

Agenda

- 9:00-9:30
- General Requirements
- 9:30-10:00
- Whose Income Counts
- 10:00-10:10
- Break
- 10:10-10:40
- Income
- 10:40-11:10
- Assets
- 11:10-11:20
- Break
- 11:20-12:00
- Putting It All Together

Contact Information Compliance Division



Mailing Address:

TDHCA

P.O. Box 13941

Austin, TX 78711-3941

Physical Address:

TDHCA

221 East 11th St.

Austin, TX 78701

Website: www.tdhca.state.tx.us

(512) 475-2906

Division Phone Number:

or

(800) 643-8204

(toll free in Texas only)



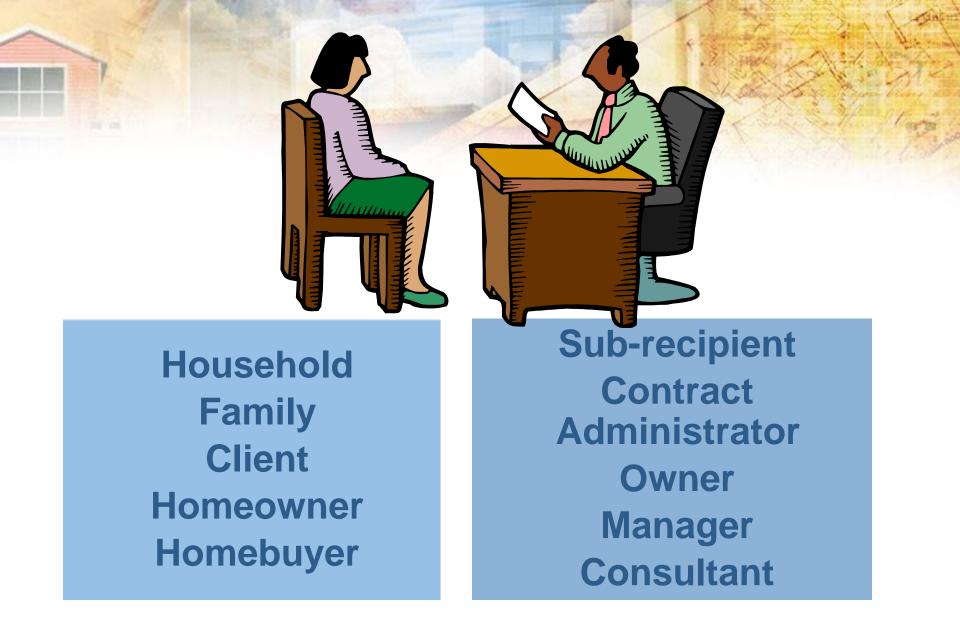
Module 1 General Requirements

General Requirements

- Method is based on the <u>HUD Handbook 4350.3</u>
 - Pertinent sections include:
 - Chapter 3 Eligibility for Assistance and Occupancy
 - Chapter 5 Determining Income & Calculating Rent
 - Exhibit 5-1 Income Inclusions and Exclusions
 - Exhibit 5-2 Assets
 - Appendix 3 Acceptable Forms of Verifications



Available online at www.hud.gov



The terms are *interchangeable*

The term "Applicant" is used during the course of this training

Eligibility Process

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS INTAKE APPLICATION

Dear Applicant:
The information on this form is needed to determine if your household is eligible to participate under a Texas Department of Housing and Community Affair's (THDCA) Affordable Housing Program. Please complete this entire form and leave no blanks.

If there are any questions that you do not understand, please contact the Contract Administrator, Owner or Management Office Personnel. We thank you in advance for your cooperation.

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 COMPL	ETED BY APPLICANT
A. CONTACT INFORMATION Street Address: (as shown on driver's license or government ID)	Apt#:
City/State/Zip:	County:
Current Address: (if different from above)	at#:
City/State/Zip:	
Email Address:	Home Phone: () Mobile Phone: ()
Emergency Contact Name:	Phone: ()

B. PREVIOUS RESIDENCY INFORMATION					
Previous Address/City/State:			Cost per Month:		
Reason For Leaving:	V		Occupied For:	_Yrs	Mos
Contact/Landlord Name:			Phone:		

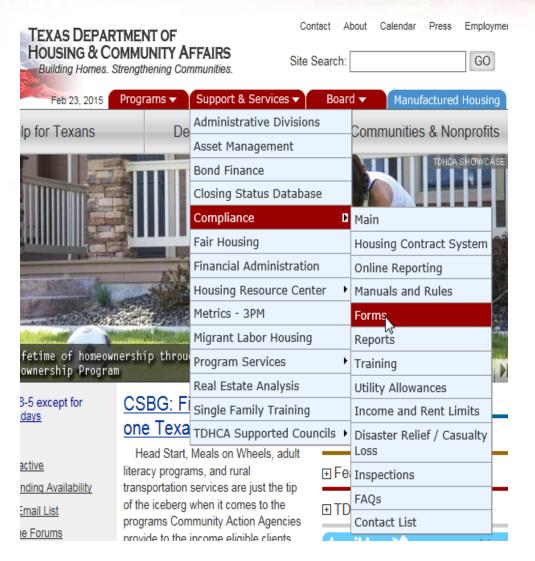
C. HOUSTHOLD Co. TOSTI	- I the Head of Household and all other persons who comprise the household						
Fa an thy as o lie or of doc. ()	Relationship to Head of HH	Date of Birth	Gender	Student Status F/T=Full Time F/T=Part Time	Social Security No.J Alien Registration No.	Receiving income	
1	Head of Household		□ Male □ Female	DRT DRT DNA		□Yes □No	
2	Co-Head Spouse Dependent Other Adult		□ Male □ Female	DET DET DNA		Yes No	
1	Co-Head Spouse Dependent Other Adult		□ Male □ Female	DEIT DRIT DNA		□Yes □No	
•	Co-Head Spouse Dependent Other Adult		□ Male □ Female	DET DET DNA		□Yes □No	
5	Co-Head Spouse Dependent Other Adult		Male Female	DEIT DEIT DNA		□Yes □No	
6	Co-Head Spouse Dependent Other Adult		□ Male □ Female	OFFE OFFE ONA		Yes No	
7	Co-Head Spouse Dependent Other Adult		□ Male □ Female	DEIT DEIT DNA		□Yes □No	
	Co-Head Spouse Dependent Other Adult		□ Male □ Female	OFIT ORT ONA		□Yes □No	

TEXAS DE	EPARTMENT OF HOUSING AND COMM UNDER \$5,000 ASSET CERTIFICAT	IUNITY AFFAIRS ION			
Forh	households whose <u>combined</u> net assets do not en plete only <u>one</u> form per household; include asse	second \$5,000.			
Household Name:		Unit No.			
Development Name:		City:			
Complete all that apply for 1 through 4:		- Cay			
	' I				
Mylour assets include:					
(A) (B) (A*B) Cash Int. Annual	(A) Cash	TEXAS DE	PARTMENT OF HOUSE		TY AFFAIRS
Value* Rate Income	Source Value* Savings Account S		EMPLOYMENT		
\$ \$	Cash on Hand \$	L THIS SECTION IS TO BE COMPL TO: (Name of Employer)	ETED BY ADMINISTRAT		EXECUTED BY APPLICANT/RESIDENT Dated:
<u>s</u> s	Certificates of Deposit \$	TO: (Name of Employer) Employer Address:			Phone/Fax:
<u>s</u> s	Stocks S	RE: (Applicant/Resident Name)			Social Security Number:
<u>s</u> <u>s</u>	IRA Accounts S	RELEASE: My signature here or on the	attached "Balance and Co		
s s	Keogh Accounts S Equity in real estate S	employment information.	anking recase and co	ment rount authorized	in the state and the state of my
s s	Equity in real estate S Lump Sum Receipts S	Applicant/Resident Printed Name	Senature		
<u>s</u> _ s	Life Insurance Policies (excluding Term)		ly above is an applicant/resid	ent of a Texas Depart	of Harmanity Affairs Affordable
\$ \$		Information Housing Program which re- referenced Administrator/Ov	paires verification of income men/Management. The informa- benefit available to the applic	. We ask your coop nation vill rema	this information to the below and used only to determine the
s s	Tree o Don	Administrator/Owner/Management N	ame:		TDHCA Number:
	TEXAS DEP	Address:			Phone:
PLEASE NOTE: Certain funds (a	L THIS SECTION T	Email Address:	~ •		Fax:
Cash value is defined as market penalties, etc. A	Administrator/Owner/Management N	Your prompt response is crucial	m 4		
**Personal property held as an iro property such as, but not necess	Contact Name:	Administrator/Owner theriza	Printed agasters		Date
dsubled. A	Address:		—		
Within the past two their fair market val	Email Address:		HIS SECTION TO BE C		LOYER
difference between		floyee Name:		Job Title:	
	Applicant/Resident Name:	uly Env led: YES NO	Date First Employed: Last Day of Employmen	ıt:	or Not Applicable
	I/We	urrent Wages/Salary: \$			hly / monthly / yearly / other:
v	companies in the contries list verifying information my/our	Average # of regular hours per week:		Year-to-date earnings: \$	through / /
The net family assets (as defin	TDHC/ nordable using administra ener/mana ent list	Overtime Rate: \$ per hour		Average # of overtime h	ours per week:
	vent . ice provider.	Shift Differential Rate: \$per	rhour	Average # of shift diffen	ential hours per week:
Under penalty of perjutative of The undersigned further are information may result in	OR' TION COVERED	Commissions, bonuses, tips, other: \$	(circle one) hourly / w	reekly / bi-weekly / semi	-monthly / monthly / yearly / other:
	estand that previous or cur	List any anticipated change in the employ			Effective date:
	be requested include, but are not lim child care allowances. I/We understa	If the employee's work is seasonal or spo			
P	pertinent to my eligibility for and con	Do Employees have access to an Employ	er Retirement Account pri	or to termination or retin	ment? YES NO
	GROUPS OR INDIVIDUALS TH	Additional remark(s):			
Т	The groups or individuals that may be		YER AUTHORIZED RE	PRESENTATIVE CE	RTIFICATION
	Past and Present Employers Support and Alimony Providers	I certify that the above information is true and	correct,		
	Educational Institutions	Signature of Employers Authorized Represen	dative Representative's T	Title	Date
	Bank and other Financial Institution				
L	Public Housing Agencies	Authorized Representative's Printed Name	Phone #	Fax #	Email
		Employer [Company] Name and Address			
D D	/We agree that a photocopy of th	Note: Title 18, Section 1001 of the U.S. Code ma	kes it a criminal offense to mak	willful false statements or n	disrepresentations to any Department or Agency
	authorization is on file and will stay a right to review this file and correct	of the United States as to any matter with	in its jurisdiction.		
		TDHCA Page 1 of 1			Revised May 2010
	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		1
		NOT BE USED TO REQUEST A COPY OF A TAX R OR COPY OF A TAX FORM" MUST BE PREPARE			
TD	DHCA Page 1 of 1			Revised May 2010	



"Hardicap" does not include current, illegal use of or addiction to a controlled substance

Where Are Forms Found?



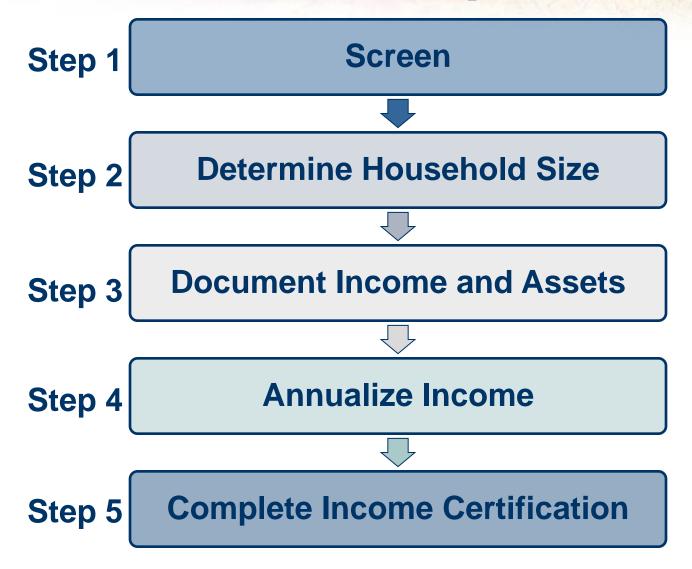
Income Eligibility Forms for all Housing Programs

- Intake Application (PDF) or (DOC)
- . Intake Supplement for Subsidy Calculation (PDF) or (DOC)
- Asset Verification (PDF) or (DOC)
- Asset Certification Under \$5,000 (PDF) or (DOC) (for HTC Only)
- Certification of Zero Income (PDF) or (DOC)
- Documentation of Telephone Verification (PDF) or (DOC)
- Employment Verification (PDF) or (DOC)
- · Income Verification for Households with Section 8 Certificates (PDF) or (DOC)
- · Release and Consent (PDF) or (DOC)

Income Certification Form

- Income Certification Form (PDF) or (DOC) (effective 2/1/2015)
- Income Certification Instructions (PDF)
- · Annual Eligibility Certification Form (PDF)
- · Annual Eligibility Certification Instructions (PDF)

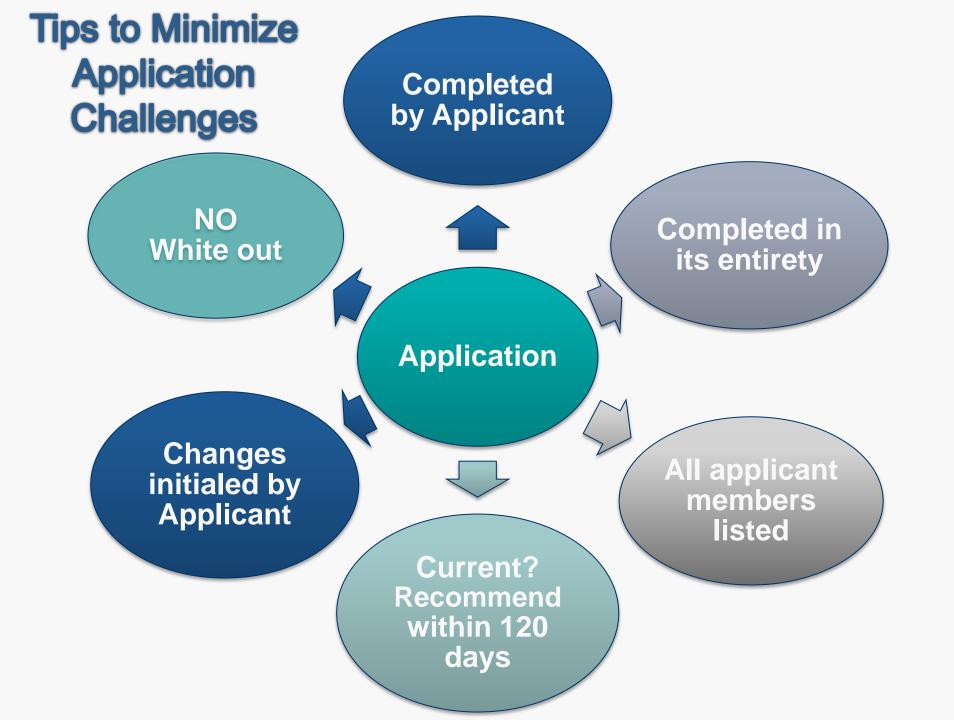
Income Eligibility Process 5 Basic Steps



Step 1: Screen

- Application
 - No Required form
 - Conventional Applications may not be sufficient
 - May need a "Supplement" application
 - Refer to Department's website for a sample Application

Review to determine if applicant appears eligible



Step 2: Determine Household Size

Who counts as a Member

- Head
- Spouse
- Co-Head
- Dependents
 - Unborn Children (self-certified)
 - Joint custody Present 50% or more of the time
 - Away at school but live with family during breaks
 - In the process of being adopted
 - Temporarily absent due to placement in foster care
- Foster Adults & Foster Children (Eff Aug 2013)



Step 3: Document Income & Assets

- Obtain "Release and Consent" from Applicant
 - Necessary to verify disclosed income and assets
 - Should be obtained for all members
 - Including those 18 years old or older
- Maintain Verification Documentation
 - Three (3) acceptable verification methods
 - Third-Party
 - First-Hand (documents provided by Applicant)
 - Oral

Third-Party Verifications

Acceptable if:

- Sent directly by a thirdparty source;
- Not hand-carried by the Applicant (To or From);
- Completed in its entirety;

May be obtained by



Mail

 Maintain envelope in which verification was received



Fax

- Includes Company Name
- Includes Source's Fax No



Email

 Reliable if includes name of appropriate person or firm



Internet

 Web-based information from reputable source (includes print-outs)

First-Hand Verifications

Acceptable if identifies:

- Applicant
- Employer
- Pay Period or Pay Date
- Gross Pay

Pay Stub guidelines:

- Gather enough to determine frequency of pay
- Recommend consecutive
- Review itemization of all amounts included in gross

Can include



Pay Stubs



Social Security Award Letters



Bank Statements

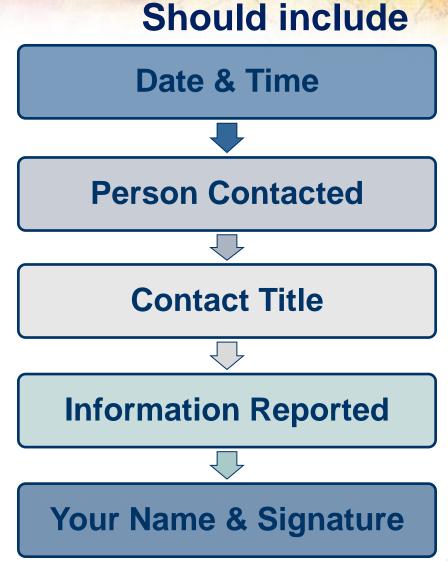


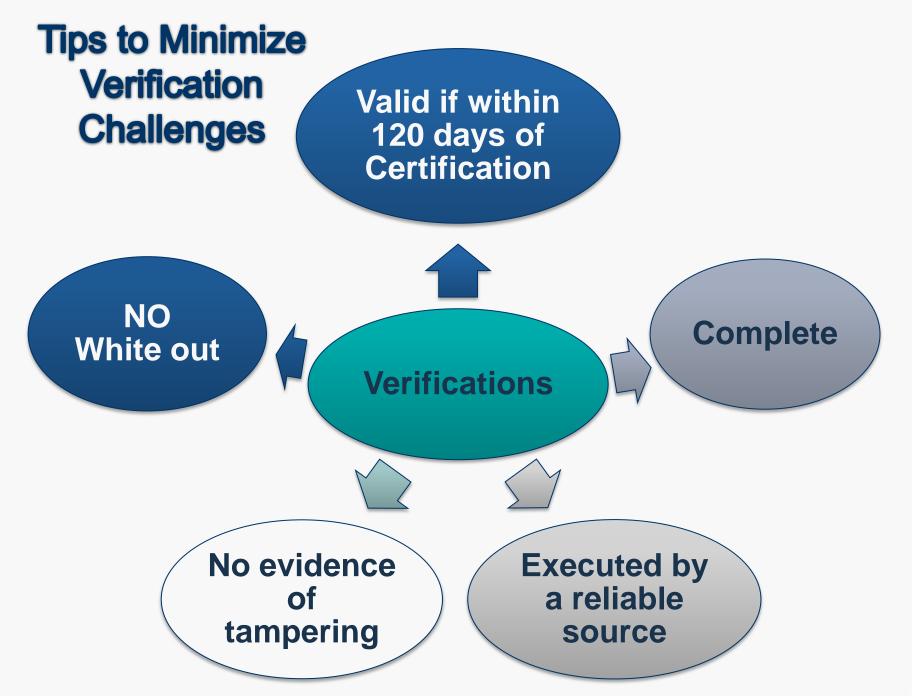
Divorce Decree

Oral Verification

- Acceptable if:
 - Documented
 - From Reliable 3rd-Party
 Source

- Great for Clarifying:
 - Incomplete verifications
 - Discrepancies





Step 4: Annualizing Income

- Method looks at:
 - Gross income
 - Anticipated income
- Convert verified income to an annual figure
 - Be Consistent Develop policies and procedures
 - Annualize income based on payment schedule
 - Annualize part-time income by multiplying wages by the reported number of hours or weeks

Full-Time Hourly

Wage x 2080 hours

40 hours
x 52 weeks
2080 hours

Weekly

Wage x 52 pay periods



Bi-Weekly paid every other week

Wage x 26 pay periods



Semi-Monthly paid twice a month

Wage x 24 pay periods



Monthly

Wage x 12 pay periods

	€,	Jar	ıua	ary	, -	10
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Periodic Wage Calculations TRUE OR FALSE

Rex is a teacher who gets paid \$850 on the 1st and 15th of each month. To properly calculate income take the \$850 by 24 pay periods.

TRUE

Income Calculation is?

 $850 \times 24 = $20,400$

Periodic Wage Calculations TRUE OR FALSE

❖ Carlos has 3 paycheck stubs. The 1st is dated 1/16 with gross income of \$527; the 2nd is dated 1/30 with gross income of \$602; and the 3rd is dated 2/13 with gross income of \$539. To properly calculate income take the average by 24 pay periods.

Income calculation is?

$$527 + 602 + 539 = 1,668$$

 $1668 / 3 = 556$
 $556 \times 26 = $14,456$

Step 5: Complete Income Certification

- Use Department Approved Form
 - Specific to Housing Program, may be called:
 - Household Income Certification
 - Available on TDHCA website
 - Completed after all verifications gathered
 - Executed by all adult applicant members
 - Executed by staff





Module 2 Whose Income Counts

Whose Income Counts?

Members	Earned Income	Other Income (including income from assets)
Head	Yes	Yes
Spouse	Yes	Yes
Co-Head	Yes	Yes
Other Adult	Yes	Yes
Dependents (Child Under 18)	No	Yes
Full-time Student over 18	Yes	Yes
Foster Adult	Yes	Yes
Foster Children (Under 18)	No	Yes
Non-Members	Earned Income	Other Income (including income from assets)
Live-in Aide	No	No

Whose Income Counts? TRUE OR FALSE

Based on the application, 1 member has income that should be included when determining eligibility.

C. HOUSEHOLD COMPOSITION	N – List the Hea	d of Househo	ld and all (other persons who c	omprise the household	i
Full Name (exactly as on driver's license or other govt. document)	Relationship to Head of HH	Date of Birth	Gender	Student Status F/T=Full Time P/T=Part Time	Social Security No./ Alien Registration No.	Receiving income
1 lan Peterson	Head of Household	2/1/69	X Male ☐ Female	□ F/T □ P/T 💆 N/A	xxx-xx-0001	🔀 Yes 🗆 No
² Kelly Peterson	Co-Head Spouse Dependent Other Adult	3/11/68	□ Male Female	□ F/T □ P/T 🕱 N/A	<i>xxx-xx-</i> 1002	☐ Yes 【XXNo
³ Kathy Peterson	Co-Head Spouse Dependent Other Adult	4/12/73	□ Male ▼ Female	X F/T □ P/T □ N/A	xxx-xx-2101	☐ Yes 【XXNo
4 Liam Peterson	Co-Head Spouse Dependent Other Adult	9/1/12	Male Female	□ F/T □ P/T 🏋N/A	<i>xxx-xx-</i> 2221	☐ Yes [XXNo



Whose Income Counts? TRUE OR FALSE

Based on the application, 2 members have income that should be included when determining eligibility.

C. HOUSEHOLD COMPOSITION - List the Head of Household and all other persons who comprise the household							
Full Name (exactly as on driver's license or other govt. document)	Relationship to Head of HH	Date of Birth	Gender	Student Status F/T=Full Time P/T=Part Time	Social Security No./ Alien Registration No.	Receiving income	
1 Mark Lee	Head of Household	7/8/65	Male ☐ Female	∑ F/T □ P/T □ N/A	xxx-xx-0000	X Yes □ No	
² Jill Lee	Co-Head Spouse Dependent Other Adult	10/15/70	□ Male ▼ Female	□ F/T □ P/T 🕱 N/A	<i>xxx-xx-</i> 1112	X Yes □ No	
3 Sarah Lee	Co-Head Spouse Dependent Other Adult	9/28/95	□ Male X Female	X F/T □ P/T □ N/A	XXX-XX-2221	X Yes □ No	

FALSE

Full-Time Students (18 Years or Older)

- Count only a small amount of their earned income – a maximum of \$480 per year, if:
 - Not the Head, Spouse, or Co-Head;
 - A Dependent
 - Must verify student status
 - Verified by Registrar's office
 - Full-time student determination is made by the educational institution or technical school





Mario and Rita apply with their 21 year old son Calvin. Calvin is a full-time student who works at Lowe's making \$9,984 a year. Only \$480 of Calvin's income should be included in the income calculation.

TRUE

Charles and Maggie apply with their 18 year old daughter Myka. Myka works part-time at Red Robin making \$7,680 a year. Only \$480 of Myka's income should be included in the income calculation.

FALSE

Myka is NOT a Full Time Student

Ellen applies with her 19 year old son Blake.
 Blake is a full-time student who receives
 \$7,260 a year in social security benefits. Only
 \$480 of Blake's income should be included.

FALSE

Include the full amount of unearned income

Freddie applies with his 16 year old daughter Elizabeth. Elizabeth is a full-time student and works part-time at Ulta making \$2,130 a year. Only \$480 of Elizabeth's income should be included in the income calculation.

FALSE

Members	Earned Income	Other Income (including income from assets)
Dependents (Child Under 18)	No	Yes

Full-Time Students TRUE OR FALSE

 Based on the application, only \$480 of Elsa's earned income needs to be included.

C. HOUSEHOLD COMPOSITION – List the Head of Household and all other persons who comprise the household						
Full Name (exactly as on driver's license or other govt. document)	Relationship to Head of HH	Date of Birth	Gender	Student Status F/T=Full Time P/T=Part Time	Social Security No./ Alien Registration No.	Receiving income
1 Hans Snow	Head of Household	6/20//63	X Male ☐ Female	□ F/T □ P/T XN/A	xxx-xx-9900	X Yes □ No
² Elsa Snow	Co-Head Spouse Dependent Other Adult	1/7/67	□ Male ▼Female	X F/T □ P/T □ N/A	<i>xxx-xx-</i> 1302	X Yes □ No
³ Kristie Snow	Co-Head Spouse Dependent Other Adult	5/11/74	□ Male X Female	□ F/T □ P/T X N/A	xxx-xx-2701	☐ Yes [XNo
4 Olaf Snow	Co-Head Spouse Dependent Other Adult	1/7/99	Male □ Female	∑ F/T □ P/T □ N/A	xxx-xx-2771	☐ Yes 🏋No



Temporarily Absent Members

- Include Members on Active Military Duty
 - Income must be counted if:
 - Military member is:
 - . Head
 - Spouse
 - Co-Head
 - The spouse or a dependent of the person on active military duty is a member of the applicant group



Members on Active Military Duty TRUE OR FALSE

Nancy applies with her son Kendall. Nancy indicates that there are 3 members in the family and her spouse (Jerry) is away on active military duty. Jerry's income and assets must be considered when determining income eligibility.

TRUE

Members on Active Military Duty TRUE OR FALSE

Sylvia submits an application with her husband Sam and niece Clair. Sylvia indicates that she is caring for Clair while her sister (Margie) is away on active military duty. The income and assets of Margie should be considered when determining eligibility.

TRUE

Permanently Confined Member

- Individuals permanently confined to a nursing home or hospital
 - May not be named as the Head, Spouse, or Co-Head but may continue as a member at the applicant's discretion
 - How to handle income depends on Applicant
 - If identified as a member count all income;
 - If applicant chooses to exclude the member then income is also excluded

Other Members Under 18 Years of Age

Emancipated Minors

- Include income for:
 - Members under the age of 18 who under law are treated as adults
 - Members identified as Head, Spouse, or Co-Head

Adopted Children

- Follow same rules as Dependents
- Exception:
 - Adoption assistance payments in excess of \$480 are not counted

Foster Children and Foster Adults

Follow guidelines provided in chart

Members	Earned Income	Other Income (including income from assets)	
Foster Adult	Yes	Yes	
Foster Children (Under 18)	No	Yes	

Exception:

Payments received for the care of foster children or foster adults are not counted. This rule only applies to payments made through official foster care relationships with local welfare agencies

Non-Members

Live-in Aides
 Income Excluded if ALL the following apply

Resides with the applicant member



Essential to the care and well-being of the applicant member



Not obligated for the financial support of the applicant member



Would not be considered a member except to provide the necessary supportive services

Non-Members

- Live-in Aides
 - A relative may be considered as a live-in-aide if they meet the requirements
 - Verification of the need for the live-in aide must be obtained from:
 - **Medical Practitioner or a Health Care Provider**
 - Confidential medical information should not be sought

Non-Members (Live In Aides) TRUE OR FALSE

Based on the application, 2 members have income that should be included when determining eligibility.

C. HOUSEHOLD COMPOSITION - List the Head of Household and all other persons who comprise the household						
Full Name (exactly as on driver's license or other govt. document)	Relationship to Head of HH	Date of Birth	Gender	Student Status F/T=Full Time P/T=Part Time	Social Security No./ Alien Registration No.	Receiving income
Stuart McAlister	Head of Household	6/5/42	Male ☐ Female	□ F/T □ P/T 🛣 N/A	xxx-xx-6262	ŽX Yes □ No
² Sylvia Harris	☐ Co-Head ☐ Spouse ☐ Dependent ☐ Other Adult	8/11/85	□ Male □XFemale	□ F/T [Х Р/Т □ N/A	xxx-xx-3412	Ž Yes □ No
D. HOUSEHOLD COMPOSITION INFORMATION						
Were any of the household members a full-time student within the last calendar year? X NO YES, who?						
Are any of the household members listed above foster children? X NO YES, who?						



Are any of the household members listed above a live-in attendant?

X YES, who?

Sylvia Harris

Non-Members (Live In Aides) TRUE OR FALSE

Based on the application, 1 member has income that should be included when determining eligibility.

C. HOUSEHOLD COMPOSITION - List the Head of Household and all other persons who comprise the household						
Full Name (exactly as on driver's license or other govt. document)	Relationship to Head of HH	Date of Birth	Gender	Student Status F/T=Full Time P/T=Part Time	Social Security No./ Alien Registration No.	Receiving income
¹ Marshall Williams	Head of Household	8/7/40	Male ☐ Female	□ F/T □ P/T 💢 N/A	xxx-xx-4511	X Yes □ No
² Amelia Williams	☐ Co-Head ☐ Spouse ☐ Dependent ☐ Other Adult	2/2/50	□ Male □ X Female	□ F/T □ P/T 💢 N/A	xxx-xx-9034	∑ Yes □ No
D. HOUSEHOLD COMPOSITION	N INFORMATIO	ON				

D. HOUSEHOLD COMPOSITION INFORMATION
Were any of the household members a full-time student within the last calendar year? X NO YES, who?
Are any of the household members listed above foster children? X NO YES, who?
Are any of the household members listed above a live-in attendant? NO X YES, who? Amelia

FALSEAmelia is the Spouse



Break