



HOME Program Household Income Certification

Enter the requested information into the yellow cells.

Part I. General Information					
Administrator:	Community Development Corp. of Brownsville	Certification Type:	Initial	Contract Number:	1003046
Applicant Last Name:		Applicant First Name and Middle Initial:		HIC Effective Date:	

Part II. Household Composition					
Household Member Number	Member Last Name	Member First Name and Middle Initial	Relationship to Head of Household	Date of Birth	Full Time Student (Y/N)
1			Self		
2					
3					
4					
5					
6					
7					
8					

Part III. Gross Annual Income (Non-Asset Income)					
Household Member Number	Employment or Wages	Social Security/Pensions/Annuities/Retirement	Public Assistance	Other Income	Member Income Total
	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -
(Non-Asset Income):	\$ -	\$ -	\$ -	\$ -	\$ -

Part IV. Income From Assets					
Household Member Number	Description of Asset	Cash Value of Asset	Actual Annual Interest Rate	Actual Asset Income	Imputed Asset Income (if applicable)
		\$ -	0.00%	\$ -	
		\$ -	0.00%	\$ -	
		\$ -	0.00%	\$ -	
		\$ -	0.00%	\$ -	
		\$ -	0.00%	\$ -	
Total Value of Assets:		\$ -	Total Asset Income:	\$ -	\$ -
				Greater of Imputed or Actual Asset Income:	\$ -
				Total Household Income:	\$ -

Part V. Certification Statement
 Under penalty of perjury, Household Members hereby certify that the information presented in this Household Income Certification (HIC) is true and accurate to the best of their knowledge and belief. The undersigned further Household Members age 18 and older understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination from the HOME Program.

 Head of Household Signature

 Spouse/Other Adult Signature

 Other Adult Signature

 Administrator Signature

 Date

 Date

 Date

 Date



COVID-19 IMPACT CERTIFICATION

Tenant Based Rental Assistance (TBRA)

Administrator:

Contract Number:

Tenant Name:

Purpose of this form: The State of Texas Consolidated Plan, One-Year Action Plan (OYAP) has been amended to include the preference “persons impacted by a state or federally declared disaster” as a special needs population for whom the Department and its subrecipients could establish a preference. The 2020 COVID-19 pandemic has been declared such a disaster. This form allows household to select how the household has been economically impacted by COVID-19 in order to qualify for:

1. A preference under the TBRA general set-aside or the TBRA Persons with Disabilities set-aside; or
2. Eligibility for assistance under the TBRA COVID-19 set-aside.

Please select any conditions that apply to your household:

- Since March 13, 2020, household has had a loss of household income of more than 20%.
- Since March 13, 2020, household has had increased household costs of more than 20% due to school closures or medical expenses
- Since March 13, 2020, household has had both a loss of household income and increased household costs due to school closures or medical expenses, for a loss of income that is at least 20%.

Signature of Head of Household

Date

Signature of Co-Head/Spouse

Date

Signature of Administrator

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





RENTAL COUPON CONTRACT FOR COVID-19 SET-ASIDE
Tenant Based Rental Assistance (TBRA)

Administrators: Contract/RSP Number:
Tenant Name:
Unit Address:
Landlord Name: Property Name:
Landlord Address: Phone:

This Rental Coupon Contract applies only to the above-referenced Tenant household and rental unit. Assistance under the HOME Tenant-Based Rental Assistance (TBRA) program is not guaranteed. Assistance may be terminated if:
- At any re-examination Tenant's income is greater than the published income limit for the program; or
- Tenant is evicted from the assisted unit; or
- Tenant provides false information or commits any fraud in connection with the program, or fails to cooperate; or
- Funding for the Administrator's HOME TBRA program is terminated.
In the event of termination of TBRA assistance, the Administrator will provide at least thirty (30) days notice to Tenant.

Table with unit information including Year Constructed, Most Recent Monthly Rent Charged for Unit, Type of Unit (Single Family House, Multifamily, Manufactured Home, Duplex), Number of Bedrooms, and Number of Bathrooms.

Household's Certification regarding Housing Quality Standards:

I have received a copy of A Good Place to Live!, and, to the best of my knowledge, agree that the unit meets the requirements shown in the handout. The unit is a decent, safe and sanitary living environment. I understand that the unit is subject to inspection by the Administrator on or after December 31, 2020.

Signature of Head of Household

Date of Inspection Approval



RENTAL COUPON CONTRACT FOR COVID-19 SET-ASIDE
Tenant Based Rental Assistance (TBRA)

I. Term of Contract

A. The term of this Rental Coupon Contract begins on / / and ends on / / .

II. Household Members

A. ALL Household members, including children, authorized to live in this rental unit are listed below. Tenant may not permit other persons to join the household without notifying Administrator and obtaining Landlord's permission.

Table with 2 columns and 4 rows, numbered 1 through 8 for listing household members.

III. Security Deposit

- A. Administrator will pay a Security Deposit to Landlord in the amount of \$ _____.
B. Landlord will hold this Security Deposit during the period in which Tenant occupies the rental unit under the Lease dated ____/____/____.
C. After Tenant has moved from the rental unit, Landlord may, subject to state and local law, use the Security Deposit, including any interest earned on the deposit in accordance with state and local laws, as reimbursement for rent or any other amounts payable by Tenant under the Lease.
D. Landlord will immediately notify Administrator when Tenant has moved from the rental unit.

IV. Utility Deposit and Payment

- A. Administrator will pay a Utility Deposit to the utility provider in the amount of \$ _____.
B. The utility provider will hold this Utility Deposit during the period in which Tenant occupies the rental unit under the Lease. After Tenant has moved from the rental unit, the utility provider may use the Utility Deposit as reimbursement for amounts owed to utility provider.

V. Rent and Amounts Payable by Tenant and Administrator

- A. Contract Rent: The monthly rent payable to Landlord for the term of this Rental Coupon Contract is \$ _____.
B. Rent Adjustments: With no less than sixty (60) days notice to Tenant and Administrator and in accordance with an existing lease (if applicable), Landlord may propose a reasonable rent adjustment to be effective following termination of this Rental Coupon Contract.



RENTAL COUPON CONTRACT FOR COVID-19 SET-ASIDE
Tenant Based Rental Assistance (TBRA)

Notice of Intent to Vacate. Administrator may reject the proposed rent by providing both Landlord and Tenant thirty (30) days notice of intent to terminate the Rental Coupon Contract.

C. **Tenant Payment:** Initially, and until such time as both Landlord and Tenant are notified by Contract Administrator, Tenant’s share of the Contract Rent will be \$ _____.

D. **Utility Subsidy:** The maximum monthly Utility Reimbursement determined for Tenant per month shall not exceed the actual cost of electricity, gas, water, waste water, and/or solid waste for the month in which rental subsidy is provided, and in no event shall the total utility reimbursement exceed \$ _____.

Utility Type	Select the party that the Administrator will release payment to for each utility type:			Approximate monthly subsidy	Utility Provider Name
Electricity	<input type="checkbox"/> Tenant	<input type="checkbox"/> Landlord	<input type="checkbox"/> Utility	\$ _____	
Gas	<input type="checkbox"/> Tenant	<input type="checkbox"/> Landlord	<input type="checkbox"/> Utility	\$ _____	
Water	<input type="checkbox"/> Tenant	<input type="checkbox"/> Landlord	<input type="checkbox"/> Utility	\$ _____	
Waste Water	<input type="checkbox"/> Tenant	<input type="checkbox"/> Landlord	<input type="checkbox"/> Utility	\$ _____	
Solid Waste	<input type="checkbox"/> Tenant	<input type="checkbox"/> Landlord	<input type="checkbox"/> Utility	\$ _____	

E. **HOME Subsidy Payment to Landlord:** Initially, and until such time as both Landlord and Tenant are notified by Administrator, Contract Administrator’s share of the Contract Rent (rent payable to landlord) subsidy will be \$ _____. Neither Administrator nor Texas Department of Housing and Community Affairs (TDHCA) nor the United States Department of Housing and Urban Development (HUD) assumes any obligation for Tenant’s rent or for payment of any claim by Landlord against Tenant. Administrator’s obligation is limited to making rental payments on behalf of Tenant in accordance with this Rental Coupon Contract.

F. **Payment Conditions.** The right of Landlord to receive payments under this Rental Coupon Contract will be subject to compliance with all the provisions of the Rental Coupon Contract. Landlord will be paid under this Rental Coupon Contract on or about the first day of the month for which the payment is due. Landlord agrees that the endorsement on the check will be conclusive evidence that Landlord received the full amount due for the month, and will be a certification that:

- (1) The rental unit is in decent, safe, and sanitary condition in compliance with Housing Quality Standards (HQS) and that Landlord is providing the services, maintenance, and utilities agreed to in the Lease; and
- (2) The Contract unit is leased to and occupied by Tenant; and
- (3) Landlord has not received and will not receive any payments as rent for the rental unit other than those identified in this Rental Coupon Contract; and
- (4) To the best of Landlord’s knowledge, the unit is used solely as the principal place of residence of Tenant and his/her household;
- (5) If the Landlord receives payment as rent or utilities from another source during the time period identified in this Rental Coupon Contract, Landlord agrees to reimburse Administrator, who will return the funds to TDHCA.

VI. Housing Quality Standards (HQS) and Landlord-Provided Services

- A. Landlord agrees to maintain and operate the rental unit and related facilities in decent, safe, and sanitary housing in accordance with 24 CFR Section 982.401, Housing Quality Standards (HQS), and provide all of the services, maintenance and utilities agreed to in the Lease.
- B. Administrator and/or TDHCA will have the right to inspect the rental unit and related facilities at least annually and at such other times as may be necessary to ensure the unit is in decent, safe, and sanitary condition, and that it is in compliance with HQS, and that required maintenance, services and utilities are provided.
- C. If Administrator and/or TDHCA determine that Landlord is not meeting these obligations, Administrator and/or TDHCA will have the right, even if Tenant continues in occupancy, to terminate payment of Administrator's share of the rent and/or terminate this Rental Coupon Contract.

VII. Lead-Based Paint

- A. All housing constructed before 1978 is affected by Lead-Based Paint (LBP) regulations.
- B. Notification: Landlord must provide notification to Tenant of potential lead hazards, identified lead hazards, and the result of lead hazard-reduction activities. Multiple notifications may be required. Landlord must provide to Tenant the HUD pamphlet "Protect Your Family From Lead in Your Home" (TDHCA Appendix A-16 Lead-Based Paint, available in English and Spanish).
- C. Disclosure: Landlord must inform Tenant regarding presence (or non-presence) of lead-based paint by providing the HUD notice "Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards" (TDHCA Form 12.02 – Lessor Disclosure of Lead-Based Paint, available in English and Spanish) and obtaining Tenant's initials and signature(s) in the appropriate sections.

VIII. Termination of Tenancy

- A. 1. Landlord may evict Tenant in accordance with applicable state and local laws. Landlord must notify Contract Administrator in writing when eviction proceedings are begun. Landlord will provide Administrator with a copy of the required notices to Tenant.
- B. 2. Landlord may not terminate the tenancy or refuse to renew the lease of a tenant of rental housing assisted with HOME funds, except for serious or repeated violation of the terms and conditions of the lease; for violation of applicable federal, state, or local law; for completion of the tenancy period for transitional housing or failure to follow any required transitional housing supportive services plan; or for other good cause. Good cause does not include an increase in the tenant's income or refusal of the tenant to purchase the housing. To terminate or refuse to renew tenancy, the owner must serve written notice upon the tenant specifying the grounds for the action at least 30 days before the termination of tenancy. Landlord must notify Administrator within 30 days of termination of tenancy.

IX. Fair Housing Requirements

- A. Non-discrimination. Landlord will not, in the provision of services or in any other manner, discriminate against any person on the basis of race, color, national origin, religion, gender, handicap, or familial status. The obligation of Landlord to comply with Fair Housing Requirements inures to the benefit of the United States of America, the United States Department of Housing and Urban Development, and Administrator, any of which will be entitled to effect any of the remedies available by law to redress any breach or to compel compliance by Landlord.
- B. Cooperation in Quality Opportunity Compliance Reviews. Landlord will comply with Administrator, TDHCA, and with HUD in conducting compliance reviews and complaint investigations pursuant to all applicable civil rights statutes, Executive Orders, and all related rules and regulations.

X. Administrator and HUD Access to Landlord Records

- A. Landlord will provide any information pertinent to this Rental Coupon Contract which Administrator, TDHCA, or HUD may reasonably require.
- B. Landlord will permit Administrator, TDHCA, or HUD (or any of their authorized representatives) to have access to the premises for purposes of audit and examination and to have access to any books, documents, papers and records of Landlord to the extent necessary to determine compliance with this Rental Coupon Contract.

XI. Rights of Administrator if Landlord Breaches the Rental Coupon Contract

- A. Any of the following will constitute a breach of this Rental Coupon Contract:
 - (1) If Landlord has violated any obligation under this Rental Coupon Contract; or
 - (2) If Landlord has demonstrated any intention to violate any obligation under this Rental Coupon Contract; or
 - (3) If Landlord has committed any fraud or made any false statement in connection with this Rental Coupon Contract, or has committed fraud or made any false statement in connection with any federal housing assistance program.
- B. Administrator's rights and remedies under this Rental Coupon Contract include recovery of overpayments, termination or reduction of payments, and termination of the Rental Coupon Contract. If Administrator determines that a breach has occurred, Administrator may exercise any of its rights or remedies under this Rental Coupon Contract. Administrator will notify Landlord in writing of such determination including a brief statement of the reasons for the determination. The notice by Administrator to Landlord may require Landlord to take corrective action by a time prescribed in the notice.
- C. Any remedies employed by Administrator in accordance with this Rental Coupon Contract will be effective as provided in a written notice by Administrator to Landlord. Administrator's exercise or non-exercise of any remedy will not constitute a waiver of the right to exercise that or any other right or remedy at any time

XII. Administrator's Relation to Third Parties

- A. Administrator does not assume any responsibility for, or liability to, any person injured as a result of Landlord's action or failure to act in connection with the implementation of this Contract or as a result of any other action or failure to act by Landlord.
- B. Landlord is not the agent of Administrator and this Rental Coupon Contract does not create any relationship between Administrator and any lender to Landlord or any suppliers, employees, contractors or subcontractors used by Landlord in connection with this Rental Coupon Contract.
- C. Nothing in this Rental Coupon Contract will be construed as creating any right of Tenant or a third-party (other than TDHCA or HUD) to enforce any provision of this Rental Coupon Contract or to assess any claim against HUD, Administrator, or Landlord under this Rental Coupon Contract.

XIII. Conflict of Interest Provision

- A. No employee of Administrator who formulates policy or influences decisions with respect to the HOME TBRA program, and no public official or member of a governing body or state or local legislator who exercises his/her functions or responsibilities with respect to the HOME TBRA program, will have any direct or indirect interest during this person's tenure or for one year thereafter, in this Rental Coupon Contract or in any proceeds or benefits arising from the Rental Coupon Contract or to any benefits which may arise from it.

XIV. Transfer of the Contract. Landlord will not transfer this Rental Coupon Contract in any form.



RENTAL COUPON CONTRACT FOR COVID-19 SET-ASIDE
Tenant Based Rental Assistance (TBRA)

XV. Entire Agreement: Interpretation

- A. This Rental Coupon Contract contains the entire agreement between Landlord and Administrator. No changes in this Rental Coupon Contract will be made except in writing signed by both Landlord and Administrator.
- B. This Rental Coupon Contract will be interpreted and implemented in accordance with HUD requirements

XVI. Warranty of Legal Capacity and Condition of Unit

- A. Landlord warrants:
 - (a) The rental unit is in decent, safe, and sanitary condition as defined in 24 CFR Section 882.109 and in compliance with HQS; and
 - (b) Landlord has the legal right to lease the dwelling unit covered by this Rental Coupon Contract during the Rental Coupon Contract term.
- B. The party, if any, executing this Rental Coupon Contract on behalf of Landlord, hereby warrants that such authorization has been given by Landlord to execute it on behalf of Landlord.

XVII. Lease Addendum for Violence Against Women Act (VAWA): Landlord will comply with the following protections as established by VAWA:

- A. Landlord may not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse.
- B. Landlord may not consider criminal activity directly relating to abuse engaged in by a member of Tenant's household or any guest or other person under Tenant's control as cause for termination of assistance, tenancy, or occupancy rights if Tenant or an immediate member of Tenant's family is the victim or threatened victim of that abuse.
- C. Landlord may request in writing that the victim, or a household member on the victim's behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

XVIII. Equal Opportunity Housing

- A. If Tenant has reason to believe that he/she has been discriminated against on the basis of race, color, religion, sex, disability, national origin, or familial status. Tenant may file a complaint with the U. S. Department of Housing and Urban Development (HUD).



RENTAL COUPON CONTRACT FOR COVID-19 SET-ASIDE
Tenant Based Rental Assistance (TBRA)

NOTICE TO TBRA APPLICANTS:

Rental assistance provided through the HOME TBRA Program COVID-19 Set-aside is limited to the term of this Rental Coupon Contract. Additional assistance may be available contingent on funding availability, but unless HUD and TDHCA extend the Administrator's authority not later than December 31, 2020.

_____ (Applicant's Initials)

Signature of Tenant

Date

Signature of Tenant

Date

Signature of Tenant

Date

Signature of Landlord

Date

Signature of Administrator

Date

WARNING: Title 18, Section 1001 of the U. S. Code provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States will be fined not more than \$10,000 or imprisoned for not more than five years, or both.

**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:

- 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? _____
- Is there an adult household member capable of providing care during the hours care is needed? NO YES
- Is the child care provided by a member who comprises the household? NO YES, who? _____
- 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:

- Does the care and/or use of the auxiliary apparatus enable an adult household member to work? NO YES, who? _____
- Is the household reimbursed by an Agency and/or Individual for these costs? NO YES, who? _____
- 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.



RECEIPT OF LEAD-BASED PAINT NOTIFICATION

Administrator: _____

Contract/RSP Number: _____

Beneficiary Name: _____

Project Address: _____

Under Title X of the Community and Housing Development Act, certain notifications are required in regard to potential and identified hazards of Lead-Based Paint (LBP). All homeowners, homebuyers, and/or tenants should receive the 17-page booklet "Protect Your Family from Lead in Your Home," which contains information about the hazards of lead-based paint.

Receipt of Lead-Based Paint Notice	
I have received, read, and understand the booklet "Protect Your Family From Lead in Your Home."	
_____	_____
Beneficiary Signature	Date

Receipt of Lead-Based Paint Evaluation (only if evaluation is required)	
I have received and understand the notification of lead-based paint evaluation. The evaluation was completed on _____ / _____ / _____ and I received the notice on _____ / _____ / _____.	
_____	_____
Beneficiary Signature	Date

Receipt of Notification of Lead-Based Paint Hazard Reduction (only if hazard reduction is required)	
I have received and understand the notification of lead-based paint hazard reduction. The hazard reduction was completed on _____ / _____ / _____ and I received the notice on _____ / _____ / _____.	
_____	_____
Beneficiary Signature	Date

Receipt of Notification of Lead-Based Paint Clearance (only if clearance is required)	
I have received and understand the notification of lead-based paint clearance. The clearance was completed on _____ / _____ / _____ and I received the notice on _____ / _____ / _____.	
_____	_____
Beneficiary Signature	Date

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
RELEASE AND CONSENT FORM**

I. THIS SECTION TO BE COMPLETED BY ADMINISTRATOR/OWNER/MANAGEMENT	
Administrator/Owner/Management Name:	TDHCA Number:
Contact Name:	Contact Title:
Address:	Phone:
Email Address:	Fax:

II. THIS SECTION TO BE COMPLETED BY APPLICANT															
Applicant/Resident Name:															
<p>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.</p> <p>INFORMATION COVERED</p> <p>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.</p> <p>GROUPS OR INDIVIDUALS THAT MAY BE ASKED</p> <p>The groups or individuals that may be asked to release the above information include, but are not limited to:</p> <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
Past and Present Employers	Welfare Agencies	Veterans Administrations													
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Bank and other Financial Institutions	Utility Providers	Previous Landlords													
Public Housing Agencies	Appraisal Districts	Insurance Carrier													

III. APPLICANT CERTIFICATION		
<p>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.</p>		
_____ 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.



HOME PROGRAM INTAKE APPLICATION

A. ADMINISTRATOR INFORMATION

Administrator Name : Community Development Corporation of Brownsville

Street Address: 901 E Levee St

City/State/Zip: Brownsville Tx 78520	County: Cameron
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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, Coast 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 Describe: <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
				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: <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.

_____ 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 | 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





CERTIFICATION OF PRINCIPAL RESIDENCE
Tenant Based Rental Assistance (TBRA)

Administrator:

Contract/RSP Number:

Tenant Name:

Unit Address:

Number of Bedrooms:

Tenant's Certification of Principal Residence

I/We, above named Tenant(s), hereby certify that I/we will occupy the above-referenced address and it will be my/our principal residence throughout the entire period during which I/we receive Tenant-Based Rental Assistance. I/We further certify that all information and documentation provided to Administrator is true and correct. I/We understand that any discrepancies or misstatements may result in my/our disqualification from the HOME Program.

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.

Signature of Head of Household

Date

Signature of Co-Head/Spouse

Date

Verification by Contract Administrator

I hereby certify that I have examined all documentation provided by the above-referenced HOME applicant and he/she is eligible to participate in the Tenant-Based Rental Assistance program.

Signature of Administrator

Date

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



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