bypass

City/State/Zip: Seguin TX 78155 **County:** Guadalupe

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		☐ M ☐ F	☐ Full Time ☐ Part Time ☐ N/A	☐ Yes ☐ No	☐
2.	☐ Spouse ☐ Co-Head ☐ Dependent ☐ Other Adult		☐ M ☐ F	☐ FT ☐ PT ☐ N/A	☐ Yes ☐ No	☐
3.	☐ Spouse ☐ Co-Head ☐ Dependent ☐ Other Adult		☐ M ☐ F	☐ FT ☐ PT ☐ N/A	☐ Yes ☐ No	☐
4.	☐ Spouse ☐ Co-Head ☐ Dependent ☐ Other Adult		☐ M ☐ F	☐ FT ☐ PT ☐ N/A	☐ Yes ☐ No	☐
5.	☐ Spouse ☐ Co-Head ☐ Dependent ☐ Other Adult		☐ M ☐ F	☐ FT ☐ PT ☐ N/A	☐ Yes ☐ No	☐
6.	☐ Spouse ☐ Co-Head ☐ Dependent ☐ Other Adult		☐ M ☐ F	☐ FT ☐ PT ☐ N/A	☐ Yes ☐ No	☐
7.	☐ Spouse ☐ Co-Head ☐ Dependent ☐ Other Adult		☐ M ☐ F	☐ FT ☐ PT ☐ N/A	☐ Yes ☐ No	☐
8.	☐ Spouse ☐ Co-Head ☐ Dependent ☐ Other Adult		☐ M ☐ F	☐ FT ☐ PT ☐ N/A	☐ Yes ☐ No	☐
9.	☐ Spouse ☐ Co-Head ☐ Dependent ☐ Other Adult		☐ M ☐ F	☐ FT ☐ PT ☐ N/A	☐ Yes ☐ No	☐

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 ☐ **No** ☐ **Yes** **If Yes, which Disaster**	**$**		
2. SBA: Small Business Administration ☐ **No** ☐ **Yes**	**$**		
3. Section 8: Housing and Urban Development ☐ **No** ☐ **Yes**	**$**		
4. TBRA: Tenant Based Rental Assistance ☐ **No** ☐ **Yes**	**$**		
5. Homeowner Insurance ☐ **No** ☐ **Yes**	**$**		
6. Other Describe: ☐ **No** ☐ **Yes**	**$**		

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 ☐No ☐Yes	$	$	$	$	$
2. Salary #2 ☐No ☐Yes	$	$	$	$	$
3. Overtime Pay ☐No ☐Yes	$	$	$	$	$
4. Commissions/Fees ☐No ☐Yes	$	$	$	$	$
5. Tips and Bonuses ☐No ☐Yes	$	$	$	$	$
6. Temporary Income ☐No ☐Yes	$	$	$	$	$
7. Income from Military ☐No ☐Yes	$	$	$	$	$
8. Interest/Dividends ☐No ☐Yes	$	$	$	$	$
9. Net Business Income ☐No ☐Yes	$	$	$	$	$
10. Net Rental Income ☐No ☐Yes	$	$	$	$	$
11. Social Security ☐No ☐Yes	$	$	$	$	$
12. Supplemental Security Income ☐No ☐Yes	$	$	$	$	$
13. Pension ☐No ☐Yes	$	$	$	$	$
14. Retirement Income ☐No ☐Yes	$	$	$	$	$
15. Familial Support or Recurring Gifts ☐No ☐Yes	$	$	$	$	$
16. Unemployment Benefits ☐No ☐Yes	$	$	$	$	$
17. Worker's Compensation ☐No ☐Yes	$	$	$	$	$
18. Alimony ☐No ☐Yes	$	$	$	$	$
19. Child Support ☐No ☐Yes Circle Type: Court Awarded Voluntary Anticipated	$	$	$	$	$
20. AFDC/TANF ☐No ☐Yes	$	$	$	$	$
21. Other Income ☐No ☐Yes Describe:	$	$	$	$	$
			Total Annual Income:		$

I. CURRENT EMPLOYMENT INFORMATION

1. Household Member Name:	Occupation:	Work Phone: ( ) -	
Employer Name and Address:	City:	State:	Zip Code:

Date Hired:	Salary: $	Pay Period: ☐Hourly ☐Weekly ☐Bi-weekly (26) ☐Twice month(24) ☐Monthly ☐Annually ☐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:** ☐Hourly ☐Weekly ☐Bi-weekly (26) ☐Twice month(24) ☐Monthly ☐Annually ☐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:** ☐Hourly ☐Weekly ☐Bi-weekly (26) ☐Twice month(24) ☐Monthly ☐Annually ☐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:** ☐Hourly ☐Weekly ☐Bi-weekly (26) ☐Twice month(24) ☐Monthly ☐Annually ☐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	☐No ☐Yes	$	$		
2. Checking Account #2	☐No ☐Yes	$	$		
3. Savings Account #1	☐No ☐Yes	$	$		
4. Savings Account #2	☐No ☐Yes	$	$		
5. Credit Union Account(s)	☐No ☐Yes	$	$		
6. Stocks, Bonds, Mutual Funds*	☐No ☐Yes	$	$		
7. Real Estate/Home*	☐No ☐Yes	$	$		
8. Real Estate/Land*	☐No ☐Yes	$	$		
9. IRA/Keogh Account(s)*	☐No ☐Yes	$	$		
10. Retirement/Pension Fund(s)*	☐No ☐Yes	$	$		
11. Trust Fund(s)	☐No ☐Yes	$	$		
12. Mortgage Note Held	☐No ☐Yes	$	$		
13. Whole Life Insurance*	☐No ☐Yes	$	$		
14. Personal Property Held as an Investment (gems, coins, etc.)	☐No ☐Yes	$	$		
15. Lump Sums Received (inheritance,capital gains, insurance, etc.)	☐No ☐Yes	$	$		
16.Other (Cash App,PayPal,Venmo,Smione	☐No ☐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.

_____ I do not wish to furnish information regarding my ethnicity, race, gender, age, and/or household composition.
Applicant 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
B – Black-African American
C – Asian
D – American Indian/Alaska Native
E – Native Hawaiian/Other Pacific Islander
F – American Indian/Alaska Native/White
G – Asian/White
H – Black/African American/White
I – American Indian/Alaska Native/Black-African American
J – Other Multi-Racial

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

***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.texas.gov Web: www.tdhca.texas.gov

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

Household Status VerificationForm

Applicant Certification Form for all applicable TDHCA programs

The program for which you are applying requires verification that you are a U.S. citizen, U.S. national, or qualified alien of the United States. Documentation of your status is required. This agency uses the Systematic Alien Verification for Entitlements (SAVE) System to verify the status of non-citizens.

Household Member Name	U.S. Citizen (Born or Naturalized) or U.S. National (Yes/No)	Qualified Alien (Yes/No)	Documentation Provided for:	
			Citizenship	Identification

To add additional household members, use another copy of this form.

I AM AWARE THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULENT INFORMATION.		
Applicant's Signature		Date
Signature of agency staff certifying they verified the above documents	Print Staff Name	Date

Updated November 2025
Previous Versions Obsolete

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) ☐ 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. ATTENDANT CARE AND AUXILIARY APPARATUS EXPENSE 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. HEALTH AND MEDICAL CARE EXPENSE 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	☐ NO ☐ YES		☐ NO ☐ YES
Doctor Co-Pays	☐ NO ☐ YES		☐ NO ☐ YES
Prescription Costs	☐ NO ☐ YES		☐ NO ☐ YES
Medical Deduction Costs	☐ NO ☐ YES		☐ NO ☐ YES
Over the Counter Costs	☐ NO ☐ YES		☐ NO ☐ YES
Other:	☐ NO ☐ YES		☐ NO ☐ 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.

Revised September 8, 2023

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

RELEASE AND CONSENT FORM

I. THIS SECTION TO BE COMPLETED BY DEVELOPMENT	
Development Name: Community Council of South Central Texas Inc.	**TDHCA/CMTS Number:**
Contact Name: Vicky LeMeilleur	**Contact Title:** TBRA Program Coordinator
Development Address: 801 N. State Hwy 123 Bypass Seguin TX, 78155	**Phone:** 830-253-4607
Email Address: vlemeilleur@ccsct.org	**Fax:** 830-896-2194

II. THIS SECTION TO BE COMPLETED BY APPLICANT

Applicant/Resident Name: _____

I/We *(List all Household members 18 and over)* _____ , 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 Affair's (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.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquires that may be requested include, but are not limited to: personal identity, student status, employment, income, assets, and medical or childcare 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.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

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	Utility Providers	Previous Landlords
Institutions 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 **will stay in effect for a year and one month** 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
Other Adult Member Printed Name	Signature	Date
Other 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.

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

Asset Certification of Net Family Assets

For households whose combined net assets do not exceed the Imputation Threshold as defined by HUD at:

https://www.huduser.gov/portal/datasets/inflationary-adjustments-notifications.html

(Complete only one form per household; include assets of minors.)

Head of Household Name:_____ Unit No.: _____

Development Name and Address: _____

Complete all that apply for 1 through 4:

1. My/our assets include (enter n/a in (A) if you do not own the respective asset):

Source	(A) Cash Value	(B) Int. Rate	(A*B) Annual Income	Source	(A) Cash Value	(B) Int. Rate	(A*B) Annual Income
Savings Account(s)	$	%	$	Checking Account(s)	$	%	$
Certificates of Deposit	$	%	$	Money Market Funds	$	%	$
Stocks	$	%	$	Bonds	$	%	$
Peer to Peer (Cash App, Venmo, Paypal, etc.)	$	%	$	Trust Funds	$	%	$
Equity in Real Estate	$	%	$	Land Contracts	$	%	$
Lump Sum Receipts	$	%	$	Capital Investments	$	%	$
Bitcoin/ Cryptocurrency	$	%	$	GoFundMe/Crowdsourcing	$	%	$
Life Insurance (Excluding Term)	$	%	$	Pre-paid Debit Cards	$	%	$
Cash on Hand	$	%	$				
Personal Property Held as an Investment	$	%	$	Explanation _____			
Other (list):	$	%	$	Explanation _____			

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

(Check either box 2 or box 3 below, not both)

2. ☐ Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for less than fair market value (FMV). Those amounts equal a total of: $_____(enter the difference between FMV and the amount you received).
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 (do not check this box if you have entered any numbers in section 1, above).

The net family assets (as defined in 24 CFR 813.102) above do not exceed the Imputation Threshold, and the annual income from the net family assets is $_____(enter the total of all *(A*B) Annual Income* in section 1 above). **This amount is included in total gross annual income.**

Signature of Applicant/Tenant	Date	Signature of Applicant/Tenant	Date
Signature of Applicant/Tenant	Date	Signature of Applicant/Tenant	Date

PENALTIES FOR MISUSING THIS CONTENT: 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. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7), and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7), and (8).

VERIFICATION OF DISABILITY

Administrator: COMMUNITY COUNCIL OF SOUTH CENTRAL TEXAS	**Contract/RSP Number:**
Administrator Address: 801 N STATE HWY 123 BYPASS , SEGUIN TX 78155	**Phone:** 830-253-4607
Fax: 830-896-2194	**Email:** vlemeilleur@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

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: (Doctor/Physician Name)	
Individual's Address: (Doctor/Physician 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.

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

CERTIFICATION OF ZERO INCOME

(Each adult household member must complete this form.)

Head of Household Name: _____ Unit No.: _____

Development Name and Address: _____

A. Within the next 12 months, will you receive income from any of the following sources?

(You must supply additional information to verify all 'Yes' answers.)

☐Yes ☐No	Wages, bonus, commissions, tips, etc.	☐Yes ☐No	Self-employment (includes Uber/Lyft, online sales, etc.)
☐Yes ☐No	Unemployment Benefits	☐Yes ☐No	Annuities, insurance policies, stocks, etc.
☐Yes ☐No	Worker's Compensation	☐Yes ☐No	Pensions, IRA, 401K
☐Yes ☐No	Disability Payments	☐Yes ☐No	Income from rental property
☐Yes ☐No	Alimony	☐Yes ☐No	Death Benefits
☐Yes ☐No	Child Support	☐Yes ☐No	Interest/dividends from assets, including bank accounts
☐Yes ☐No	Social Security	☐Yes ☐No	Direct Sales Consulting such as Mary Kay, Tupperware, Pampered Chef, etc.
☐Yes ☐No	Help with paying bills or other expenses or regular gifts of money from family or friends who don't live with you (including online donations such as GoFundMe or through a local bank)	☐Yes ☐No	Work for cash (babysitting, lawn care, etc.)
		☐Yes ☐No	Student Financial Assistance
		☐Yes ☐No	Any other source (if yes, explain below)

_____

B. Mark the ONE statement that applies to you:

☐ I do not expect to have any source of income in the next 12 months.

☐ I have been hired for a new job or I will be receiving another source of income soon. I will give you more information for verification purposes.

C. If you have marked "No" for each source of income in section A, and you do not expect to have any source of income in the next 12 months, explain how you will pay for the following: *(write N/A if the cost does not apply to your household)*

Rent (*including garage rent, if applicable*) _____

Utilities _____

Food _____

Clothing _____

School supplies _____

Cell phone or phone _____

TV *(cable, dish, satellite)* and/or internet _____

Medical care _____

Medications & prescriptions _____

Personal care products (*shampoo, toothpaste, etc.*) _____

Vehicle expenses (*car payments, insurance, fuel, etc.)* _____

Payments on credit card balances _____

Other expenses not listed above _____

Additional comments _____

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of my lease agreement. I understand that I may be required to periodically update this information as requested by owner/agent.

_____ _____

Signature of Applicant/Tenant Date