

To Qualify in Brazoria County

- Head of household must be 18 years of age at the time the application is submitted
- All adults 18 years of age must have a valid driver's license or government issued identification card
- All adults 18 years of age must be willing to follow all program rules and requirements
- Criminal history AND rental history must be satisfactory
 - No convictions OR evictions for violent or drug related criminal activity within the past 5 years (Household members with convictions OR evictions for producing methamphetamine or registered sex offenders will be permanently denied)
- Must currently live in Brazoria County:
 - City of Iowa Colony (7 min/3.2 mi)
 - Brookside Village (19 min/11.8 mi)
 - Alvin (23 min/14.3 mi)
 - Angleton (30 min/26.4 mi)
 - Bailey's Prairie (34 min/28.8 mi)
 - Damon (37 min/32.0 mi)
 - Brazoria (41 min/36.9 mi)
 - Clute (42 min/39.7 mi)

• AT LEAST ONE HOUSEHOLD MEMBER MUST HAVE A DOCUMENTED DISABILITY

- Must a total household annual income at or below HUD's HOME income limit

Brazoria County, TX HUD Metro FMR Area Income Limits								
HOUSEHOLD SIZE								
	1 PERSON	2 PEOPLE	3 PEOPLE	4 PEOPLE	5 PEOPLE	6 PEOPLE	7 PEOPLE	8 PEOPLE
30% Limits	\$22,350	\$25,550	\$28,750	\$31,900	\$34,500	\$37,050	\$39,600	\$42,150
Very Low Income	\$37,250	\$42,550	\$47,850	\$53,150	\$57,450	\$61,700	\$65,950	\$70,200
60% Limits	\$44,700	\$51,060	\$57,420	\$63,780	\$68,940	\$74,040	\$79,140	\$84,240
Low Income	\$59,550	\$68,050	\$76,550	\$85,050	\$91,900	\$98,700	\$105,500	\$112,300



Post Office Box 764815
Telephone: (972) 803-0432

Dallas, Texas 75376-4815
Email: lhitr@lhitr.org

SUBJECT: Lazarus House Initiative, Inc. Brazoria County Self-Sufficiency Program for Persons with Disabilities

Lazarus House Initiative, Inc., is a local faith-based nonprofit human needs and social services organization. Our Brazoria County Housing, Empowerment, & Liberation Project (HELP) offers a 36-month self-sufficiency program for persons with disabilities in which program participants receive security and or utility deposit assistance and monthly rental and or utility assistance, depending on income.

The following pages contain the intake packet for households who meet eligibility requirements.

Please print this packet. Next, use the instructions to guide you in completing each page of the packet. Once you have completed the packet, per the instructions, carefully review each page to ensure that you have provided complete and accurate information, as well as have signed and dated as required. Also, make sure that you include **ALL OF THE REQUIRED DOCUMENTS as necessary for your household.**

Require Documents List

1. Driver's license / identification card for all adult members in the home
2. Social security cards for adult members and children (if applicable)
3. Birth certificates of children (if any)
4. Proof of all income within the last three months, including check stubs, child support orders / payments, unemployment benefit letters / payments, workers' compensation orders / payments, disability benefit award letter and Adoption assistance subsidies, etc. as appropriate
5. Proof of homelessness, as appropriate
6. Complete monthly bank statement for **ALL** checking accounts and **ALL** CashApp, Zelle, PayPal, **AND** Venmo accounts, if any, for the last six months
7. Complete monthly bank statement for **ALL** savings accounts **AND ALL** prepaid account cards, such as Direct Express, Sim One, etc. for the last month

You can submit your initial application via email to Dane Evans at devans@lhitr.org. However, you must mail the original copy of your application along with copies of your support documents. Our mailing address is:

Lazarus House Initiative, Inc.
ATTN: Dr. C. Williams
P.O. Box 764815
Dallas, TX 75376-4815

***** Please make sure that you put enough postage on the envelop because we no longer pay for shortages.**

Once we receive and review your documents, we will email you an appointment to complete additional paperwork.

If you have any questions about the requirements, contact Dane Evans at devans@lhitr.org. Not having all the required documentation could cause a delay in the processing of your application and possibly cause your case to be closed, meaning it could cause you to not receive assistance.

Sincerely,

LHI Administration

Instructions for Completing Step-1

Step-1 Forms

1. Intake Application (5 pages; 1 signature page; must be signed off by the applicant and household members who are 18-years-old and older)
2. Supplement to the Intake Application (1 page; must be signed off by the applicant)
3. Release and Consent Form (1 page; must be signed off by the applicant and household members who are 18-years-old and older)

Intake Application

Page 1

Section A. Administrator Information

You do not have to do anything in this section.

Section B. Applicant Contact Information

(You are providing information for how we, the State, or HUD can contact you, if necessary.)

First, type in the complete name of the person applying for the assistance (If you are legally married, it will be both your and your spouse names.)

Second, type in your **street address** only.

Third, type in your **city, state, zip code**, and the **county** that you live in (Collin, Dallas, Ellis, Kaufman, or Tarrant).

Fourth, type in your **email address**.

Fifth, type in your **home phone number** (type N/A, if you do not have a home phone number).

Sixth, type in your **cell phone number** (type N/A, if you do not have a cell phone number). **Then, go to Section C.**

Section C. Household Composition Information

(You are providing information about you and the people who live with you. These people should also be on your lease. Double check to **make sure that they are on your lease and that their names are spelled correctly on your lease.**)

First, type in the **complete names** of everyone who lives with you as it is on their driver's license, identification card, or birth certificate). **Start** with the head of household, **then** list your spouse, **then** list your children who are under age 18, **then** list your children who are over age 18, **and then** list anyone else who is over age and lives with you.

Second, check the box for how each person is related to the head of household. The head of household has already been inserted in the first space. Check **the box for spouse** if you are legally married. Check **the box for dependent** for people under age 18, people over age 18 and are disabled, and people over age 18 who are in college. Check **the box for other adult** for people over age 18 and people over age 18 who are not in college.

Third, type in the **complete birth dates** for everyone who lives with you. (For example, **05/04/1968**).

Fourth, check the **FT box** for each person who is in school full-time even if the person is out of school for the summer; **then**, check the **PT box** for each person who is in school part-time even if the person is out of school for the summer; **next**, check the **N/A box** for each person who is not in school. **Then, go to Page 2; Section D.**

Page 2

Section D. Household Composition Information (Continued)

(You are providing more information about the people that you listed in **Section C** on **Page 1**.)

Item# 1: Check the **No box** if **none** of the people who you listed in **Section C** on **Page 1** was in school full-time between 2019-2020. **Then, go to Item# 2.**

Check the **Yes box** if **any** of people who you listed in **Section C** on **Page 1** was in school full-time between 2019-2020. **Then**, type each person's first name in the space next to where it says **who**. **Then, go to Item# 2.**

Item# 2: Check the **No box** if **none** of people who you listed in **Section C** on **Page 1** is a foster child, living with you because she or he could not live with her or his birth parents. **Then, go to Item# 3.**

Check the **Yes box** if **any** of people who you listed in **Section C** on **Page 1** is a foster child, living with you because she or he could not live with her or his birth parents. **Then**, type each person's first name in the space next to where it says **who**. **Then, go to Item# 3.**

Item# 3: Check the **No box** if **none** of people who you listed in **Section C** on **Page 1** is a live-in attendant, living with you and are getting paid to care for you or anybody living with you who is disabled. **Then, go to Item# 4.**

Check the **Yes box** if **any** of people who you listed in **Section C** on **Page 1** is a live-in attendant, living with you and are getting paid to care for you or anybody living with you who is disabled. **Then**, type the person's first name in the space next to where it says **who**. **Then, go to Item# 4.**

Item# 4: Check the **No box** if the people who you listed in **Section C** on **Page 1** are the only people who you plan to be living with you. **Then, go to Item# 5.**

Check the **Yes box** if the people who you listed in **Section C** on **Page 1** are not the only people living with you. **Then**, type the first name of each person who is in away (such as in college, hospital, jail, nursing home/rehabilitation, prison, and so on) in space next to where it says **who**. **Then, go to Item# 5.**

Item# 5: Check the **No box** if the people who you listed in **Section C** on **Page 1** are the only people who will be living with you. **Then, go to Section E.**

Check the **Yes box** if you expect more people to come live with you within the next year. **Then**, type reason other people will be coming to live with you (such as returning home from college, hospital, jail, nursing home/rehabilitation, prison, and so on) in space where it says **explain**. **Then, go to Section E.**

Section E. Housing Assistance Received Previously

(You are providing information about any housing assistance you or the people that you listed in **Section C** on **Page 1** have received between 2019-2020 while living at the address that you listed in **Section B** on **Page 1**.)

Check **the No box** if the address that you listed in **Section B** on **Page 1** has not been affected by a disaster, such as a hurricane, tornado, wild fire, and so on. **Then, go to Item# 1.**

Check **the Yes box** if the address that you listed in **Section B** on **Page 1** has been affected by a disaster, such as a hurricane, tornado, wild fire. **Then**, type in the name of the disaster in the space next to where it says **which disaster**. **Then, go to Item# 1.**

Item# 1: Check **the No box** if you or the people that you listed in **Section C** on **Page 1** have not received financial assistance from the Federal Emergency Management Agency (FEMA) between 2019-2020 while living at the address that you listed in **Section B** on **Page 1**. **Then, go to Item# 2.**

Check **the Yes box** if you or the people that you listed in **Section C** on **Page 1** have received financial assistance from the Federal Emergency Management Agency (FEMA) between 2019-2020 while living at the address that you listed in **Section B** on **Page 1**. **Then**, type the dollar amount of assistance received in the box under **Amount**. **Next**, type the date the assistance was received in box under **Date Received**. **Then**, type in the reason why FEMA provided the assistance in the box under **Reason**. **Then, go to Item# 2.**

Item# 2: Check **the No box** if you or the people you listed in **Section C** on **Page 1** have not received financial assistance from the Small Business Administration (SBA) between 2019-2020 while living at the address that you listed in **Section B** on **Page 1**. **Then, go to Item# 3.**

Check **the Yes box** if you or the people you listed in **Section C** on **Page 1** have received financial assistance from the Small Business Administration (SBA) between 2019-2020 while living at the address that you listed in **Section B** on **Page 1**. **Then**, type the dollar amount of assistance received in the box under **Amount**. **Next**, type the date the assistance was received in box under **Date Received**. Finally, type in the reason why the SBA provided the assistance in the box under **Reason**. **Then, go to Item# 3.**

Item# 3: Check **the No box** if you or the people you listed in **Section C** on **Page 1** have not received financial assistance from the Department of Housing and Urban Development (HUD) through Section 8 between 2019-2020 while living at the address that you listed in **Section B** on **Page 1**. **Then, go to Item# 4.**

Check **the Yes box** if you or the people that you listed in **Section C** on **Page 1** have received financial assistance from the Department of Housing and Urban Development (HUD) through Section 8 between 2019-2020 while living at the address that you listed in **Section B** on **Page 1**. **Then**, type the dollar amount of assistance received in the box under **Amount**. **Next**, type the date the assistance was received in box under **Date Received**. **Then**, type in the reason why the HUD provided the assistance in the box under **Reason**. **Then, go to Item# 4.**

Item# 4: Check **the No box** if you or the people you listed in **Section C** on **Page 1** have not received financial assistance from a Tenant Based Rental Assistance program (TBRA) that reduced the amount of rent that you have to pay between 2019-2020 while living at the address that you listed in **Section B** on **Page 1**. **Then, go to Item# 5.**

Check **the Yes box** if you or the people that you listed in **Section C** on **Page 1** have received financial assistance from a Tenant Based Rental Assistance program (TBRA) that reduced the amount of rent that you have to pay between 2019-2020 while living at the address that you listed in **Section B** on **Page 1**. **Then**, type the dollar amount of assistance received in the box under **Amount**. **Next**, type the date the assistance was received in box under **Date Received**. **Then**, type in the reason why the agency provided the assistance in the box under **Reason**. **Then, go to Item# 5.**

Item# 5: Check **the No box** if you or the people you listed in **Section C** on **Page 1** have not received financial assistance from Homeowner insurance between 2019-2020 while living at the address that you listed in **Section B** on **Page 1**. **Then, go to Item# 6.**

Check **the Yes box** if you or the people that you listed in **Section C** on **Page 1** have received financial assistance from Homeowner insurance between 2019-2020 while living at the address that you listed in

Section B on Page 1. **Then**, type the dollar amount of assistance received in the box under **Amount**. **Next**, type the date the assistance was received in box under **Date Received**. **Then**, type in the reason why the Homeowner insurance provided the assistance in the box under **Reason**. **Then, go to Item# 6.**

Item# 6: Check **the No box** if you or the people you listed in **Section C on Page 1** have not received housing assistance from any other source not listed above between 2019-2020 while living at the address that you listed in **Section B on Page 1**. **Then, go to Section F.**

Check **the Yes box** if you or the people you listed in **Section C on Page 1** have received financial assistance from any other source not listed above between 2019-2020 while living at the address that you listed in **Section B on Page 1**. **Then**, type the dollar amount of assistance received in the box under **Amount**. **Then**, type the first name of the other source in the space next to **Describe**. **Next**, type in the date the assistance was received in box under **Date Received**. **Then**, type in the reason why the other source provided the assistance in the box under **Reason**. **Then, go to Section F.**

Section F. Conflict of Interest Information

(You are providing information about any possible confusing relationships between you or anybody who you listed in **Section C on Page 1** and Texas Department of Housing and Community Affairs (TDHCA), us (Lazarus House Initiative, Inc.), or the owner of the property of the address that you listed in **Section B on Page 1 between 2019-2020**.)

Item# 1: Check **the No box** if you or anybody you listed in **Section C on Page 1** do not currently serve or have not served as an employee, agent, consultant, officer, or elected/appointed official of TDHCA, Lazarus House Initiative, Inc., or the owner of the property of the address that you listed in **Section B on Page 1 between 2019-2020**. **Then, go to Item# 2.**

Check **the Yes box** if you or anybody you listed in **Section C on Page 1** do currently serve or have served as an employee, agent, consultant, officer, or elected/appointed official of TDHCA, Lazarus House Initiative, Inc., or the owner of the property of the address that you listed in **Section B on Page 1 between 2019-2020**. **Then**, type in the person's first name, the name of the organization listed above, and the role in the space next to **role**. **Next**, check **the Yes box** if you or anybody you listed in **Section C on Page 1** do currently serve as an employee, agent, consultant, officer, or elected/appointed official of TDHCA, Lazarus House Initiative, Inc., or the owner of the property of the address that you listed in **Section B on Page 1**. **Then, go to Item# 2.**

Check **the No box** if you or anybody you listed in **Section C on Page 1** do not currently serve as an employee, agent, consultant, officer, or elected/appointed official of TDHCA, Lazarus House Initiative, Inc., or the owner of the property of the address that you listed in **Section B on Page 1**, **Then**, type in the date that you or anybody you listed in **Section C on Page 1** stopped serving as an employee, agent, consultant, officer, or elected/appointed official of TDHCA, Lazarus House Initiative, Inc., or the owner of the property of the address that you listed in **Section B on Page 1** in the space next to **where it says date role ceased**. **Then, go to Item# 2.**

Item# 2: Check **the No box** if you or anybody you listed in **Section C on Page 1** is not related to anyone who is an employee, agent, consultant, officer, or elected/appointed official of TDHCA, Lazarus House Initiative, Inc., or the owner of the property of the address that you listed in **Section B on Page 1 between 2019-2020**. **Then, go to Section G.**

Check **the Yes box** if you or anybody you listed in **Section C on Page 1** is related to anyone who is an employee, agent, consultant, officer, or elected/appointed official of TDHCA, Lazarus House Initiative, Inc., or the owner of the property of the address that you listed in **Section B on Page 1 between 2019-2020**. **Then**, type in the person's first name, the name of the organization listed above, and the role the relative serves at the organization in the space next to where it says **role**. **Next**, check **the Yes box** if your relative or the relative of anybody who you listed in **Section C on Page 1** do currently serve as an employee, agent, consultant, officer,

or elected/appointed official of TDHCA, Lazarus House Initiative, Inc., or the owner of the property of the address that you listed in **Section B** on **Page 1**. **Then, go to Section G.**

Check the **No** box if your relative or the relative of anybody you listed in **Section C** on **Page 1** no longer serve as an employee, agent, consultant, officer, or elected/appointed official of TDHCA, Lazarus House Initiative, Inc., or the owner of the property of the address that you listed in **Section B** on **Page 1**. **Then**, type in the date that your relative or the relative of anybody who you listed in **Section C** on **Page 1** stopped serving as an employee, agent, consultant, officer, or elected/appointed official of TDHCA, Lazarus House Initiative, Inc., or the owner of the property of the address that you listed in **Section B** on **Page 1** in the space next to **where it says date role ceased**. **Then, go to Section G.**

Section G. Disposal of Assets Information

(You are providing information about your and everybody you listed in **Section C** on **Page 1** possessions, monies, properties, etc. **between 2022-2024**.)

Item# 1: Check the **No** box if you or anybody you listed in **Section C** on **Page 1** has not given away anything of value (like a car, furniture, electronics, jewelry, etc.) **between 2022-2024**. **Then, go to Item# 2.**

Check the **Yes** box if you or the people that you listed in **Section C** on **Page 1** do not currently serve or have not served as an employee, agent, consultant, officer, or elected/appointed official of TDHCA, Lazarus House Initiative, Inc., or the owner of the property of the address that you listed in **Section B** on **Page 1** **between 2019-2020**. **Then**, type the dollar amount of assistance received in the box under **Amount**. **Next**, type the date the assistance was received in box under **Date Received**. **Then**, type in the reason why FEMA provided the assistance in the box under **Reason**. **Then, go to Item# 2.**

Item# 2: Check the **No** box if you or the people you listed in **Section C** on **Page 1** have not received financial assistance from the Small Business Administration (SBA) between 2019-2020 while living at the address that you listed in **Section B** on **Page 1**. **Then, go to Page 3; Section H.**

Check the **Yes** box if you or the people you listed in **Section C** on **Page 1** have received financial assistance from the Small Business Administration (SBA) between 2019-2020 while living at the address that you listed in **Section B** on **Page 1**. **Then**, type the dollar amount of assistance received in the box under **Amount**. **Next**, type the date the assistance was received in box under **Date Received**. **Then**, type in the reason why the SBA provided the assistance in the box under **Reason**. **Then, go to Page 3; Section H.**

Page 3

Section H. Annual Income of All Household Members

(You are providing more information about the **ANNUAL/YEARLY** income and the source of income for people you listed in **Section C** on **Page 1** who have incomes. You must answer each of these twenty-one (21) items by checking the **No** box or the **Yes** box. **DO NOT** leave any numbered item blank, and **DO NOT** include food stamps/SNAP benefits.)

Item 1: Check the **No** box for Items 1-21 if the **Head of Household, spouse/co-head, other adult members who are** over age 18 and are not full-time students, and **dependents** who are under age 18 or over age 18 and are disabled listed in **Section C** on **Page 1** has no income. **Then, go to Section I.**

Check the **Yes** box for any of the items listed if the **Head of Household, spouse/co-head, other adult members who are** over age 18 and are not full-time students, and **dependents** who are under age 18 or over age 18 and are disabled listed in **Section C** on **Page 1** who has an income from that source. **ONLY** insert

the **ANNUAL INCOME** of the **Head of Household, spouse/co-head, other adult members who are over age 18 and are not full-time students, and dependents** who are under age 18 or over age 18 and are disabled listed in **Section C on Page 1** who has an income. **DO NOT** insert any other amount—**ONLY THE ANNUAL INCOME AMOUNT**.

HOW TO CALCULATE YOUR HOUSEHOLD'S ANNUAL INCOME

Use the following guide to calculate the **ANNUAL INCOME** of the **Head of Household, spouse/co-head, other adult members** who are over age 18 and are not full-time students, **dependents** who are under age 18, or dependents over age 18 and are disabled listed in **Section C on Page 1** who has an income. **DO NOT** insert any other amount on the form—**ONLY THE ANNUAL INCOME AMOUNT**

If the person gets income **weekly**: Multiply the amount by **52 weeks**.

If the person gets income **every two (2) weeks**: Multiply the amount by **26 weeks**.

If the person gets income **twice a month or two (2) times a month**: Multiply the amount by **24 weeks**.

If the person gets income **monthly**: Multiply the amount by **12 months**.

Then, type in **THIS** amount for the **Head of Household, spouse/co-head, other adult members** who are over age 18 and are not full-time students, **dependents** who are under age 18, or dependents over age 18 and are disabled listed in **Section C on Page 1** who has an income. If the person's income is from working, inset **THIS** amount in **Box 1** or **Box 2** where it says **Salary** (if it is more than one person working) under the person. If a person works two (2) jobs, inset **THIS** amount in **Box 1** and **Box 2** where it says **Salary** under the person. **Then**, insert **THIS** amount in the **Total Box** to the far right of the table. If the person's income is any other source, inset **THIS** amount in **Box for that source**. **Then**, insert **THIS** amount in the **Total Box** to the far right of the table.

Once you have inserted ALL of the information about the **ANNUAL/YEARLY** income and the source of income for people you listed in **Section C on Page 1** who have incomes, add all of the amounts in the **Total Box** to the far right of the table where it says **Total Annual Income**. **Then, go to Section I**

Section I. Current Employment Information

(You are providing more information about the **EMPLOYMENT INCOME** for each person you listed in **Section H** who you checked **the Yes box for Items 1, 2, 3, 4, and 5, and 6** (if the person gets military pay) and who is over the age 18 and is actually working. You must answer each of the four (4) items in **Section I**)

If no one you listed in **Section C on Page 1** is over the age 18 and is actually **working** and if you checked **the No box** for Items 1-21 in **Section H**, place "N/A" in **Box 1** where it says **Household Member Name**. **Then, go to Page 4: Section I (Continued)**.

For each person you listed in **Section H** whom you checked **the Yes box for Items 1, 2, 3, 4, and 5, and 6** (if the person gets military pay) who is over age 18 and is actually working, **type in the employment information**. In **Box 1**, type the working person's full name in the box next to where it says **Household Member Name**. **Then**, type in the what type of work the person does in the box where it says **Occupation**. **Next**, type in the person's work phone number in the box where it says **Work Phone**. **Then**, type in the name of the company and the company's address in the box where it says **Employer Name and Address (just the number and the street name)**. **Next**, type in the city where the company is located in the box where it says **City**. **Then**, type in the state where the company is in the box where it says **State**. **Next**, type in the zip code for the company in the box where it says **Zip Code**. **Then**, type in the date that the person started working for the company in the box where it says **Date Hired**. **Next**, type in how much the company pays the

person in the box where it says **Salary**. **Then**, check the box for when the company pays the person where it says **Pay period**. **Next**, type in the number of hours the person normally works in a seven (7)-day period in the box where it says **Hours worked per week**. **Then, go to Page 4: Section I (Continued)**.

Page 4

Section I. Current Employment Information (Continued)

(You are continuing providing more information about the **EMPLOYMENT** income for each person you listed in **Section C on Page 1** who is over age 18 and is actually working, **if there is more than one (1) person working OR if a working person has more than one job**.)

If no one you listed in **Section C on Page 1** is over age 18 and is actually working, place “N/A” in Boxes, 2, 3, and 4 where it says **Household Member Name**. **Then, go to Section J**.

Section J Assets of ALL Household Members

(You are providing more information about things of value that you and the people you listed in **Section C on Page 1** have. You must answer each of these sixteen (16) items by checking the **No box** or the **Yes box**. **DO NOT** leave any numbered item blank.)

Check **the No box** for Items 1-16 if the **Head of Household, spouse/co-head, other adult members who are over age 18 and are not full-time students, and **dependents over age 18 and are disabled** listed in **Section C on Page 1** has no assets. **Then, go to Page 5; Section K**.**

Check **the Yes box** for any of the assets listed if the **Head of Household, spouse/co-head, other adult members who are over age 18 and are not full-time students, and **dependents over age 18 and are disabled** listed in **Section C on Page 1**. **Then**, type in the monetary value of the asset in box where it says **Cash Value**. **Then**, type in the monetary gains from that asset in box where it says **Asset Income**. **Next**, type in company where the asset is located in the box where it says **Name of Financial Institution**. **Then**, type in the **LAST four (4) numbers** in the account number in box where it says **Account Number**. **Then, go to Page 5; Section K**.**

Page 5

Section K. Demographic and Special Needs Information

(You are providing more information for each person you listed in **Section C on Page 1** regarding her/his ethnicity, race, and special needs. If you are applying for temporary rental assistance because of COVID-19 work and school restrictions, you must insert **J** under where it says **Special Needs** for everyone you listed in **Section C on Page 1**.)

Ethnicity Code: Starting with the Head of Household, type in the letter for **A** for each person you listed in **Section C on Page 1** who was born into one of the groups listed where it says **Ethnicity Code**. Type in the letter for **B** for each person you listed in **Section C on Page 1** who was not born into one of the groups listed where it says **Ethnicity Code**. **Then, go to Race Code**.

Race Code: Starting with the Head of Household, type in the letter that corresponds with the race of each person you listed in **Section C on Page 1** where it says **Race Code**. **Then, go to Race Code**.

Special Needs Code or Codes: Starting with the Head of Household, type in the letter that corresponds with the special needs of each person you listed in **Section C on Page 1** where it says **Special Needs Codes**. If you are

getting assistance under the **COVI-19 Rental Assistance Project**, you must type in “**J**” for disaster victim for each person you listed in **Section C** on **Page 1** where it says **Special Needs Codes**. **Then, go to Section L.**

Section L. Release and Signatures

(You and each person you listed in **Section C** on **Page 1** who is over the age 18 are certifying that information you have provided is true and accurate, and are granting permission for us to verify the information you have provided.)

Type in your full name and the full name of each person you listed in **Section C** on **Page 1** who is over the age 18. **Then**, print this page. **Next**, you and each person you listed in **Section C** on **Page 1** who is over the age 18 must sign and date the form and return it to us. **Then, go to the “Supplement to the Intake Application” form on the next page.**

Supplement to the Intake Application

(You are providing more information about the people that you listed in **Section C** on **Page 1** of the “**Intake Application**.” You must answer each of these five (5) Sections by checking the **No box** or the **Yes box**. **DO NOT** leave any lettered Section blank.)

First, type in your complete name in the box where it says **Applicant/Resident Name**. **Then, go to Section A.**

Section A. Dependent Deduction

(You are providing information about you or any person you listed in **Section C** on **Page 1** of the “**Intake Application**” who is under age 18 and or is over age 18 and is a full-time student.)

Item# 1: Check **the No box** if you or everyone you listed in **Section C** on **Page 1** of the “**Intake Application**” is over age 18. **Then, go to Item# 2.**

Check **the Yes box** if you or anybody who you listed in **Section C** on **Page 1** of the “**Intake Application**” is under age 18. **Then**, type each person who is under age 18 first name in the space next to where it says **who**. **Then, go to Item# 2.**

Item# 2: Check **the No box** if you or everyone you listed in **Section C** on **Page 1** of the “**Intake Application**” is over age 18. **Then, go to Item# 3.**

Check **the Yes box** if you or anybody who you listed in **Section C** on **Page 1** of the “**Intake Application**” is under age 18 and has a disability. **Then**, type each person who is under age 18 and has a disability first name in the space next to where it says **who**. **Then, go to Item# 3.**

Item# 3: Check **the No box** if you or everyone you listed in **Section C** on **Page 1** of the “**Intake Application**” is over age 18 and is not a full-time student. **Then, go to Section B.**

Check **the Yes box** if you or anybody who you listed in **Section C** on **Page 1** of the “**Intake Application**” is under age 18 and or is over age 18 and is a full-time student. **Then**, type each person who is under age 18 and is old enough to go to school and who is over age 18 and is a full-time student in the space next to where it says **who**. **Then, go to Section B.**

Section B. Child Care Expenses Deduction

(You are providing information about money you or any person you listed in **Section C** on **Page 1** of the “**Intake Application**” who is pays for childcare.)

Item# 1: Check **the No box** if you or everyone you listed in **Section C** on **Page 1** of the “**Intake Application**” is not paying for childcare for children under age 12. **Then, go to Section C.**

Check **the Yes box** if you or anybody you listed in **Section C** on **Page 1** of the “**Intake Application**” is paying for childcare for children under age 12. **Then**, check the box next to one of the three (3) reasons why the person is paying for child the childcare. **Next**, check **the No box** if the person is paying for childcare for children under age 12, but not for one of the three (3) reasons listed. Check **the Yes box** if the person is paying for childcare for children under age 12 for one of the three (3) reasons listed. **Then**, type each person who is paying for childcare for children under age 12 first name in the space next to where it says **who**. **Then, go to Item# 2.**

Item# 2: Check **the No box** if you and everyone over age 18 you listed in **Section C** on **Page 1** of the “**Intake Application**” is not available to provide the childcare for the children who are under age 12. **Then, go to Item# 3.**

Check **the Yes box** if you and anyone over age 18 you listed in **Section C** on **Page 1** of the “**Intake Application**” is available to provide the childcare for the children under age 12. **Then, go to Item# 3.**

Item# 3: Check **the No box** if the person who is paying for childcare for children under age 12 is paying someone you did not list in **Section C** on **Page 1** of the “**Intake Application**.” **Then, go to Item# 4.**

Check **the Yes box** if the person who is paying for childcare for children under age 12 is paying someone you did list in **Section C** on **Page 1** of the “**Intake Application**.” **Then**, type the person you listed in **Section C** on **Page 1** of the “**Intake Application**” **who is being paid for** childcare for children under age 12 first name in the space next to where it says **who**. **Then, go to Item# 4.**

Item# 4: Check **the No box** if the person you listed in **Section C** on **Page 1** of the “**Intake Application**” who is paying for childcare for children under age 12 is not given the money back from an agency of an individual. **Then, go to Section C.**

Check **the Yes box** if the person you listed in **Section C** on **Page 1** of the “**Intake Application**” who is paying for childcare for children under age 12 is given the money back from an agency or an individual. **Then**, type the name of the agency or the individual in the space next to where it says **who**. **Then, go to Section C.**

Section C. Disability Assistance Expenses Deduction

(You are providing information about money spent on you or any person you listed in **Section C** on **Page 1** of the “**Intake Application**” who is disabled.)

Item# 1: Check **the No box** if you and everyone you listed in **Section C** on **Page 1** of the “**Intake Application**” is not paying for someone to care for a person you listed in **Section C** on **Page 1** of the “**Intake Application**” with a disability **AND** is not paying for medical equipment for a person you listed in **Section C** on **Page 1** of the “**Intake Application**” with a disability. **Then, go to Section D.**

Check **the Yes box** if you or anyone you listed in **Section C** on **Page 1** of the “**Intake Application**” is paying for someone to care for a person you listed in **Section C** on **Page 1** of the “**Intake Application**” with a disability **OR** is paying for medical equipment for a person you listed in **Section C** on **Page 1** of the “**Intake Application**” with a disability. **Then**, type the person you listed in **Section C** on **Page 1** of the “**Intake Application**” who requires someone to care for her or him because of a disability **OR** who requires medical equipment for a disability first name in the space next to where it says **who**. **Then, go to Item# 2.**

Item# 2: Check **the No box** if you or everyone you listed in **Section C** on **Page 1** of the “**Intake Application**” is not paying for someone to care for a person with a disability, **OR** is not paying for medical equipment for a person with a disability. **Then, go to Section D.**

Check **the Yes box** if you or anyone you listed in **Section C** on **Page 1** of the “**Intake Application**” is paying for someone to care for a person you listed in **Section C** on **Page 1** of the “**Intake Application**” with

a disability, **OR** is paying for medical equipment for a person you listed in **Section C** on **Page 1** of the “**Intake Application**” with a disability. **Then**, type the person you listed in **Section C** on **Page 1** of the “**Intake Application**” who requires someone to care for her or him because of a disability, **OR** requires medical equipment for a disability first name in the space next to where it says **who**. **Then, go to Item# 3.**

Item# 3: Type in a description of the care AND/OR the medical equipment that the person you listed in **Section C** on **Page 1** of the “**Intake Application**” is paying for in the space next to where it says **paid for**. **Then, go to Section D.**

Section D. Elderly or Disabled Family Member Deduction

(You are providing information about anyone you listed in **Section C** on **Page 1** of the “**Intake Application**” who is age 62 or older and/or is disabled, including yourself. You must address both items in this section.)

Item# 1: Check the **No box** if you or no one you listed in **Section C** on **Page 1** of the “**Intake Application**” is age 62 or older. **Then, go to Item 2.**

Check the **Yes box** if you or anyone you listed in **Section C** on **Page 1** of the “**Intake Application**” is age 62 or older. **Then**, type the person you listed in **Section C** on **Page 1** of the “**Intake Application**” who is 62 or older first name in the space next to where it says **who**. **Then, go to Item 2.**

Item# 2: Check the **No box** if you or no one you listed in **Section C** on **Page 1** of the “**Intake Application**” is disabled. **Then, Section E.**

Check the **Yes box** if you or anyone you listed in **Section C** on **Page 1** of the “**Intake Application**” is disabled. **Then**, type the person you listed in **Section C** on **Page 1** of the “**Intake Application**” who is disabled first name in the space next to where it says **who**. **Then, go to Section E.**

Section E. Medical Expenses Deduction

(You are providing information about money that any person you listed in **Section D** spend on medical expenses. You must answer each of these eight (8) items by checking the **No box** or the **Yes box**. **DO NOT** leave any item blank.)

Item# 1-8: Check the **No box** for each of the eight (8) items listed if you or no one you listed in **Section C** on **Page 1** of the “**Intake Application**” is age 62 or over, **OR** if you or no one you listed in **Section D** is paying out of pocket for any medical expenses. **Then, go to Section F.**

Item# 1-6: Check the **Yes box** for each of the six (6) items listed in the table if you are age 62 or older or is disabled or anyone you listed in **Section D** is paying out of pocket for any medical expenses related to that item. **Then**, type in the approximate amount each person listed in **Section D** who is paying out of pocket pays each year for each of the items that the person or persons pay in the box where it says **Estimated Annual Costs for each item**. **Next**, check the **No box** if the person or persons cannot provide a year worth of receipts for payments of these costs, **OR** check the **Yes box** if the person or persons can provide a year worth of receipts for payments of these costs. **Then, go to Item# 7.**

Item# 7: Check the **No box** if no one you listed in **Section D** is given money back for any of the items the person or persons are paying out of pocket for. **Then, go to Item# 8.**

Check the **Yes box** if anyone you listed in **Section D** is given money back for any of the items the person or persons are paying out of pocket for. **Then**, type the name of the agency or the individual who refunds the money to the person in the space next to where it says **who**. **Then, go to Item# 8.**

Item# 8: Check the **No box** if no one you listed in **Section D** has had a one-time medical expense. **Then, go to Section F.**

Check **the Yes box** if anyone you listed in **Section D** has had a one-time medical expense. **Then**, type the reason for the expense in the space next to where it says **explain**. **Then, go to Section F.**

Section F. Applicant/Resident Certification

(You are certifying that information you have provided is true and accurate.)

Type in your full name in the space above where it says **Applicant/Resident Printed Name**. **Then**, print this page. **Next**, you must sign and date this form and return it to us. **Then, go to the “Release and Consent” form on the next page.**

Release and Consent Form

(You and each person you listed in **Section C on Page 1** of the “**Intake Application**” who is over the age 18 are granting permission for us to verify the information you have provided in this application packet.)

Type in your full name. **Then**, type in the full name of each person you listed in **Section C on Page 1** of the “**Intake Application**” who is over the age 18. **Next**, print this page. **Then**, you and each person you listed in **Section C on Page 1** of the “**Intake Application**” who is over the age 18 must sign and date the form and return it to us.

HOME PROGRAM INTAKE APPLICATION

A. ADMINISTRATOR INFORMATION

Administrator Name : Lazarus House Initiative, Inc.

Street Address: P. O. Box 764815

City/State/Zip: Dallas TX 75376-4815

County: Ellis

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, 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 ☐ 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: ☐ 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.

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

Ethnicity Codes:

A – Hispanic: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as “Latino” or “Spanish Origin” apply to this category.

B – Not Hispanic

Race Codes:

A – White
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.state.tx.us Web: www.tdhca.state.tx.us



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

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

Applicant/Resident Name: _____

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

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

Is the household comprised of a family member with disabilities? ☐ NO ☐ YES, who? _____

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

B. CHILD CARE EXPENSES DEDUCTION

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

If YES, Please answer the following questions:

1. Does the child care enable an adult household member to (check) ☐ Seek employment **OR** ☐ Be gainfully employed **OR** ☐ Further his/her education (academic or vocational)? ☐ NO ☐ YES, who? _____
2. Is there an adult household member capable of providing care during the hours care is needed? ☐ NO ☐ YES
3. Is the child care provided by a member who comprises the household? ☐ NO ☐ YES, who? _____
4. Is the household reimbursed by an outside Agency or Individual? ☐ NO ☐ YES, who? _____

C. DISABILITY ASSISTANCE EXPENSES DEDUCTION

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

If YES, Please answer the following questions:

1. Does the care and/or use of the auxiliary apparatus enable an adult household member to work? ☐ NO ☐ YES, who? _____
2. Is the household reimbursed by an Agency and/or Individual for these costs? ☐ NO ☐ YES, who? _____
3. Identify the type of care and/or apparatus paid for: _____

D. ELDERLY OR DISABLED FAMILY DEDUCTION

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

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

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

Identify any of the following medical expenses?	Estimated Annual Costs	Can Support for expenses be provided?
Medicare ☐ 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.



TDHCA Single Family Programs EMPLOYMENT VERIFICATION

I. THIS SECTION TO BE COMPLETED BY ADMINISTRATOR AND EXECUTED BY APPLICANT

Name of Employer:	Date:
Employer Address:	Phone/Fax:
Applicant Name:	Last 4 of Social Security Number: XXX-XX-
Release: My signature here or on the attached "Release and Consent Form" authorizes the release and/or verification of my employment information.	

Applicant Name	Signature	Date
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INFORMATION FOR EMPLOYER

The individual named directly above is an applicant for a Texas Department of Housing and Community Affairs Single Family Program activity which requires verification of income. We ask for your cooperation in supplying this information to the below reference Administrator. The information provided will remain confidential and be used only to determine the eligibility status and level of benefit available to the applicant. **Your prompt response is crucial and greatly appreciated. Please return this completed form by mail, email, or fax to:**

Administrator:	TDHCA Contract Number:
Address:	Phone:
Email Address:	Fax:

Dr. Cathy Williams

Administrator Representative Name	Signature	Date
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II. THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name:	Job Title:
Presently Employed: ☐ Yes ☐ No	
Date First Employed:	Date Last Employed (if applicable):
Current Wages/Salary: \$	(circle one) Hourly /Weekly /Bi-Weekly /Semi-Monthly /Monthly /Annually /Other:
Average # of regular hours per week:	Year-to-date earnings: \$ through / /
Overtime Rate: \$ per hour	Average # of overtime hours per week:
Shift Differential Rate: \$ per hour	Average number of shift differential hours per week:
Commissions, bonuses, tips, other: \$	(circle one) Hourly /Weekly /Bi-Weekly /Semi-Monthly /Monthly /Annually /Other:
List any anticipated change in the employee's rate of pay within the next 12 months:	Effective Date: / /
If the employee's work is seasonal or sporadic, please indicate the layoff period(s):	
Do employees have access to an employer retirement account prior to termination or retirement? ☐ Yes ☐ No	
Additional comment(s):	

III. EMPLOYER AUTHORIZED REPRESENTATIVE CERTIFICATION

I certify that the information is true and correct.

Signature of Employer's Authorized Representative	Representative's Title	Date	
Authorized Representative's Printed Name	Phone Number	Fax Number	Email

Employer (Company) Name and Address

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**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: Lazarus House Initiative, Inc.	TDHCA Number:
Contact Name:	Contact Title: Program Director
Address: P. O. Box 764815 Dallas, TX 75376-4815	Phone: 972-803-0432
Email Address:	Fax: N/A

II. THIS SECTION TO BE COMPLETED BY APPLICANT															
Applicant/Resident Name: I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our application for participation in a Texas Department of Housing and Community Affairs (TDHCA) Affordable Housing Program. I/we authorize release of information without liability to the administrator/owner/management listed above, and/or the Texas Department of Housing and Community Affairs and/or the Department's service provider. INFORMATION COVERED 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. 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: <table style="width: 100%; border: none;"> <tr> <td>Past and Present Employers</td> <td>Welfare Agencies</td> <td>Veterans Administrations</td> </tr> <tr> <td>Support and Alimony Providers</td> <td>State Unemployment Agencies</td> <td>Retirement Systems</td> </tr> <tr> <td>Educational Institutions</td> <td>Social Security Administration</td> <td>Medical and Child Care Providers</td> </tr> <tr> <td>Bank and other Financial Institutions</td> <td>Utility Providers</td> <td>Previous Landlords</td> </tr> <tr> <td>Public Housing Agencies</td> <td>Appraisal Districts</td> <td>Insurance Carrier</td> </tr> </table>	Past and Present Employers	Welfare Agencies	Veterans Administrations	Support and Alimony Providers	State Unemployment Agencies	Retirement Systems	Educational Institutions	Social Security Administration	Medical and Child Care Providers	Bank and other Financial Institutions	Utility Providers	Previous Landlords	Public Housing Agencies	Appraisal Districts	Insurance Carrier
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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.