

Forms & How to Complete Them

February 2024

Contact Information

Mailing Address:

TDHCA
PO Box 13941
Austin, TX 78711-3941

Physical Address:

TDHCA
221 East 11th Street
Austin, TX 78701

Website: www.tdhca.texas.gov

Division Phone Number:

(512) 305-8869
(800) 525-0657 (toll free in Texas only)

Housekeeping & Schedule

Schedule:

- The training will run from 9:00 am until approximately 10:00 am
- Staff will present the webinar and allow for questions after each topic is covered
- Upon conclusion of the presentation staff will remain available to answer questions until 12:00 pm

Housekeeping:

- Attendee emails will be sent after the conclusion of the class, usually within 24-hours from the GoTo Platform, please check your “junk” folders as we cannot reissue emails
 - If you did not use your emailed link for the training from your registration you will not receive a follow-up emails or show as having attended the webinar
- We suggest you silence your phones and put an “out of office” email response to help avoid distractions during the training
- Please pose questions and comments to the “Questions Box”

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Resources

- **HOTMA Final Rule**
 - <https://www.hud.gov/sites/dfiles/PA/documents/6057-F-03-HOTMA-Income-Final-Rule.pdf>
- **HOTMA Resources from HUD**
 - https://www.hud.gov/program_offices/housing/mfh/hotma
 - https://www.hud.gov/program_offices/public_indian_housing/hotmaresources
- **TDHCA Recorded Presentations**
 - <https://www.tdhca.texas.gov/compliance-program-training-presentations>
- **TDHCA Forms**
 - <https://www.tdhca.texas.gov/compliance-forms>
- **HUD Handbook 4350.3**
 - <https://www.hud.gov/sites/documents/43503HSGH.PDF>

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**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.

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 COMPLETED BY APPLICANT	
A. CONTACT INFORMATION	
Street Address: (as shown on driver's license or government ID) <input type="checkbox"/> Rent <input type="checkbox"/> Own	Apt #:
City/State/Zip:	County:
Current Address: (if different from above) <input type="checkbox"/> Rent <input type="checkbox"/> Own	Apt #:
City/State/Zip:	County:
Email Address:	Home Phone: () Mobile Phone: ()
Emergency Contact Name:	Phone: ()

B. PREVIOUS RESIDENCY INFORMATION	
Previous Address/City/State: <input type="checkbox"/> Rent <input type="checkbox"/> Own	Cost per Month:
Reason For Leaving:	Occupied For: ___ Yrs ___ Mos
Contact/Landlord Name:	Phone:

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	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

D. 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: _____

E. VETERAN INFORMATION

Are any of the household members a Veteran? NO YES, who? _____

*** 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 the Texas Veterans Portal at <https://veterans.portal.texas.gov/>

F. 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 or Other Adult Member	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					
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					
Worker's Compensation (if received 12 months or more) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Other: <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____					

Total:

G. CURRENT EMPLOYMENT CONTACT INFORMATION – Household Member #1				
Household Member's Name		Occupation		Work Phone
Name and Street Address of Employer			City	State Zip Code
Date Hired	Salary \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____		# of hours worked per week	Last Date of Employment

2 nd JOB EMPLOYMENT CONTACT INFORMATION – Household Member #1				
Household Member's Name		Occupation		Work Phone
Name and Street Address of Employer			City	State Zip Code
Date Hired	Salary \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____		# of hours worked per week	Last Date of Employment

CURRENT EMPLOYMENT CONTACT INFORMATION – Household Member #2				
Household Member's Name		Occupation		Work Phone
Name and Street Address of Employer			City	State Zip Code
Date Hired	Salary \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____		# of hours worked per week	Last Date of Employment

2 nd JOB EMPLOYMENT CONTACT INFORMATION – Household Member #2				
Household Member's Name		Occupation		Work Phone
Name and Street Address of Employer			City	State Zip Code
Date Hired	Salary \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____		# of hours worked per week	Last Date of Employment

CURRENT EMPLOYMENT CONTACT INFORMATION – Household Member #3				
Household Member's Name		Occupation		Work Phone
Name and Street Address of Employer			City	State Zip Code
Date Hired	Salary \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____		# of hours worked per week	Last Date of Employment

2 nd JOB EMPLOYMENT CONTACT INFORMATION – Household Member #3				
Household Member's Name		Occupation		Work Phone
Name and Street Address of Employer			City	State Zip Code
Date Hired	Salary \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____		# of hours worked per week	Last Date of Employment

CURRENT EMPLOYMENT CONTACT INFORMATION – Household Member #4				
Household Member's Name		Occupation		Work Phone
Name and Street Address of Employer			City	State Zip Code
Date Hired	Salary \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____		# of hours worked per week	Last Date of Employment

2 nd JOB EMPLOYMENT CONTACT INFORMATION – Household Member #4				
Household Member's Name		Occupation		Work Phone
Name and Street Address of Employer			City	State Zip Code
Date Hired	Salary \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____		# of hours worked per week	Last Date of Employment

H. 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
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			
Pre-Paid Debit Cards <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			
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			
Peer to Peer (PayPal, Cash App and Venmo) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Non Necessary Personal Property: Such as campers, motorhomes, travel trailers, all-terrain vehicles (if not for day-to-day transportation), recreational boats, expensive jewelry without religious or cultural value, collectibles, equipment not generating business income and luxury items. <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.

I. HOUSEHOLD ASSET 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 If 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 If yes, who? _____
 Do they currently own it? NO YES If No, when was it disposed of? _____
 If Yes, Is it being rented? NO YES
 Is it sitting vacant? NO YES
 Is it in the process of being sold? NO YES

J. HOUSING ASSISTANCE – List any assistance provided to or received by any member of the household

Source	Amount	Date Received	Reason
FEMA <input type="checkbox"/> Yes <input type="checkbox"/> No (Federal Emergency Management Agency)			
SBA <input type="checkbox"/> Yes <input type="checkbox"/> No (Small Business Administration)			
Section 8 <input type="checkbox"/> Yes <input type="checkbox"/> No (Housing and Urban Development)			

Source	Amount	Date Received	Reason
TBRA <input type="checkbox"/> Yes <input type="checkbox"/> No (Tenant Based Rental Assistance)			
Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No (Homeowner)			
Other <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____			

K. CONFLICT OF INTEREST INFORMATION

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, the Administrator, or the Development Owner? NO YES
 If YES, identify who, organization and role? _____
 Is this a current role? NO YES If NO, identify date role ceased? _____

2. Is anyone in the household related 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, the Administrator, or the 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? _____

L. APPLICANT CERTIFICATION - Please be aware that this information is being used to determine if your household appears eligible to participate under an Affordable Housing Program through the Texas Department of Housing and Community Affairs.

RELEASE: My/Our signature here or on the attached "Release and Consent Form" authorizes the release and/or verification of my/our employment information.

_____	_____	_____
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

Warning: Title 18, Section 1001 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency in the United States as to any matter within its jurisdiction.

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
RELEASE AND CONSENT FORM

I. THIS SECTION TO BE COMPLETED BY DEVELOPMENT	
Development Name:	TDHCA/CMTS Number:
Contact Name:	Contact Title:
Development Address:	Phone:
Email Address:	Fax:

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 childcare allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation in a TDHCA Affordable Housing Program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

- The groups or individuals that may be asked to release the above information include, but are not limited to:
- | | | |
|--------------------------------------|--------------------------------|----------------------------------|
| Past and Present Employers | Welfare Agencies | Veterans Administrations |
| Support and Alimony Providers | State Unemployment Agencies | Retirement Systems |
| Educational Institutions | Social Security Administration | Medical and Child Care Providers |
| Bank and other Financial | Utility Providers | Previous Landlords |
| Institutions Public Housing Agencies | Appraisal Districts | Insurance Carrier |

III. APPLICANT CERTIFICATION

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and **will stay in effect for a year and one month** from the date signed. I/We understand I/ We have a right to review this file and correct any information that is incorrect.

Applicant/Resident Printed Name	Signature	Date
Co-Applicant/Resident Printed Name	Signature	Date
Other Adult Member Printed Name	Signature	Date
Other 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.

**TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
EMPLOYMENT VERIFICATION**

I. THIS SECTION IS TO BE COMPLETED BY ADMINISTRATOR/OWNER/MGMT & EXECUTED BY APPLICANT/RESIDENT

TO: (Name of Employer)	Date:	
(Employer Address)	Phone/Fax:	
RE: (Applicant/Resident Name)		
RELEASE: My signature here or on the attached "Release and Consent Form" authorizes the release and/or verification of my employment information.		
_____	_____	_____
Applicant/Resident Printed Name	Signature	Date
Information The individual named directly above is an applicant/resident of a Texas Department of Housing and Community Affairs Affordable Housing Program which requires verification of income. We ask your cooperation in supplying this information to the below referenced Administrator/Owner/Management. The information provided will remain confidential and used only to determine the eligibility status and level of benefit available to the applicant/resident. Please return this completed form by mail or fax to:		
Administrator/Owner/Management Name:		
Address:		Phone:
Email Address:		Fax:
_____	_____	_____
Administrator/Owner/Mgmt Authorized Rep. Printed Name/Title	Signature	Date

II. THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name:	Job Title:
Presently Employed: <input type="checkbox"/> YES <input type="checkbox"/> NO	Date First Employed: _____ Last Day of Employment: _____ or <input type="checkbox"/> Not Applicable
Current Wages/Salary: \$ _____ (circle one) hourly / weekly / bi-weekly / semi-monthly / monthly / yearly / 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 # of shift differential hours per week:
Commissions, bonuses, tips, other: \$ _____ (circle one) hourly / weekly / bi-weekly / semi-monthly / monthly / yearly / 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): _____	
Additional remark(s): _____	

III. EMPLOYER AUTHORIZED REPRESENTATIVE CERTIFICATION

I certify that the above information is true and correct,

_____	_____	_____	
Signature of Employers Authorized Representative	Representative's Title	Date	
_____	_____	_____	
Authorized Representative's Printed Name	Phone #	Fax #	Email

Employer [Company] Name and Address			

PENALTIES FOR MISUSING THIS CONTENT: 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. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7), and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7), and (8).

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

CERTIFICATION OF ZERO INCOME

(Each adult household member must complete this form.)

Head of Household Name: _____ Unit No.: _____

Development Name and Address: _____

A. Within the next 12 months, will you receive income from any of the following sources?

(You must supply additional information to verify all 'Yes' answers.)

- Wages, bonus, commissions, tips, etc.
Unemployment Benefits
Worker's Compensation
Disability Payments
Alimony
Child Support
Social Security
Self-employment (includes Uber/Lyft, online sales, etc.)
Annuities, insurance policies, stocks, etc.
Pensions, IRA, 401K
Income from rental property
Death Benefits
Interest/dividends from assets, including bank accounts
Direct Sales Consulting such as Mary Kay, Tupperware, Pampered Chef, etc.
Work for cash (babysitting, lawn care, etc.)
Any other source (if yes, explain below)

B. Mark the ONE statement that applies to you:

- I do not expect to have any source of income in the next 12 months.
I have been hired for a new job or I will be receiving another source of income soon. I will give you more information for verification purposes.

C. If you have marked "No" for each source of income in section A, and you do not expect to have any source of income in the next 12 months, explain how you will pay for the following: (write N/A if the cost does not apply to your household)

Rent (including garage rent, if applicable)
Utilities
Food
Clothing
School supplies
Cell phone or phone
TV (cable, dish, satellite) and/or internet
Medical care
Medications & prescriptions
Personal care products (shampoo, toothpaste, etc.)
Vehicle expenses (car payments, insurance, fuel, etc.)
Payments on credit card balances
Other expenses not listed above
Additional comments

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of my lease agreement. I understand that I may be required to periodically update this information as requested by owner/agent.

Signature of Applicant/Tenant

Date

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
UNDER \$50,000 ASSET CERTIFICATION
 For households whose combined net assets do not exceed \$50,000.
 (Complete only one form per household; include assets of children.)

Head of Household Name: _____ Unit No.: _____

Development Name and Address: _____

Complete all that apply for 1 through 4:

1. My/our assets include (enter n/a in (A) if you do not own the respective asset):

	(A) Cash Value	(B) Int. Rate	(A*B) Annual Income		(A) Cash Value	(B) Int. Rate	(A*B) Annual Income
Source				Source			
Savings Account(s)	\$ _____	_____ %	\$ _____	Checking Account(s)	\$ _____	_____ %	\$ _____
Certificates of Deposit	\$ _____	_____ %	\$ _____	Money Market Funds	\$ _____	_____ %	\$ _____
Stocks	\$ _____	_____ %	\$ _____	Bonds	\$ _____	_____ %	\$ _____
Peer to Peer (Cash App, Venmo, Paypal, etc.)	\$ _____	_____ %	\$ _____	Trust Funds	\$ _____	_____ %	\$ _____
Equity in Real Estate	\$ _____	_____ %	\$ _____	Land Contracts	\$ _____	_____ %	\$ _____
Lump Sum Receipts	\$ _____	_____ %	\$ _____	Capital Investments	\$ _____	_____ %	\$ _____
Bitcoin/ Cryptocurrency	\$ _____	_____ %	\$ _____	GoFundMe/Crowdsourcing	\$ _____	_____ %	\$ _____
Life Insurance (Excluding Term)	\$ _____	_____ %	\$ _____	Pre-paid Debit Cards	\$ _____	_____ %	\$ _____
Cash on Hand	\$ _____	_____ %	\$ _____				
Personal Property Held as an Investment	\$ _____	_____ %	\$ _____	Explanation _____			
Other (list):	\$ _____	_____ %	\$ _____	Explanation _____			

PLEASE NOTE: Certain funds (e.g., Trust) may or may not be (fully) accessible to you. Include only those amounts which are accessible to you.

(Check either box 2 or box 3 below, not both)

2. Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below fair market value (FMV). Those amounts equal a total of: \$ _____ (enter the difference between FMV and the amount you received).
3. I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.
4. I/we do not have any assets at this time (do not check this box if you have entered any numbers in section 1, above).

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$50,000, and the annual income from the net family assets is \$ _____ (enter the total of all (A*B) Annual Income in section 1 above). This amount is included in total gross annual income.

Signature of Applicant/Tenant

Date

Signature of Applicant/Tenant

Date

Signature of Applicant/Tenant

Date

Signature of Applicant/Tenant

Date

PENALTIES FOR MISUSING THIS CONTENT: 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. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7), and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7), and (8).

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
ASSET VERIFICATION FORM

I. THIS SECTION IS TO BE COMPLETED BY ADMINISTRATOR/OWNER/MGMT & EXECUTED BY APPLICANT/RESIDENT

TO: (Name of Institution)	Date:
Institution Address:	Phone/Fax:
RE: (Applicant/Resident Name)	Social Security Number:
<p>RELEASE: My signature here or on the attached "Release and Consent Form" authorizes the release and/or verification of my assets on deposit.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Applicant/Resident Printed Name Signature Date</p>	
<p>Information The individual named directly above is an applicant/resident of a Texas Department of Housing and Community Affairs Affordable Housing Program, which requires verification of income. We ask your cooperation in supplying this information to the below referenced Administrator/Owner/Management. The information provided will remain confidential and used only to determine the eligibility status and level of benefit available to the applicant/resident. Please return this completed form by mail or fax to:</p>	
Administrator/Owner/Management Name:	TDHCA Number:
Address:	Phone:
Email Address:	Fax:
<p>Your prompt response is crucial and greatly appreciated,</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Administrator/Owner/Mgmt Authorized Rep. Printed Signature Date Name/Title</p>	

II. THIS SECTION TO BE COMPLETED BY FINANCIAL INSTITUTION

A. CHECKING ACCOUNT(s)

Account Holder	Account Number	Present Balance	Interest Rate, if any

B. SAVINGS ACCOUNT(s)

Account Holder	Account Number	Present Balance	Annual Interest Rate	Withdrawal Penalty

C. CERTIFICATE OF DEPOSIT(s)

Account Holder	Account Number	Present Balance	Annual Interest Rate	Withdrawal Penalty

D. MUTUAL FUND / STOCK(s)

Account Holder	Account Number	Present Balance	Annual Interest Rate/ Annual Income**	Withdrawal Penalty

** Please answer this question based on the income the asset is currently generating

E. TRUST

Type of Trust: (Check one) <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
Account holder is the: (Check one) <input type="checkbox"/> Beneficiary or <input type="checkbox"/> Grantor of the Trust
Value of administered Trust Fund: \$ _____
Anticipated amount of income to be earned by Trust over the next 12 months: \$ _____ Is the Amount: (Check one) <input type="checkbox"/> Reinvested or <input type="checkbox"/> Disbursed

F. LIFE INSURANCE POLICY

Type of Policy: (Check one) <input type="checkbox"/> Term Life Insurance <input type="checkbox"/> Universal or Whole Life Insurance
Current cash value of the Life Insurance Policy: \$ _____
Income or interest the Policy will generate over next 12 months (based on current circumstances): \$ _____

G. OTHER: Type of Account

Account Holder	Account Number	Present Balance	Annual Interest Rate/Income	Withdrawal Penalty

H. AUTHORIZED REPRESENTATIVE CERTIFICATION

I certify that the above information is true and correct,

Signature of Financial Institution Representative Representative's Title Date

Representative's Printed Name Phone # Fax # Email

Financial Institution Name and Address

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TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
INCOME VERIFICATION FOR HOUSEHOLDS WITH SECTION 8 CERTIFICATES

(The Section-8 income certification/recertification date must be within 120 days of the property income certification/recertification date.)

Unit #: _____

To: Section 8 Program Administrator
Housing Authority: _____
Address: _____
City, State Zip: _____

_____ has applied for residency/is a resident of _____,
(Applicant/Resident Name) *(Property Name)*
a TDHCA Affordable Housing Program property. In the case of a tenant receiving housing assistance payments under HUD's Section 8 Existing Housing Choice Program, regulations allow that if the PHA provides a statement to the building owner declaring that the tenant's income does not exceed the applicable limit, then the owner is not required to further verify the tenant's income.

Number of Household Members: _____ Move-In Recertification

Permission by: _____ *(Signature of Applicant/Resident)* _____ *(Date)*

Please complete the section below and return this form in the enclosed self-addressed, stamped envelope. Thank you in advance for your prompt attention.

Sincerely,

Apartment Manager

THE FOLLOWING TO BE COMPLETED BY THE PUBLIC HOUSING AUTHORITY:

Based on the last income certification/recertification effective on _____, the household consists
(Date)
of _____ members whose combined gross annual income before any adjustments is \$_____.
(# of members) *(Gross Annual Income)*

(Signature) _____ *(Date)* _____ *(Phone #)*

(Printed Name) _____ *(Title)*

PENALTIES FOR MISUSING THIS CONTENT: 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. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7), and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7), and (8).

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
CERTIFICATION OF STUDENT ELIGIBILITY (HTC/BOND/TCEP/TCAP)

Applicant/Tenant: _____

Circle A, B or C as applicable (**Note:** Students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade or mechanical schools, but does not include those attending on-the-job training courses). Also, a student is defined as someone who attends school full-time for any part of five or more months in a calendar year (months need not be consecutive):

- A. Household contains at least one occupant who is not a student, has not been a student, and will not be during the current and/or upcoming calendar year. If this item is checked, no further information is needed.
- B. Household contains all students, but is qualified because the following occupant(s):
_____ is/are part-time student(s). Provide documentation of part-time student status for at least one member of the household.
- C. Household contains all full-time students for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is selected, questions 1-5, below must be completed.

- | | | | |
|----|--|-----|----|
| 1. | Is at least one student receiving assistance under title IV of the Social Security Act (for example, payments under AFDC)? | Yes | No |
| 2. | Was at least one student previously under the care and placement of the state agency responsible for administering foster care? (provide documentation of participation) | Yes | No |
| 3. | Does at least one student participate in a program receiving assistance under the Job Training Partnership Act (JTPA), Workforce Investment Act or under other similar federal, state or local laws? (attach documentation of participation) | Yes | No |
| 4. | Is at least one student a single parent with child(ren) <i>and</i> this parent is not a dependent of another individual <i>and</i> the child(ren) is/are not dependent(s) of someone other than a parent? | Yes | No |
| 5. | Are the students married and entitled to file a joint tax return? | Yes | No |

Households composed entirely of full-time students that are income eligible and satisfy one or more of the above conditions are considered eligible. If questions 1-5 are marked NO, or verification does not support the exception indicated, the household is considered an ineligible student household.

Under penalties of perjury, I/we certify that the information presented in this Annual Student Certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in this household's student status. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of the lease agreement.

Signature of Applicant/Tenant

Date

Signature of Applicant/Tenant

Date

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
HOME/TCAP RF PROGRAM- CERTIFICATION OF STUDENT ELIGIBILITY

To be completed for EACH Household Member the age of 18 and under the age of 24


A student is defined as an individual enrolled, part-time or full-time, at an institution of higher education as defined under the Higher Education Act of 1965 (20 U.S.C. 1001 and 1002) to obtain a degree, certificate, or other recognized educational credential.

Owners of developments with HOME/TCAP RF funds are required to screen and document student status for each individual(s) the age of 18 and under the age of 24. If an individual(s) is enrolled an institution of higher education, each individual must meet student eligibility requirements in accordance with 24 CFR 5.612 and the HOME Final Rule.

Applicant/Resident Name: _____


PART A: STUDENT STATUS

Are you enrolled or planning to enroll in an institution of higher education? **Circle One:**
Yes No

If you answered "No,"  and proceed to the signature line on page 3 of this form. Do not complete the rest of the form.

PART B: ELIGIBLE STUDENTS

Are you a dependent of this household (e.g. you live with your parent(s)/legal guardian in this unit)? **Circle One:**
Yes No

If you answered "Yes,"  and proceed to the signature line on page 2 of this form. Do not complete the rest of the form.

PART C: INDEPENDENT STUDENTS

Part 1- To evidence independence from your parent(s)/legal guardian, each of the following three (3) criteria must be met **AND** you must submit a signed certification documenting if (and how much) financial assistance your parent(s)/legal guardian give you.

- | | |
|---|--------------------|
| | Circle One: |
| 1. Are you of legal contract age under Texas State law? | Yes No |
| 2. Have you established a separate household from your parent(s)/legal guardian for no less than one (1) year from today? | Yes No |
| 3. Did your parent(s)/legal guardian claim you on their last tax return as a dependent? | Yes No |

If you answered "Yes" to # 1 and #2 and "No" to #3,  and proceed to the signature line on page 2. You are required to provide supporting documentation. Otherwise, proceed to Part 2.

Part 2- To evidence independence from your parent(s)/legal guardian, one (1) of the below exceptions under the U.S. department of Education's definition of an independent student must be met:

- | | |
|---|--------------------|
| | Circle One: |
| • Will you be at least 24 years old by December 31 st of the current year? | Yes No |
| • Are you legally married? | Yes No |
| • Are you working on a master's or doctorate degree program (such as M.A., M.B.A, Ph.D., graduate certificate, etc.)? | Yes No |
| • Are you currently serving on active duty in the U.S. armed forces for purposes other than training? | Yes No |

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
HOME/TCAP RF PROGRAM- CERTIFICATION OF STUDENT ELIGIBILITY

- | | | |
|---|-----|----|
| • Are you a veteran of the U.S. armed forces? | Yes | No |
| • Do you have a legal dependent(s) (i.e. child or parent)? | Yes | No |
| • At any time since you turned 13 years old, were you: | | |
| ➤ An orphan? | Yes | No |
| ➤ In Foster Care? | Yes | No |
| ➤ A dependent/ward of the court? | Yes | No |
| • Prior to turning 18, were you an emancipated minor? | Yes | No |
| • Prior to turning 18, were you in legal guardianship? | Yes | No |
| • Are you homeless, or self-supporting and at risk of being homeless? | Yes | No |
| Please identify who could verify that you qualify as such: | | |
| ➤ Your high school or district homeless liaison | Yes | No |
| ➤ The director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development (“HUD”) | Yes | No |
| ➤ The director of a runaway or homeless youth basic center or transitional living program | Yes | No |

If you answered “Yes” to any of the above questions, proceed to the signature line below. You are required to provide supporting documentation.

If you are a student and did not meet an exception in Part B or C of this form, under this program, you are considered a dependent of your parent(s)/legal guardian. In order for you to live at this property, your income plus your parent(s)/legal guardian’s income must be verified. The property must perform a certification that uses source documentation to verify the income and assets of you and your parent(s)/legal guardian. Note, you must also be independently income eligible under the income limit in effect for where the property is located.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in termination of HOME/TCAP RF assistance.

Signature of Applicant/Tenant

Date

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

STUDENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY STUDENT

This Student Verification is being delivered in connection with the undersigned's eligibility for residency in the following apartment:

Property Name: _____

I hereby grant disclosure of the information requested below from _____

Name of Educational Institution

Signature _____

Date _____

Printed Name _____

Student ID# _____

Return Form to:



THIS SECTION TO BE COMPLETED BY EDUCATIONAL INSTITUTION

The above-named individual has applied for residency or is currently residing in housing that requires verification of student status. Please provide the information requested below:

Is the above-named individual a student at this educational institution? YES NO

If no, please list the last month and year the above-named individual was a student at this educational institution: _____

If yes, please indicate this student's full-time (FT) or part-time (PT) status for each month of the current calendar year of _____. (Please circle)

January	FT	PT	N/A	July	FT	PT	N/A
February	FT	PT	N/A	August	FT	PT	N/A
March	FT	PT	N/A	September	FT	PT	N/A
April	FT	PT	N/A	October	FT	PT	N/A
May	FT	PT	N/A	November	FT	PT	N/A
June	FT	PT	N/A	December	FT	PT	N/A

I hereby certify that the information supplied in this section is true and complete to the best of my knowledge.

Signature: _____

Date: _____

Print your name: _____

Tel.#: _____

Title: _____

Educational Institution: _____

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Texas Department of Housing and Community Affairs
Special Needs Certification

Property Name: _____ TDHCA File#: _____

Household Name: _____ Unit #: _____

You have applied for a unit at the above referenced property, which has agreed to lease apartments to "Persons with Special Needs". A "Persons with Special Needs" includes the following:

- Households where one individual has alcohol and/or drug addictions
- Colonia residents
- Persons with Disabilities
- Persons protected by the Violence Against Women Act Protections (domestic violence, dating violence, sexual assault, and stalking)
- Persons with HIV/AIDS
- Homeless persons
- Veterans
- Wounded warriors (as defined by the Caring for Wounded Warriors Act of 2008)
- Farmworkers

You are not being asked to disclose any details or specifics regarding the type or nature of the special need, only to disclose that you, or someone in your household, meets one of the categories above.

Based on the above, do you or anyone in your household have a "Special Need"? YES _____ NO _____

I do not wish to furnish information regarding special needs (Initials) _____

Under penalties of perjury, I/we certify that the information presented in this Certification is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

Household Signature

Date

Household Signature

Date

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

UNDECLARED TIP INCOME CERTIFICATION

Applicant/Tenant: _____

Apartment: _____

I, _____, hereby certify that I receive \$_____ weekly/monthly/quarterly/annually (circle one) in undeclared tip income.

These are tips the I **DO NOT** report to my employer, and are in addition to the amount of tip income I report to my employer for tax purposes.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of my lease agreement. I understand that I may be required to periodically update this information as requested by owner/agent.

Signature of Applicant/Tenant

Date

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
TELEPHONE VERIFICATION/CLARIFICATION RECORD

I. THIS SECTION TO BE COMPLETED BY DEVELOPMENT

Development Name:	TDHCA Number:
Name of Person Receiving Information:	Title:
Development Address:	Phone:
RE: (Applicant/Resident Name):	
The clarification record is being gathered: <input type="checkbox"/> As a source of clarification for a gathered third-party written or first-hand verification. Describe area in which clarification is being sought: _____ Source of clarification: <input type="checkbox"/> Phone Conversation <input type="checkbox"/> Person to Person <input type="checkbox"/> Other: Explain: _____ _____	
Person Contacted:	Title:
Company/Organization:	Phone/Email:
Date Contacted:	Time Contacted:

II. VERIFIED INFORMATION

1. Reason for Clarification: _____
2. Explanation for Clarification Given: _____
3. Additional remark(s): _____

III. ADMINISTRATOR, OWNER, MANAGEMENT AUTHORIZED REPRESENTATIVE CERTIFICATION

I certify that the above information is true and correct,		
_____ Signature of Authorized Representative	_____ Representative's Title	_____ Date
_____ Authorized Representative's Printed Name	_____ Phone #	_____ Email

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

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

Applicant/Resident Name: _____

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

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

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

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

B. CHILD CARE EXPENSES DEDUCTION

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

If YES, Please answer the following questions:

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

C. ATTENDANT CARE AND AUXILIARY APPARATUS EXPENSE DEDUCTION

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

If YES, Please answer the following questions:

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

D. ELDERLY OR DISABLED FAMILY DEDUCTION

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

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

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

Identify any of the following medical expenses?	Estimated Annual Costs	Can Support for expenses be provided?
Medicare <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES
Doctor Co-Pays <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES
Prescription Costs <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES
Medical Deduction Costs <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES
Over the Counter Costs <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES
Other: <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES

Is the household reimbursed by an Agency and/or Individual for any of these costs? NO YES, who? _____

Did the household have any one-time non-recurring medical expenses? NO YES, explain? _____

F. APPLICANT/RESIDENT CERTIFICATION

I certify that the above information is true and correct,

Applicant/Resident Printed Name

Signature

Date

Warning: Title 18, Section 1001 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency in the United States as to any matter within its jurisdiction.

INCOME CERTIFICATION

Initial Certification
 Recertification
 Other* _____

Effective Date: _____
 Move-in Date: _____
 (MM/DD/YYYY)
 *Transfer from Unit: _____

PART I – DEVELOPMENT DATA

Property Name: _____ County: _____ BIN #: _____
 Address: _____ Unit Number: _____ # Bedrooms: _____ CMTS # _____

PART II. HOUSEHOLD COMPOSITION

HH Mbr #	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (MM/DD/YYYY)	Student Status <i>(circle one)</i>	Last 4 digits of Social Security Number
1			HEAD		FT / PT / NA	
2					FT / PT / NA	
3					FT / PT / NA	
4					FT / PT / NA	
5					FT / PT / NA	
6					FT / PT / NA	
7					FT / PT / NA	

PART III. GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)

HH Mbr #	(A) Employment/Wages	(B) Soc. Security/Pensions	(C) Public Assistance	(D) Other Income
TOTALS	\$	\$	\$	\$
Add totals from (A) through (D) above				TOTAL INCOME (E):
				\$

PART IV. INCOME FROM ASSETS

HH Mbr #	(F) Type of Asset	(G) C/D	(H) N/R	(I) Cash Value of Asset	(J) A/I	(K) Annual Income from Asset
(L) TOTAL NON-NECESSARY PERSONAL PROPERTY:				\$	(M) Total Actual Income: \$	
(N) TOTAL NET FAMILY ASSETS:				\$	(O) Total Imputed Income: \$	

(P) TOTAL INCOME FROM ASSETS [(M) + (O)]: \$ _____

(Q) Total Annual Household Income from all Sources [Add (E) + (P)] \$ _____

HOUSEHOLD CERTIFICATION & SIGNATURES

The information on this form will be used to determine maximum income eligibility. I/we have provided for each person(s) set forth in Part II acceptable verification of current anticipated annual income. I/we agree to notify the landlord immediately upon any member of the household moving out of the unit or any new member moving in. I/we agree to notify the landlord immediately upon any member becoming a full time student.

Under penalties of perjury, I/we certify that the information presented in this Certification is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

Signature	(Date)	Signature	(Date)
Signature	(Date)	Signature	(Date)

PART VI. DETERMINATION OF PROGRAM ELIGIBILITY

TOTAL ANNUAL HOUSEHOLD
INCOME FROM ALL SOURCES:
From item (Q) on page 1 \$

Current Income Limit per Family Size:

Mark the program(s) and applicable program designation that this household satisfies of the property's occupancy requirements:

If the owner has elected the Average Income minimum set aside under §42(g), this unit is designated by the taxpayer as (please see instructions):

- | | | | | | | | | |
|--|------------------------------|------------------------------|--------------------------------|------------------------------|--------------------------------|------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> HTC or Exchange | <input type="checkbox"/> 20% | <input type="checkbox"/> 30% | <input type="checkbox"/> 40% | <input type="checkbox"/> 50% | <input type="checkbox"/> 60% | <input type="checkbox"/> 70% | <input type="checkbox"/> 80% | <input type="checkbox"/> OI*** |
| <input type="checkbox"/> TCAP | | <input type="checkbox"/> 30% | <input type="checkbox"/> 40% | <input type="checkbox"/> 50% | <input type="checkbox"/> 60% | | <input type="checkbox"/> OI*** | |
| <input type="checkbox"/> HOME/TCAP RF | | <input type="checkbox"/> 30% | <input type="checkbox"/> 40% | <input type="checkbox"/> 50% | <input type="checkbox"/> 60% | | <input type="checkbox"/> 80% | <input type="checkbox"/> OI*** |
| <input type="checkbox"/> BOND | | <input type="checkbox"/> 30% | <input type="checkbox"/> 50% | <input type="checkbox"/> 60% | <input type="checkbox"/> 80% | | <input type="checkbox"/> OI*** | <input type="checkbox"/> ET |
| <input type="checkbox"/> THTF | | <input type="checkbox"/> ELI | <input type="checkbox"/> VLI | <input type="checkbox"/> LI | <input type="checkbox"/> OI*** | | | |
| <input type="checkbox"/> NSP | | <input type="checkbox"/> 30% | <input type="checkbox"/> 40% | <input type="checkbox"/> 50% | <input type="checkbox"/> 60% | | <input type="checkbox"/> 80% | <input type="checkbox"/> 120% |
| <input type="checkbox"/> NHTF | <input type="checkbox"/> 15% | <input type="checkbox"/> 30% | <input type="checkbox"/> OI*** | | | | | |
| <input type="checkbox"/> Other | _____ | | | | | | | |

*** Upon Recertification household was determined to be over income (OI) according to eligibility requirements of the programs marked above.

PART VII. RENT

Tenant Paid Rent: \$ _____

Utility Allowance: \$ _____

Rental Assistance: \$ _____

Other Non-Optional Charges and Mandatory Fees: \$ _____

Gross Rent For Unit (See Instructions): \$ _____ Applicable Rent Limit: \$ _____

Is the source of the Rental Assistance Federal? Yes No *If yes, identify the type of Federal Rental Assistance:*

- | | |
|---|---|
| <input type="checkbox"/> HUD Multi-Family Project-Based Rental Assistance (PBRA) | <input type="checkbox"/> HUD Housing Choice Voucher (HCV-tenant based) |
| <input type="checkbox"/> HUD Section 8 Moderate Rehabilitation | <input type="checkbox"/> HUD Project-Based Voucher (PBV) |
| <input type="checkbox"/> Public Housing Operating Subsidy | <input type="checkbox"/> USDA Section 514, 515, 521 Rental Assistance Program |
| <input type="checkbox"/> HOME Tenant Based Rental Assistance (TBRA) | <input type="checkbox"/> Section 811 Project Rental Assistance (PRA) |
| <input type="checkbox"/> HUD Rental Assistance Demonstration (RAD)-Project Based Rental Assistance (PBRA) | <input type="checkbox"/> Other Federal Rental Assistance _____ |

PART VIII. STUDENT STATUS VERIFICATION (HTC, TCAP, Exchange, and BOND only)

Are All Occupants Full-Time Students?

Yes No

If yes, enter Student Explanation* and attach documentation

Enter 1-5

*Student Explanation:

1. TANF assistance
2. Previously in state foster care system
3. Job Training Program
4. Single parent/dependent child
5. Married/joint return

SIGNATURE OF OWNER/REPRESENTATIVE

Based on the representations herein and upon the proofs and documentation required to be submitted, the individual(s) named in Part II of this Tenant Income Certification is/are eligible under the provisions of program's rules, regulations and the Land Use Restriction Agreement (if applicable), to live in a unit in this Project.

SIGNATURE OF OWNER/REPRESENTATIVE

DATE

PART IX. HOUSEHOLD DEMOGRAPHICS

Please complete for each household member. See below for Ethnicity, Race, and Other codes that characterize the household composition.

HH Mbr #	Sex – enter M or F	Ethnicity	Race <i>Enter up to 5 categories</i>	Disabled
1				
2				
3				
4				
5				
6				
7				

The Texas Department of Housing and Community Affairs (TDHCA) is required to comply with HUD’s reporting requirements; however, you are not required to provide this information. 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.

RESIDENT/APPLICANT: I do not wish to furnish information regarding ethnicity, race, sex, and disability status.
(Initials) _____

Ethnicity:	Enter each household member’s ethnicity by using one of the following coded definitions:	<ol style="list-style-type: none"> 1. Hispanic or Latino 2. Not Hispanic or Latino 3. Tenant did not respond
Race:	Enter each household member’s race by using, at least one, of the following coded definitions (<i>up to 5 categories may be selected</i>):	<ol style="list-style-type: none"> 1. White 2. Black/African American 3. American Indian/Alaska Native 4. Select from the following: <ol style="list-style-type: none"> 4a Asian India 4b Chinese 4c Filipino 4d Japanese 4e Korean 4f Vietnamese 4g Other Asian 5. Select from the following: <ol style="list-style-type: none"> 5a Native Hawaiian 5b Guamanian or Chamorro 5c Samoan 5d Other Pacific Islander 6. Other 7. Tenant did not respond
Disabled:	Check yes if any member of the household is disabled according to Fair Housing Act definition for handicap (disability): <ul style="list-style-type: none"> • 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. For a definition of “physical or mental impairment” and other terms used in this definition, please see 24 CFR 100.201, available at http://www.fairhousing.com/index.cfm?method=page.display&pageName=reqs_fhr_100-201. • “Handicap” does not include current, illegal use of or addiction to a controlled substance. 	<ol style="list-style-type: none"> 1. Yes 2. No 3. Tenant did not respond



TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
 A Tenant Rights and Resources Guide
 For Tenants Living in a TDHCA Monitored Rental Property
 Property Name: _____



Management Company*

Property Owner*

Company Name: _____
 Contact Name: _____
 Phone Number: _____
 Email Address: _____

* As listed in TDHCA's Compliance Monitoring Tracking System ("CMTS").

Property Policies, Regulations and Requirements

Texas Administrative Code

- This property received either public funds or low income housing tax credits through the Texas Department of Housing and Community Affairs ("TDHCA"). That means this property must follow certain State rules that are in the Texas Administrative Code or "TAC."
- Part of the TAC says rental properties must have certain policies.
- You can ask your property manager for a copy of the full Written Policies and Procedures part of the TAC (Title 10, Part 1, Chapter 10, Subchapter F, Rule Section 10.610) or you can ask for certain sections or use this short URL to read the full Written Policies and Procedures online:
<http://ow.ly/GsVS50u0NBW>

If you want to know...	Ask for this...
<ul style="list-style-type: none"> ▪ The requirement(s) that you need to meet to live at this property. ▪ How and when you will be notified if your application is denied, and why your application was denied. 	Tenant Selection Criteria Policy
How a person with a disability may request certain accommodations, and how long it may take for a response.	Reasonable Accommodation Policy
How a waiting list is opened and closed and how applicants are selected.	Wait List Policy
What must be included in notices about ending your occupancy: <ul style="list-style-type: none"> ▪ The specific reason why your occupancy is ending. ▪ Information about rights under the Violence Against Women Act ("VAWA"). ▪ How a person with a disability can request a reasonable accommodation in reply to the notice. ▪ Information on the appeals process (if one is used by the property). 	Non-Renewal and/or Termination Notice Policy
<ul style="list-style-type: none"> ▪ How to ask for a unit transfer. ▪ What happens to the security deposits for your current and new unit. ▪ Transfers related to reasonable accommodations for persons with disabilities. 	Unit Transfer Policy

Texas Property Code

This property must follow all applicable Texas State Landlord-Tenant Laws, which outline the responsibilities of landlords and tenants in residential rental agreements. These laws can be found in the Texas Property Code at <https://goo.gl/aHDQ7e>.

Land Use Restriction Agreement (“LURA”)

- This property must operate in accordance with its Land Use Restriction Agreement (“LURA”) as affordable housing, whether or not ownership or management agents change.
- The LURA:
 - Says the property must be suitable for occupancy and in good repair;
 - Sets the maximum rents that can be charged;
 - Prohibits evictions for other than good cause;
 - Prohibits the owner from denying admission to any person exclusively on the basis of such person receiving rental assistance under a local, state, federal or other housing assistance program, including, but not limited to, Section 8 of the United States Housing Act of 1937 as amended.
 - Lists the number and type of property amenities and/or services that must be provided by the TDHCA monitored property. The amenities and/or services required to be provided at this property include: [This section should not be blank when provided to the tenant.]

Common Areas	Unit Amenities	Required Services

- You can request a copy of the LURA from the property or by calling TDHCA at 800-525-0657 or by email to open.records@tdhca.state.tx.us.

Your Rights as a Renter in a TDHCA Monitored Property

In addition to Texas Property Code requirements, TDHCA Monitored Property Owners Must:

- Keep properties suitable for occupancy and in good repair consistent with Uniform Physical Condition Standards (“UPCS”) published by the U.S. Department of Housing and Urban Development (“HUD”).
- Estimate utility costs at the property, annually review the utility allowance they calculate, and make utility allowances available for inspection. Utility allowances are used to help determine the amount a property owner will charge for rent.
- Provide reasonable accommodations or modifications for a tenant’s disability at the property owner’s expense unless the request presents an undue financial and administrative burden on the owner or if the property was awarded tax credits before 2001 (unless otherwise agreed to in the LURA).

- Offer written leases.
- Provide tenants with written notice in the event of lease termination or non-renewal.

TDHCA Monitored Property Owners *Are Not Allowed To:*

- Lock out or seize property of tenants who have not paid rent except by judicial process or as expressly allowed under Texas Government Code §2306.6738 (cases of necessary repair, construction work, emergencies, or in the event of tenant abandonment of a unit).
- Charge rents in excess of program-specific rent limits that are published each year.
- Require households that get rent payment help from a federal program, such as Housing Choice Voucher/Section 8, HOME or other federal program, to establish a minimum income standard that requires more than 2.5 times their portion of the monthly rent or \$2,500 whichever is greater.
 - Example: If your household gets federal rent payment help and your household's portion of the rent is \$200 per month, you do not have to show that your household makes more than \$500 per month ($\$200 \times 2.5 = \500) to be eligible for housing.
 - Example: If your household gets federal rent payment help and your household income is less than \$50 per month, you do not have to show that your household makes more than \$2,500 per year to be eligible for housing.
- Deny households housing just because of participation in the Housing Choice Voucher/Section 8, HOME or other federal, state, or local rental assistance program
- Refuse to renew the lease or evict tenants without good cause. Landlords may not retaliate against renters who have made a discrimination complaint or who have assisted others in exercising their fair housing rights, including rights to request a reasonable accommodation or modification.

Fair Housing - It's Your Right!

This property must follow federal, state, and local fair housing laws. Fair housing laws say everyone has a right to fair and equal housing choices and opportunities. This means you cannot be denied an apartment based on your race, color, national origin, religion, sex, disability, or whether or not your household includes children under the age of 18.

For example, all properties must:

- Give everyone the same rental terms and conditions.
- Show everyone the location of every available apartment.
- Advertise to everyone broadly and in a non-discriminatory manner.
- Make reasonable accommodations or modifications for people with disabilities.
 - A reasonable accommodation or modification request may be made by a person with a disability or on their behalf. The accommodation or modification must:
 - Be related to a disability;
 - Not cause an undue administrative and financial burden to the owner; and
 - Not change the basic nature of the program governing the property
 - If your request is denied, your property representative must talk with you about an alternative option that may meet your disability-related needs.

How to Request Reasonable Accommodations and Modifications

- If you have a disability-related need, ask your property manager for the Reasonable Accommodation Policy. This policy will tell you how to request an accommodation or modification. A

tenant should know that a property *can* request verification of a disability if the disability or need for the accommodation is not obvious, but the property *cannot* request information about the nature, extent, or severity of the disability.

- **Reasonable Accommodations:** A reasonable accommodation is a change in the way things are usually done that may be needed for a person with a disability to use and enjoy a dwelling or common area. Examples include:
 - Allowing a service dog, even if the property has a 'no pet' policy.
 - Providing an assigned parking space closer to a unit.
 - Requesting a unit transfer from an upper floor to a ground floor unit.
 - Requesting interpreters or auxiliary aids to communicate effectively with management.
- **Reasonable Modifications:** A reasonable modification is a change to an apartment.
 - Property managers may allow a disabled person to make changes to an apartment.
 - The disabled person may have to pay for the changes.
 - Examples of reasonable modifications include:
 - Adding grab bars to a bath tub or shower
 - Widening doorways
 - Adding a ramp to make an entrance accessible
- A tenant should know that owners have a right to deny a request in certain situations.
- Reasonable accommodations or modifications for the tenant's disability may be provided at the owner's expense unless the request presents an undue financial or administrative burden on the owner or the property was awarded tax credits before 2001.
 - If you need to find out if a property was awarded tax credits before 2001 or to request a copy of the LURA, contact TDHCA at 800-525-0657 or email open.records@tdhca.state.tx.us.
- To learn more about Reasonable Accommodations and Fair Housing, visit <http://www.tdhca.state.tx.us/fair-housing/index.htm>.

Complaints

Fair Housing Complaints

If you believe you have been discriminated against based on race, color, national origin, religion, sex, family status, or disability, you can file a complaint.

- The **Texas Workforce Commission**, not TDHCA, handles complaints under the Fair Housing Act in the State of Texas.

Texas Workforce Commission	Call: 512-463-2642	Toll free: 888-452-4778
Civil Rights Division	TTY: 512-371-7473	Fax: 512-463-2643
1117 Trinity Street, Room 144-T	Email: housingcomplaints@twc.state.tx.us	
Austin, TX 78701		
- The Texas Workforce Commission may file your complaint with the U.S. Department of Housing and Urban Development ("HUD"). However, you can also send a complaint directly to HUD.

HUD Fort Worth Regional Office	Call: 817-978-5900
Office of Fair Housing and Equal Opportunity	Toll free: 800-669-9777
801 Cherry Street, Unit #45, Suite 2500	TTY: 817-978-5595
Fort Worth, TX 76102	
- Some Texas cities have a local fair housing agency that may help with fair housing complaints. Find a list of local fair housing enforcement agencies at www.tdhca.state.tx.us/fair-housing/renters.htm

Property Complaints

If you...	Do this...
<p>Have a concern about...</p> <ul style="list-style-type: none"> ▪ Property issues, such as parking, broken cars, trash, safety, or pets. ▪ A neighbor is making too much noise or disturbing you. ▪ Your apartment manager is unprofessional or rude. <p>Suspect that a neighbor...</p> <ul style="list-style-type: none"> ▪ Doesn't report everyone living in the unit. ▪ Does not report their total income. ▪ Rents or sublets their apartment. ▪ Is using or selling illegal drugs. 	<p>Step 1: Call or write your property <i>manager</i> and state your concern.</p> <p>Step 2: Give your property <i>manager</i> time to respond to your concern.</p> <p>Step 3: Call or write your property <i>owner</i> if the manager has not responded to your concern.</p> <p>Step 4: Give your property <i>owner</i> time to respond to your concern.</p>
<p>Need...</p> <ul style="list-style-type: none"> ▪ Something fixed in your unit, like a leaky faucet, broken smoke detector, defective or missing refrigerator seal, broken window, or some other repair. <ul style="list-style-type: none"> - You must give the property management seven days to respond to your written request (except if the request is related to an imminent threat to health or safety). ▪ A reasonable accommodation or modification to your unit. You may make the request verbally or submit it in writing. <ul style="list-style-type: none"> - Generally, property management has 14 calendar days to respond to your request. 	<p>Step 1: Ask the management office to submit a written work order or submit a request yourself.</p> <p>Step 2: Give the property management time to respond to your request.</p> <p>Step 3: File a complaint with TDHCA <i>only if property management has not responded to your request.</i></p> <p>Mail TDHCA Attn: Housing Resource Center P.O. Box 13941 Austin, Texas 78711-3941</p> <p>Fax 800-733-5120</p> <p>Online www.tdhca.state.tx.us/complaint.htm</p> <p>Individuals with a disability may request a reasonable accommodation to submit complaints over the phone by calling 512-475-3800 or toll free 800-525-0657, 800-735-2989 or 7-1-1 Voice.</p> <p><i>TDHCA may take up to 15 working days to respond to your complaint.</i></p>
<p>Have a complaint about...</p> <ul style="list-style-type: none"> ▪ Specific information about property management renting apartments to households that make too much money. 	<p>File a written complaint with TDHCA.</p> <p>Mail TDHCA Attn: Housing Resource Center P.O. Box 13941 Austin, Texas 78711-3941</p> <p>Fax 800-733-5120</p> <p>Online www.tdhca.state.tx.us/complaint.htm</p>

General Complaints

TDHCA cannot resolve complaints about abuse, criminal activity, rent payment assistance, or other issues. If you have a complaint about these types of activities, please contact the appropriate organization as provided below.

For complaints about...	Contact...
Abuse, neglect, or exploitation of a child, person with a disability, or elderly	Texas Department of Family and Protective Services Toll free (hotline): 800-252-5400
Social services issues, such as Medicaid, Supplemental Nutrition Assistance Program ("SNAP"), Temporary Assistance for Needy Families ("TANF")	Texas Health and Human Services Commission Office of the Inspector General Call: 800-436-6184 Web: http://oig.hhsc.state.tx.us/Fraud_Report_Home.aspx
Criminal activities, such as illegal drug activities, violence	Your local law enforcement office or dial 9-1-1
Rent payment assistance	Call your rent payment assistance provider.

Tenant Rights

Landlord-Tenant Issues

- Visit the Office of the Attorney General ("OAG") at www.TexasAttorneyGeneral.gov/cpd/tenant-rights or call the OAG's Consumer Protection Hotline toll free at 800-621-0508.
- Visit the Texas State Law Library's Landlord/Tenant Law page at <http://guides.sll.texas.gov/landlord-tenant-law>.
- Texas A&M Real Estate Center has also published a Landlord Tenants Guide which is available at <https://assets.recenter.tamu.edu/documents/articles/866.pdf>
- Contact the U.S. Department of Housing and Urban Development ("HUD")
Toll Free: 800-955-2232 Email: TX_WebManager@hud.gov
TTY: 800-877-8339 Hours: 8:00 a.m. to 4:30 p.m., Monday - Friday
- Regional and Field Offices:

HUD Fort Worth Regional Office 801 Cherry St., Unit 45, Suite 2500 Fort Worth, TX 76102 Phone: 817-978-5600 Fax: 817-978-5569	HUD Houston Field Office 1301 Fannin St., Suite 2200 Houston, TX 77002 Phone: 713-718-3199 Fax: 713-718-3225	HUD San Antonio Field Office 615 E. Houston St., Suite 347 San Antonio, TX 78205-2001 Phone: 210-475-6800 Fax: 210-472-6804
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Need Legal Help?

- TDHCA does not provide legal advice or help with resolving landlord-tenant issues.
 - TDHCA may try to resolve these issues for reasonable accommodation requests.
- If you received a property violation or eviction notice and need help, contact one of the following organizations.

Legal Aid of Northwest Texas
Call: 888-529-5277 Visit: www.lanwt.org

Lone Star Legal Aid
Call: 800-733-8394 Visit: www.LoneStarLegal.org

Texas Rio Grande Legal Aid
Call: 888-988-9996 Visit: www.trla.org

Volunteer Legal Services of Central Texas
Call: 512-476-5550 Visit: www.vlsoct.org

Effective 12/20/17



TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

A Tenant Rights and Resources Guide
Acknowledgement of Receipt Form



DEPARTAMENTO DE VIVIENDA Y ASUNTOS COMUNITARIOS DE TEXAS

Guía de derechos y recursos de los inquilinos

Formulario de acuse de recibo

Property Name* / Nombre de la propiedad*: _____

TDHCA File # / N.º de expediente de TDHCA: _____

Household Name / Nombre del grupo familiar: _____

Unit Number / Número de unidad _____

* As listed in TDHCA's Compliance Monitoring Tracking System ("CMTS"). / Según se detalla en el Sistema de Seguimiento de Control de Cumplimiento del TDHCA ("CMTS", por sus siglas en inglés).

I/we acknowledge that I/we have received the *Resident's Guide* as of the date this document is signed below. / Acuso/acusamos recibo de la *Guía del Residente* a la fecha de firma de este documento.

Signature / Firma

Date / Fecha

Signature / Firma

Date / Fecha

Signature / Firma

Date / Fecha

Signature / Firma

Date / Fecha

Section 811 Forms

- Section 811 can only have one lease, if you are layered with other funding sources you must use the approved 811 lease
- Any lease addenda, other than lock-out addendum, must be approved by the 811 group
- For Section 811 questions please email 811info@tdhca.texas.gov
- For 811 eligibility questions please email Justin Merrill at justin.merrill@tdhca.texas.gov
- The 811 group is hosting regular, recurring trainings on the program requirements that will be held every other month
- You can view the recordings on the Presentations website shared earlier and on the Department's YouTube channel, <https://www.youtube.com/@tdhca/playlists>

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Thank you!

Texas Department of Housing and
Community Affairs

221 EAST 11TH STREET, AUSTIN, TEXAS 78701-2410

P.O. BOX 13941, AUSTIN, TX 78711-3941

MAIN NUMBER: 512-475-3800

EMAIL: INFO@TDHCA.TEXAS.GOV

[HTTPS://WWW.TDHCA.TEXAS.GOV/](https://www.tdhca.texas.gov/)



TEXAS
DEPARTMENT OF
HOUSING AND
COMMUNITY
AFFAIRS