

**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 Affairs (TDHCA) Affordable Housing Program. Please complete this entire form and leave no blanks. The completed application should be returned to the Contract Administrator, identified in Section I below.

I. THIS SECTION TO BE COMPLETED BY CONTRACT ADMINISTRATOR	
Administrator:	TDHCA Contract Number:
Contact Name:	Contact Title:
Address:	Phone:
Email Address:	Fax:

II. THIS SECTION TO BE COMPLETED BY APPLICANT	
A. CONTACT INFORMATION	
Principal Residence Street Address: <small>(as shown on driver's license or government ID)</small>	Apt #:
City/State/Zip:	County:
Current Address: <small>(if different from above)</small>	Apt #:
City/State/Zip:	County:
Email Address:	Home Phone: () Mobile Phone: ()
Emergency Contact Name:	Phone: ()

B. 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	Head of Household		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
2	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
3	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
4	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
5	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
6	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
7	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
8	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No

C. HOUSEHOLD COMPOSITION INFORMATION

Were any of the household members a full-time student within the last calendar year? NO YES, who? _____

Are any of the household members listed above foster children? NO YES, who? _____

Are any of the household members listed above a live-in attendant? NO YES, who? _____

Are any household members temporarily absent from the home? NO YES, who? _____

Indicate reason for temporary absence: _____

Do you anticipate any other members will join your household within the next 12 months? NO YES

If yes, explain: _____

D. ANNUAL INCOME (List ALL income of adults and children in your household, except for the earned income from employment by persons under the age of 18)

Identify income from any of the following sources, including periodic payments:	Head of Household	Co-Head/ Spouse	Other Adult Member(s)	Child or Dependent	Total
Salary <input type="checkbox"/> Yes <input type="checkbox"/> No					
Overtime Pay <input type="checkbox"/> Yes <input type="checkbox"/> No					
Commissions/Fees <input type="checkbox"/> Yes <input type="checkbox"/> No					
Tips and Bonuses <input type="checkbox"/> Yes <input type="checkbox"/> No					
Salary from 2 nd job <input type="checkbox"/> Yes <input type="checkbox"/> No					
Temporary Income <input type="checkbox"/> Yes <input type="checkbox"/> No					
Income from Military <input type="checkbox"/> Yes <input type="checkbox"/> No					
Interest/Dividends <input type="checkbox"/> Yes <input type="checkbox"/> No					
Business Net Income <input type="checkbox"/> Yes <input type="checkbox"/> No					
Net Rental Income <input type="checkbox"/> Yes <input type="checkbox"/> No					
Social Security <input type="checkbox"/> Yes <input type="checkbox"/> No					
Supplemental Security Income <input type="checkbox"/> Yes <input type="checkbox"/> No					
Pension <input type="checkbox"/> Yes <input type="checkbox"/> No					
Retirement Funds <input type="checkbox"/> Yes <input type="checkbox"/> No					
Familial Support <input type="checkbox"/> Yes <input type="checkbox"/> No					
Unemployment Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No					
Workers' Compensation <input type="checkbox"/> Yes <input type="checkbox"/> No					
Alimony <input type="checkbox"/> Yes <input type="checkbox"/> No					
Child Support (Circle Type) <input type="checkbox"/> Yes <input type="checkbox"/> No Anticipated, Voluntary, Court Ordered (regardless if pd)					
AFDC/TANF <input type="checkbox"/> Yes <input type="checkbox"/> No					
Educational Scholarship/Grant <input type="checkbox"/> Yes <input type="checkbox"/> No					
Other: Explain: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No					
Total:					

E. HOUSEHOLD ASSETS (Identify if anyone has any of the following types of assets, including dependents under the age of 18)				
Identify All Asset Sources	Cash Value	Asset Income (Interest/Dividends)	Name of Financial Institution	Account Number
Checking Account <input type="checkbox"/> Yes <input type="checkbox"/> No				
Additional Checking Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Savings Account <input type="checkbox"/> Yes <input type="checkbox"/> No				
Additional Savings Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Credit Union Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Stocks, Bonds, Mutual Funds* <input type="checkbox"/> Yes <input type="checkbox"/> No				
Real Estate or Home <input type="checkbox"/> Yes <input type="checkbox"/> No				
IRA/Keogh Account(s)* <input type="checkbox"/> Yes <input type="checkbox"/> No				
Retirement/Pension Fund(s)* <input type="checkbox"/> Yes <input type="checkbox"/> No				
Trust Fund(s) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Mortgage Note Held <input type="checkbox"/> Yes <input type="checkbox"/> No				
Whole Life Insurance Cash Value* <input type="checkbox"/> Yes <input type="checkbox"/> No				
Real Estate/Land* <input type="checkbox"/> Yes <input type="checkbox"/> No				
Other: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No				

*When listing the "cash value" of any asset with an asterisk, indicate the amount you would have if you were to convert it to cash. The amount would have deducted any penalties for withdrawal, amounts used to pay off a balance, or any fees which may be assessed for the conversion.

F. HOUSEHOLD ASSET INFORMATION
<p>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) <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, who? _____</p> <p>Provide explanation (including the type of asset, estimated value of asset, amount disposed for, and date of disposal): _____</p>
<p>2. Has anyone in the household owned a home in the last two years? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, who? _____</p> <p>Do they currently own it? <input type="checkbox"/> NO <input type="checkbox"/> YES If No, when was it disposed of? _____</p> <p>If Yes, Is it being rented? <input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>Is it sitting vacant? <input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>Is it in the process of being sold? <input type="checkbox"/> NO <input type="checkbox"/> YES</p>

G. CONFLICT OF INTEREST INFORMATION
<p>1. Is anyone in the household currently serving (or served within the last 12 months) as an employee, agent, consultant, officer, or elected or appointed official of TDHCA or the Administrator? <input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>If YES, identify who, organization and role? _____</p> <p>Is this a current role? <input type="checkbox"/> NO <input type="checkbox"/> YES If NO, identify date role ceased? _____</p>
<p>2. Is anyone in the household <u>related</u> to anyone currently serving (or who has served within the last 12 months) as an employee, agent, consultant, officer, or elected or appointed official of TDHCA or the Administrator (either through familial or business ties)?</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>If YES, identify who, organization and role? _____</p> <p>Is this a current role? <input type="checkbox"/> NO <input type="checkbox"/> YES If NO, identify date role ceased? _____</p>

H. APPLICANT'S ELIGIBILITY RELEASE

Instructions to Applicant: Your signature and the signature(s) of each household member who is 18 years of age or older, authorizes the above-named Contract Administrator to obtain information from a third party regarding your eligibility and continued participation in the program.

Information Covered: Inquiries may be made about items initialed below by the applicant.

Description	Verification Required	Initials of Applicants
Income (all sources)	X	
Assets (all sources)	X	
Other (list):	X	
Dependent Deduction: <input type="checkbox"/> Full-time Student <input type="checkbox"/> Disabled Household Member <input type="checkbox"/> Minor Children	X	

Privacy Act Notice Statement: The Texas Department of Housing and Community Affairs (TDHCA) requires the collection of the information listed in this form to determine an applicant's eligibility for the program. This information will be used to establish if the applicant is eligible for HTF benefits and to verify the accuracy of the information furnished. Information received from an applicant or as a result of verifying an applicant's eligibility may be released to appropriate Federal, State, and local agencies or, when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in delay or rejection of your eligibility approval. Each adult member of the household must sign this form prior to the receipt of benefits.

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 a Copy of Tax Form" must be prepared and signed separately.

I. APPLICANT AUTHORIZATION AND CERTIFICATION

I authorize the above-named Contract Administrator to obtain information about my household or myself that is pertinent to determining my eligibility for participation in the Program. I acknowledge that:

- (1) A photocopy of this form is as valid as the original; AND
- (2) I have the right to review information received using this form; AND
- (3) I have the right to a copy of information provided to Contract Administrator and to request correction of any information I believe inaccurate; AND
- (4) All adult household members will sign this form and cooperate with Contract Administrator in the eligibility verification process.

Signatures: (add additional signature pages as necessary)

Signature - Head of Household	Printed Name	Date
Signature – Other Adult Household Member	Printed Name	Date
Signature – Other Adult Household Member	Printed Name	Date
Signature – Other Adult Household Member	Printed Name	Date

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.