2025 TENANT BASED RENTAL ASSISTANCE (TBRA)

Texas Hill Country Flood Disaster 2025

The Tenant-Based Rental Assistance (TBRA) Texas Hill Country Flood Disaster 2025 is a set-aside initiative approved by HUD waivers under the HOME Investment Partnerships Program. This program provides expedited rental relief to income-eligible households directly displaced by the July 2025 floods. Participation requires support from property management and approval from TDHCA before assistance can begin. Waivers apply only to residents who were displaced by the July 2025 floods and who currently reside in Bandera, Comal, Gillespie, Guadalupe, Kendall, or Kerr counties.

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**

9/10/2025

Tenant-Based Rental Assistance Application Checklist

Have you filed for FEMA disaster assistance and/or received insurance funds related to this disaster?

FEMA registration number _____

Insurance claim number _____

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
- ❑ Supplement to the Intake Application
- ❑ Release and Consent Form
- ❑ Self-Certification of Income
- ❑ W-9

Have you supplied all the necessary supporting documents?

Required Supporting Documents:

For each householder member:

- ❑ Social Security Card
- ❑ 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

For the household:

- ❑ Duplication of Benefits (If household has received FEMA funds or Insurance funds):
  - FEMA award letter showing the amount received
  - Receipts showing how FEMA funds were spent
  - Insurance award letter showing amount received
  - Receipts showing how insurance funds were spent
- ❑ Property Owner Documents:
  - Copy of current rental lease agreement
  - Completed W-9 form from property owner

Have you acknowledged that once the Texas Hill Country Flood Disaster waivers expire, you will be required to follow all regular TBRA program guidelines?

Applicant Acknowledgment:
I acknowledge that under the HUD waiver for households displaced by the Texas Hill Country Flood Disaster, the monthly subsidy amount may cover up to 100% of the actual monthly rent, as long as the rent does not exceed the current Fair Market Rent (FMR); that households are permitted to self-certify income in lieu of providing documentation of income sources; and that while units are not required to meet Housing Quality Standards (HQS), they must be certified as meeting all applicable state and local health and safety codes and requirements. I also understand that once these waivers expire, I will be required to provide income documentation at recertification, that the subsidy amount will follow regular program rent rules, and that the unit will again be required to meet full Housing Quality Standards (HQS).

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	
Bandera 830-896-2124	505 Main Street Bandera TX, 78003
Comal 830-625-6268	111 W. San Antonio St, Ste. 210-3 New Braunfels, TX 78130
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

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

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

- If the landlord/owner wishes to receive payments electronically, they must provide their bank account information. CCSCT will provide the required form during the final stage of the process. If the landlord/owner chooses not to enroll in electronic payments, a paper check can be mailed instead.

- 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.

- The rental lease agreement may need minor updates, such as specifying included utilities or appliances. If the current lease is close to expiring, an extension may also be recommended to allow the tenant to receive a longer period of rental assistance.

- After state approval, the initial rent payment and/or security deposit (if applicable) may take up to 60 days to be received by the landlord/owner. Once approval is granted, CCSCT will issue rent payments directly to the landlord/owner by mail or direct deposit, depending on the owner's preference. During the approval process, tenants are responsible for making payment arrangements with the landlord/owner as needed.

- The initial TBRA payment check will be retroactive back to the rental contract coupon beginning 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: (Pre-paid Card)	☐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
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.

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 Texas Inc.	**TDHCA Number: 1003409**
Contact Name: Virginia LeMeilleur	**Contact Title: Program Coordinator**
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 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.

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 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 **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
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.

TBRA Self-Certification of Income

Texas Hill Country Flood Disaster Waiver

Applicant Contact Information

Head of Household Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Household Composition and Anticipated Annual Income

List all household members, monthly income, and income source

Household Member Name	Monthly Income	Income Source
	$	
	$	
	$	
	$	

Total Anticipated Annual Income: $ _____

Certification Statement

Due to the Texas Hill Country Flood Disaster, HUD has approved a waiver that permits households displaced by the disaster to self-certify income in lieu of documentation. This waiver will expire on January 18, 2026 AND I understand that if approved by TDHCA to receive rental assistance I will need to provide proof of income and assets for my household during the recertification process.

I certify that the information provided above is true, complete, and accurate to the best of my knowledge. I understand that providing false information may result in termination of assistance and/or penalties as allowed by law.

Applicant Signature: _____ **Date:** _____

This form must be completed by the property manager or owner

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See ***Specific Instructions*** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

5 Address (number, street, and apt. or suite no.). See instructions.

6 City, state, and ZIP code

Requester's name and address (optional)

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

☐☐☐ – ☐☐ – ☐☐☐☐

or

Employer identification number

☐☐ – ☐☐☐☐☐☐☐

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here **Signature of U.S. person** **Date**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they