TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
INTAKE APPLICATION

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

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

I. THIS SECTION TO BE COMPLETED BY ADMINISTRATOR/OWNER/MANAGEMENT	
Administrator/Owner/Management Name: ABC Management	**TDHCA Number:** 252105
Contact Name: Cara Pollei	**Contact Title:** Manager
Address: 221 East 11th Street, Austin, TX 78721	**Phone:** 512-475-3821
Email Address: cara.pollei@abcmanagement.com	**Fax:** 512-475-3359

II. THIS SECTION TO BE COMPLETED BY APPLICANT	
A. CONTACT INFORMATION	
Street Address: (as shown on driver's license or government ID) ■ Rent ☐ Own	**Apt #:** 1509
City/State/Zip: 3130 W. 12th St, Austin, Texas 78721	**County:** Travis
Current Address: (if different from above) ☐ Rent ☐ Own	**Apt #:**
City/State/Zip:	**County:**
Email Address: jsmith@gmail.com	**Home Phone: ( )** **Mobile Phone: ( )** 512-281-5555
Emergency Contact Name: Betty Jones	**Phone: ( )** 512-281-6666

B. PREVIOUS RESIDENCY INFORMATION	
Previous Address/City/State: ■ Rent ☐ Own	**Cost per Month:** $1,218
Reason For Leaving: Too Expensive, not enough room	**Occupied For:** 3 Yrs 2 Mos
Contact/Landlord Name: Amy Hammond	**Phone:** 512-475-4925

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 Jeremy Smith	Head of Household	04/01/1979	■ Male ☐ Female	☐ F/T ☐ P/T ■ N/A	111-11-1111	■ Yes ☐ No
2 Cassandra Smith	☐ Co-Head ■ Spouse ☐ Dependent ☐ Other Adult	05/01/1983	☐ Male ■ Female	☐ F/T ☐ P/T ■ N/A	222-22-2222	☐ Yes ■ No
3 William Gomez	☐ Co-Head ☐ Spouse ■ Dependent ■ Other Adult	02/01/2006	■ Male ☐ Female	■ F/T ☐ P/T ☐ N/A	333-33-3333	■ Yes ☐ No
4 Brady Smith	☐ Co-Head ☐ Spouse ■ Dependent ☐ Other Adult	10/01/2015	■ Male ☐ Female	■ F/T ☐ P/T ☐ N/A	444-44-4444	☐ Yes ■ No
5 Candy Smith	☐ Co-Head ☐ Spouse ■ Dependent ☐ Other Adult	08/01/2018	☐ Male ■ Female	■ F/T ☐ P/T ☐ N/A	555-55-5555	☐ Yes ■ No
6 Karen Gomez	☐ Co-Head ☐ Spouse ☐ Dependent ■ Other Adult	07/01/1945	☐ Male ■ Female	☐ F/T ☐ P/T ■ N/A	666-66-6666	■ Yes ☐ No
7	☐ Co-Head ☐ Spouse ☐ Dependent ☐ Other Adult		☐ Male ☐ Female	☐ F/T ☐ P/T ☐ N/A		☐ Yes ☐ No
8	☐ Co-Head ☐ Spouse ☐ Dependent ☐ Other Adult		☐ Male ☐ Female	☐ F/T ☐ P/T ☐ N/A		☐ Yes ☐ No

D. HOUSEHOLD COMPOSITION INFORMATION

Were any of the household members a full-time student within the last calendar year? ☐ NO ■ YES, who? William, Brady, Candy

Are any of the household members listed above foster persons? ■ 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? William

Indicate reason for temporary absence: William is in college and lives in the dorms during the school year

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 ■Yes ☐No	$42,000			$15,000	$57,000
Overtime Pay ■Yes ☐No	$1,575				$1,575
Commissions/Fees ☐Yes ■No					
Tips and Bonuses ☐Yes ■No					
Salary from 2nd job ☐Yes ■No					
Temporary Income ☐Yes ■No					
Income from Military ☐Yes ■No					
Interest/Dividends ☐Yes ■No					
Business Net Income ☐Yes ■No					
Net Rental Income ☐Yes ■No					
Social Security ■Yes ☐No			$17,796		$17,796
Supplemental Security Income ☐Yes ■No					
Pension ☐Yes ■No					
Retirement Funds ☐Yes ■No					
Familial Support ☐Yes ■No					
Unemployment Benefits ■Yes ☐No		$20,384			$20,384
Alimony ☐Yes ■No					
Child Support (Circle Type) Anticipated, Voluntary, Court Ordered (regardless if pd.) ☐Yes ■No					
AFDC/TANF ☐Yes ■No					
Educational Scholarship/Grant ☒Yes ☐No				$3,000	$3,000
Other: Explain: _____ ☐Yes ☒No					
				Total:	$99,755

G. CURRENT EMPLOYMENT CONTACT INFORMATION – Household Member #1

Household Member's Name	Occupation	Work Phone
Jeremy Smith	Landscaper	512-281-5555

Name and Street Address of Employer	City	State	Zip Code
XYZ Landscaping, 4112 W. Loop 360	Austin	TX	78725

Date Hired		# of hours worked per week	Last Date of Employment
04/01/2022	■Hourly ☐Weekly ☐ bi-weekly ☐ twice a month Salary $ 20/hour ☐Monthly ☐ Yearly ☐Other_____	40	

2nd JOB EMPLOYMENT CONTACT INFORMATION – Household Member #1

Household Member's Name	Occupation	Work Phone
none		

Name and Street Address of Employer	City	State	Zip Code

Date Hired		# of hours worked per week	Last Date of Employment
	☐Hourly ☐Weekly ☐ bi-weekly ☐ twice a month Salary $_____ ☐Monthly ☐ Yearly ☐Other_____		

CURRENT EMPLOYMENT CONTACT INFORMATION – Household Member #2

Household Member's Name	Occupation	Work Phone
William Gomez	Cashier	512-821-5555

Name and Street Address of Employer	City	State	Zip Code
HEB, 101 HEB Parkway	San Antonio	TX	78015

Date Hired		# of hours worked per week	Last Date of Employment
02/01/2024	■Hourly ☐Weekly ☐ bi-weekly ☐ twice a month Salary $ 15/hour ☐Monthly ☐ Yearly ☐Other_____	20	

2nd JOB EMPLOYMENT CONTACT INFORMATION – Household Member #2

Household Member's Name	Occupation	Work Phone
none		

Name and Street Address of Employer	City	State	Zip Code

Date Hired		# of hours worked per week	Last Date of Employment
	☐Hourly ☐Weekly ☐ bi-weekly ☐ twice a month Salary $_____ ☐Monthly ☐ Yearly ☐Other_____		

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		# of hours worked per week	Last Date of Employment
	☐Hourly ☐Weekly ☐ bi-weekly ☐ twice a month Salary $_____ ☐Monthly ☐ Yearly ☐Other_____		

2nd 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		# of hours worked per week	Last Date of Employment
	☐Hourly ☐Weekly ☐ bi-weekly ☐ twice a month Salary $_____ ☐Monthly ☐ Yearly ☐Other_____		

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		# of hours worked per week	Last Date of Employment
	☐Hourly ☐Weekly ☐ bi-weekly ☐ twice a month Salary $_____ ☐Monthly ☐ Yearly ☐Other_____		

2nd 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		# of hours worked per week	Last Date of Employment
	☐Hourly ☐Weekly ☐ bi-weekly ☐ twice a month Salary $_____ ☐Monthly ☐ Yearly ☐Other_____		

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	■Yes ☐No	$4,805	0	Wells Fargo
Additional Checking Account(s)	■Yes ☐No	$600	0	RBFCU
Savings Account	■Yes ☐No	$18,351	$367.02	Wells Fargo
Additional Savings Account(s)	■Yes ☐No	$1,200	$24.00	RBFCU
Pre-Paid Debit Cards	☒Yes ■No	0	0	SS Direct Express Card
Stocks, Bonds, Mutual Funds*	☐Yes ■No			
Real Estate or Home	■Yes ☐No	$29,000	0	none, owned outright
Trust Fund(s)	☐Yes ■No			
Mortgage Note Held	☐Yes ■No			
Whole Life Insurance Cash Value*	☐Yes ■No			
Real Estate/Land*	☐Yes ■No			
Peer to Peer (PayPal, Cash App and Venmo)	■Yes ☐No	$35	0	Cash App
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.	☐Yes ■ No			
Other: _____	☐Yes ■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

3. Has anyone in the household received a Tax Refund in the last 12 months? ☐ NO ■ YES If yes, what was the total amount of the tax refund $ 2,500

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

Source	Amount	Date Received	Reason
FEMA ☐Yes ■No (Federal Emergency Management Agency)			
SBA ☐Yes ■No (Small Business Administration)			

Source	Amount	Date Received	Reason
Section 8 ☐Yes ■No **(Housing and Urban Development)**			
TBRA ☐Yes ■No **(Tenant Based Rental Assistance)**			
Insurance ☐Yes ■No **(Homeowner)**			
Other ☐Yes ■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.

Jeremy Smith	Jeremy Smith	July 10, 2025
Applicant/Resident Printed Name	Signature	Date
Cassandra Smith	Cassie Smith	July 10, 2025
Co-Applicant/Resident Printed Name	Signature	Date
Karen Gomez	Karen Gomez	July 10, 2025
Adult Member Printed Name	Signature	Date
William Gomez	Will Gomez	July 10, 2025
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: ABC Apartments	**TDHCA/CMTS Number:** 252105
Contact Name: Cara Pollei	**Contact Title:** Manager
Development Address: 221 East 11th Street, Austin, TX 78721	**Phone:** 512-475-3821
Email Address: cara.pollei@abcmanagement.com	**Fax:** 512-475-3359

II. THIS SECTION TO BE COMPLETED BY APPLICANT

Applicant/Resident Name: Jeremy & Cassandra Smith, William Gomez and Karen Gomez

I/We Jeremy & Cassandra Smith, William Gomez and Karen Gomez, 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 Affair's (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 inquires 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.

Jeremy Smith	Jeremy Smith	July 10, 2025
Applicant/Resident Printed Name	Signature	Date
Cassandra Smith	Cassie Smith	July 10, 2025
Co-Applicant/Resident Printed Name	Signature	Date
William Gomez	Will Gomez	July 10, 2025
Other Adult Member Printed Name	Signature	Date
Karen Gomez	Karen Gomez	July 10, 2025
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

CERTIFICATION OF ZERO INCOME

(Each adult household member must complete this form.)

Head of Household Name: Jeremy Smith Unit No.: 2203

Development Name and Address: ABC Apartments, 221 East 11th St, Austin, TX 78721

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.)

☐Yes ☒No	Wages, bonus, commissions, tips, etc.	☐Yes ☒No	Self-employment (includes Uber/Lyft, online sales, etc.)
☒Yes ☐No	Unemployment Benefits	☐Yes ☒No	Annuities, insurance policies, stocks, etc.
☐Yes ☒No	Worker's Compensation	☐Yes ☒No	Pensions, IRA, 401K
☐Yes ☒No	Disability Payments	☐Yes ☒No	Income from rental property
☐Yes ☒No	Alimony	☐Yes ☒No	Death Benefits
☐Yes ☒No	Child Support	☐Yes ☒No	Interest/dividends from assets, including bank accounts
☐Yes ☒No	Social Security	☐Yes ☒No	Direct Sales Consulting such as Mary Kay, Tupperware, Pampered Chef, etc.
☐Yes ☒No	Help with paying bills or other expenses or regular gifts of money from family or friends who don't live with you (including online donations such as GoFundMe or through a local bank)	☐Yes ☒No	Work for cash (babysitting, lawn care, etc.)
		☐Yes ☒No	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*) Jeremy will pay

Utilities Jeremy will pay

Food Jeremy will pay

Clothing Jeremy will pay

School supplies Jeremy will pay

Cell phone or phone Jeremy will pay

TV *(cable, dish, satellite)* and/or internet Jeremy will pay

Medical care Jeremy will pay

Medications & prescriptions Jeremy will pay

Personal care products (*shampoo, toothpaste, etc.*) Jeremy will pay

Vehicle expenses (*car payments, insurance, fuel, etc.)* Jeremy will pay

Payments on credit card balances Jeremy will pay

Other expenses not listed above Jeremy will pay

Additional comments I will not have any income during this time.

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.

Cassie Smith

Signature of Applicant/Tenant

July 10, 2025

Date

Payment Summary List

Claimant Information

Name:
Cassandra Smith

Social Security Number (SSN):
XXX-XX-2222

Claim Information

Claim Type:	**Regular Unemployment Benefits**
Claim Start Date:	- - -
Weekly Benefit Amount:	**$392.00**
Maximum Possible Benefits:	**$9,176.00**
Benefits Paid to Date:	**$2,730.00**
Benefits Remaining:	**$6,446.00**
Next Date to Request Payment:	**On your scheduled filing day during the week beginning SUNDAY**
Your Scheduled Filing Day is :	**SUNDAY**

Payment Summary

Week(s)	TWC Processed Date	Deduction(s)	Payment
May 19, 2025 to May 25, 2025	- - -	$99.00	$392.00
May 12, 2025 to May 18, 2025	- - -	$99.00	$392.00
May 05, 2025 to May 11, 2025	- - -	$99.00	$392.00
June 28, 2025 to May 04, 2025	- - -	$99.00	$392.00
June 21, 2025 to June 27, 2025	- - -	$99.00	$392.00
June 14, 2025 to June 20, 2025	- - -	$99.00	$392.00
June 07, 2025 to June 13, 2025	- - -	$99.00	$392.00
July 31, 2025 to June 06, 2025	- - -	$99.00	$392.00

Social Security Administration
Benefit Verification Letter

Date: May 23, 2025
BNC#: 24N0000B50123
REF: A

Karen Harriett Gomez
1111 HOME BLVD
AUSTIN TX 78724

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2023, the full monthly Social Security benefit before any deductions is $2,336.20.

We deduct $174.70 for medical insurance premiums each month.

The regular monthly Social Security payment is $2,161.00.
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third Wednesday of each month.

Information About Past Social Security Benefits

From December 2022 to November 2023, the full monthly Social Security benefit before any deductions was $2,263.80.

We deducted $164.90 for medical insurance premiums each month.

The regular monthly Social Security payment was $2,098.00.
(We must round down to the whole dollar.)

Type of Social Security Benefit Information

You are entitled to monthly retirement benefits.

Medicare Information

You are entitled to hospital insurance under Medicare beginning May 2003.

See Next Page

You are entitled to medical insurance under Medicare beginning August 2003.

Your Medicare number is 123XXX456DEF You may use this number to get medical services while waiting for your Medicare card.

If you have any questions, please log into Medicare.gov, or call 1-800-MEDICARE (1-800-633-4227).

Date of Birth Information

The date of birth shown on our records is July 1, 1945.

Suspect Social Security Fraud?

Please visit http://oig.ssa.gov/r or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

If You Have Questions

Need more help?

1. Visit www.ssa.gov for fast, simple and secure online service.
2. Call us at **1-800-772-1213**, weekdays from 8:00 am to 7:00 pm. If you are deaf or hard of hearing, call TTY **1-800-325-0778**. Please mention this letter when you call.
3. You may also call your local office at **1-866-227-1616**.

SOCIAL SECURITY
1711 W. SS WAY
AUSTIN TX 78721

How are we doing? Go to www.ssa.gov/feedback to tell us.

Social Security Administration

Kade Tucker

To: cara.pollei@abcmanagement.com
Subject: RE: Employment Verification - Jeremy Smith

Good morning,

I have completed the form, let me know if you need anything else.

Thanks,

Kade Tucker
Crew Leader

Good afternoon,

I am a property manager for a community that participates in the Housing Tax Credit program. I need to get the attached form completed for an applicant. Please complete the form and return by mail, fax or email.

Feel free to reach out with any questions, I appreciate your assistance with this.

Thank you,

Cara Pollei
Property Manager
ABC Apartments and Property Management
221 E. 11th Street | Austin, TX 78701
Office: 512.475.3821
Fax: 512.475.3359

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) XYZ Landscaping	**Date:** July 11, 2025
(Employer Address) 4112 W. Loop 360, Austin, TX 78725	**Phone/Fax:** 512-281-5555

RE: (Applicant/Resident Name) Jeremy Smith

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

Jeremy Smith	Jeremy Smith	July 11, 2025
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: Cara Pollei, Manager, ABC Apartments	
Address: 221 East 11th Street, Austin, TX 78721	**Phone:** 512-475-3821
Email Address: cara.pollei@abcmanagement.com	**Fax:** 512-475-3359

Cara Pollei	Cara Pollei	July 11, 2025
Administrator/Owner/Mgmt Authorized Rep. Printed Name/Title	**Signature**	**Date**

II. THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: Jeremy Smith	Job Title: Landscaper
Presently Employed: ☑ YES ☐ NO Date First Employed: April 1, 2022 Last Day of Employment: _____ or ☐ Not Applicable	
Current Wages/Salary: $ 20 (circle one) hourly / weekly / bi-weekly / semi-monthly / monthly / yearly / other: _____	
Average # of regular hours per week: 40	Year-to-date earnings: $ 22,136 through 06/30/25
Overtime Rate: $ 30 per hour	Average # of overtime hours per week: 2
Shift Differential Rate: $ n/a per hour	Average # of shift differential hours per week: n/a
Commissions, bonuses, tips, other: $ 100 (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: none Effective date: _____	
If the employee's work is seasonal or sporadic, please indicate the layoff period(s): spring and summer are busier	
Additional remark(s):	

III. EMPLOYER AUTHORIZED REPRESENTATIVE CERTIFICATION

I certify that the above information is true and correct,

Kade Tucker	Crew Leader	July 12, 2025
Signature of Employers Authorized Representative	**Representative's Title**	**Date**

Kade Tucker	512-589-0721	n/a	ktucker@XYZlands.com
Authorized Representative's Printed Name	**Phone #**	**Fax #**	**Email**

XYZ Landscaping, 4112 W. Loop 360, Austin, TX 78725

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).

CO.	FILE	DEPT.	CLOCK	VCHR NO.	062
okr	041298	165980	69949	0000090229	

Earnings Statement

Period Beginning: 06/17/2025
Period Ending: 06/23/2025
Pay Date: 06/26/2025

HEB
512-821-5555
101 HEB PARKWAY
COMPANY STREET ADDRESS 2
SAN ANTONIO, TX 78015

WILLIAM GOMEZ
512-589-0781
3130 W. 12TH STREET
EMPLOYEE STREET ADDRESS 2
AUSTIN, TX 78721

Social Security Number: XXX-XX-3333
Taxable Marital Status: SINGLE
Dependents amount: 0

Earnings	Rate	Hours	Amount	Year To Date
Regular	17.00	20.00	340.00	10,897.00
	Gross Pay		**$340.00**	10,897.00

Deduction	Statutory		
	FICA-Medicare	- 4.93	158.02
	FICA-Social Security	- 21.08	675.56
	Federal tax	- 5.15	281.90
	State tax	- 0.00	0.00
	Net Pay	**$308.84**	
	Check	- 308.84	
	Net Check	**$0.00**	

Other Benefits and Information	This Period	Year To Date

PREVIEW ONLY

CO.	FILE	DEPT.	CLOCK	VCHR NO.	062
okr	041298	165980	60949	0000090229	

Earnings Statement

Period Beginning: 06/24/2025
Period Ending: 06/30/2025
Pay Date: 07/03/2025

HEB
512-821-5555
101 HEB PARKWAY
COMPANY STREET ADDRESS 2
SAN ANTONIO, TX 78015

WILLIAM GOMEZ
512-589-0781
3130 W. 12TH STREET
EMPLOYEE STREET ADDRESS 2
AUSTIN, TX 78721

Social Security Number: XXX-XX-3333
Taxable Marital Status: SINGLE
Dependents amount: 0

Earnings	Rate	Hours	Amount	Year To Date
Regular	17.00	23.00	391.00	10,557.00
	Gross Pay		**$391.00**	10,557.00

Deduction	Statutory		
	FICA-Medicare	- 5.67	153.09
	FICA-Social Security	- 24.24	654.48
	Federal tax	- 10.25	276.75
	State tax	- 0.00	0.00
	Net Pay	**$350.84**	
	Check	- 350.84	
	Net Check	**$0.00**	

Other Benefits and Information	This Period	Year To Date

PREVIEW ONLY

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

Asset Certification of Net Family Assets

For households whose combined net assets do not exceed the Imputation Threshold as defined by HUD at:

https://www.huduser.gov/portal/datasets/inflationary-adjustments-notifications.html

(Complete only one form per household; include assets of minors.)

Head of Household Name: Jeremy Smith Unit No.: 101

Development Name and Address: ABC Apartments, 221 East 11th St, Austin, TX 78721

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):

Source	(A) Cash Value	(B) Int. Rate	(A*B) Annual Income	Source	(A) Cash Value	(B) Int. Rate	(A*B) Annual Income
Savings Account(s)	$18,351	2 %	$367.02	Checking Account(s)	$4,805	0 %	$ 0
Certificates of Deposit	$	%	$	Money Market Funds	$	%	$
Stocks	$	%	$	Bonds	$	%	$
Peer to Peer (Cash App, Venmo, Paypal, etc.)	$ 35	0 %	$0	Trust Funds	$	%	$
Equity in Real Estate	$ 29,000	%	$0	Land Contracts	$	%	$
Lump Sum Receipts	$	%	$	Capital Investments	$	%	$
Bitcoin/ Cryptocurrency	$	%	$	GoFundMe/Crowdsourcing	$	%	$
Life Insurance (Excluding Term)	$	%	$	Pre-paid Debit Cards	$0	0 %	$ 0
					Karen Direct Express Card		
Cash on Hand	$	%	$				
Personal Property Held as an Investment	$	%	$	Explanation			
Other (list):	$600 $1,200	0 % 2%	$0 $24.00	Explanation	William Checking Account William Savings Account		

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 less than 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 the Imputation Threshold, 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.**

Jeremy Smith	July 10, 2025	Cassie Smith	July 10, 2025
Signature of Applicant/Tenant	Date	Signature of Applicant/Tenant	Date
Will Gomez	July 10, 2025	Karen Gomez	July 10, 2025
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).

Balance Confirmation Services
R4057-01N
PO Box 40028
Roanoke, VA 24022
Phone: (540) 563-7323

ABC Apartments
ATTN: Cara

Requestor Fax: (512) 475-3801

CUSTOMER

Verification of Deposit as of: July 11, 2025 **Name(s):** Jeremy and Cassie Smith **ID#** 8675309

Account Number: XXXXXXX1234
Account Type: Checking/Savings
Account Status: Open
Account Holders: Jeremy and Cassandra Smith

Last Six Statements
Most Recent First

Account Number:	XXXXXXX1234	**Last Six Statements Most Recent First**	
Account Type:	Checking		
Account Status:	Open		
Account Holders:	Jeremy/Cassandra Smith	**Average Balance:**	**Interest Paid:**
Current Balance:	$4,832.09	$6, 831.88	N/A
Date Opened:	03/07/2003	$5,303.99	N/A
Current Interest Rate:	0.00%	$2,847.46	N/A
Date Closed:		$2,817.57	N/A
Balance at Close:		$2,817.25	N/A
		$2,773.68	N/A
Account Number:	XXXXXXX5678	**Last Six Statements Most Recent First**	
Account Type:	Savings		
Account Status:	Open		
Account Holders:	Jeremy/Cassandra Smith	**Average Balance:**	**Interest Paid:**
Current Balance:	$18,351	$16,000.00	$1.20
Date Opened:	03/07/2003	$18,000.00	$1.60
Current Interest Rate:	2.00%	$17,781.23	$1.56
Date Closed:		$18,817.57	$1.76
Balance at Close:		$15,817.25	$2.16
		$17,773.68	$1.55

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) RBFCU	**Date:** July 11, 2025
Institution Address: Hwy 1604, San Antonio, Texas	**Phone/Fax:** 210-475-3800
RE: (Applicant/Resident Name) William Gomez	**Social Security Number:** 3333/5555

RELEASE: My signature here or on the attached "Release and Consent Form" authorizes the release and/or verification of my assets on deposit.

William Gomez	see attached release	7/11/2025
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: ABC Property Management	**TDHCA Number:** 252105
Address: 221 East 11th Street, Austin, TX 78721	**Phone:** 512-475-3800
Email Address: cara.pollei@ABCmanagement.com	**Fax:** 512-475-3801

Your prompt response is crucial and greatly appreciated,

Cara Pollei	*Cara Pollei*	7/11/2025
Administrator/Owner/Mgmt Authorized Rep. Printed Name/Title	**Signature**	**Date**

II. THIS SECTION TO BE COMPLETED BY FINANCIAL INSTITUTION

A. CHECKING ACCOUNT(s)

Account Holder	Account Number	Present Balance	Interest Rate, if any
William Gomez	XXXXX012	$600.00	0

B. SAVINGS ACCOUNT(s)

Account Holder	Account Number	Present Balance	Annual Interest Rate	Withdrawal Penalty
William Gomez	XXXXXX018	1,200.00	2%	0

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) ☐ **Revocable** ☐ **Irrevocable**

Account holder is the: (Check one) ☐ **Beneficiary** **or** ☐ **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) ☐ **Reinvested** **or** ☐ **Disbursed**

F. LIFE INSURANCE POLICY

Type of Policy: (Check one) ☐ **Term Life Insurance** ☐ **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
Kara Lozano	Banker	7/16/2025

Representative's Printed Name	Phone #	Fax #	Email
Kara Lozano	210-475-3918	210-475-3801	klozano@rbfcu.net

Financial Institution Name and Address: Randolph Brook Federal Credit Union, Hwy 1604, San Antonio, Texas

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PLEASE SEE THE LAST PAGE FOR NOTICE OF UPDATE TO PAPER MONEY DEPOSIT LIMITS FOR RETAILERS LOCATED IN CERTAIN ZIP CODES.

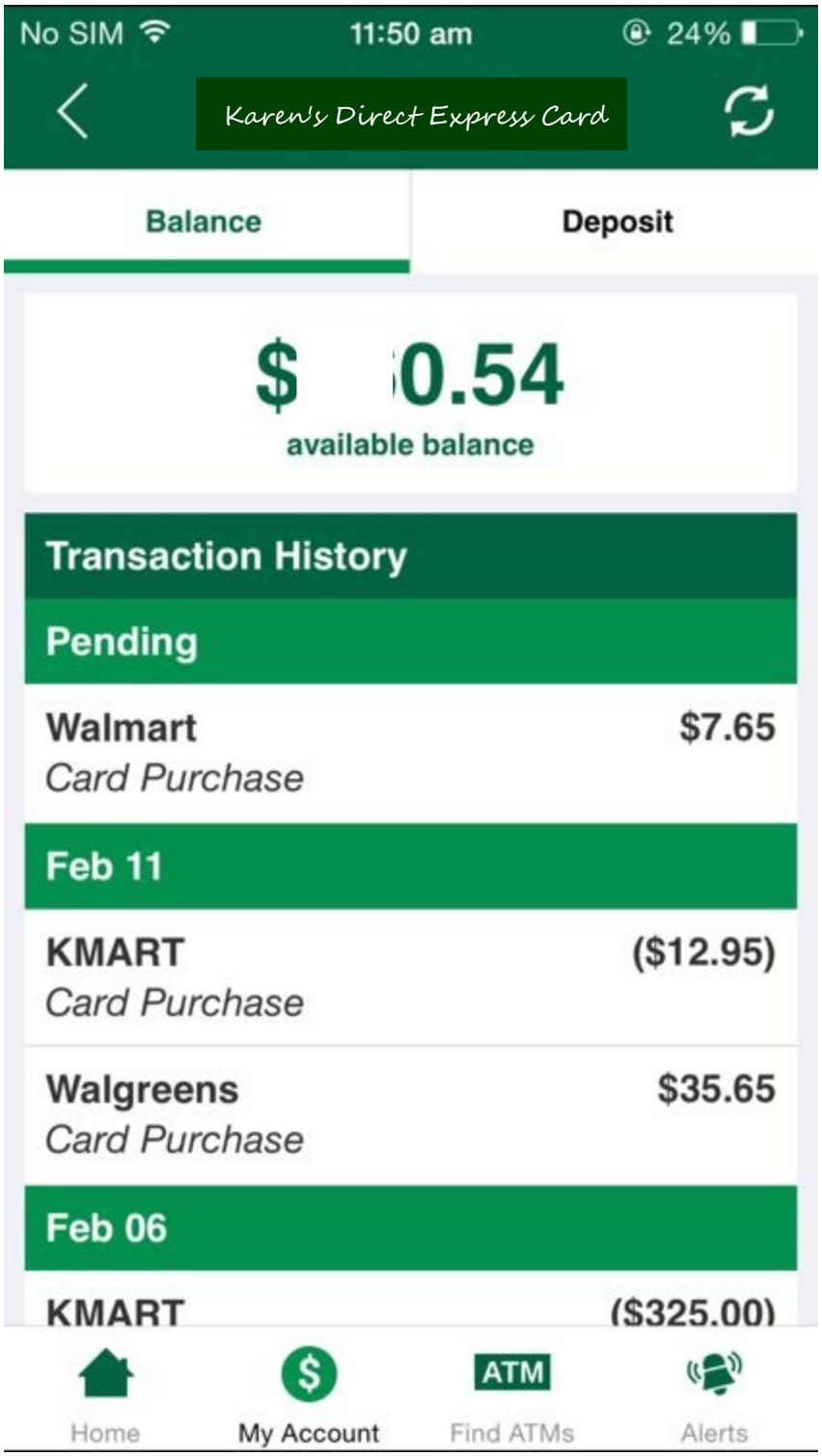
June **2025**
Account Statement

Cash App
1955 Broadway, Suite 600
Oakland, CA 94612

Karen Gomez
123 Avenue F
Buda, Texas 78610

Balance on Jun 1		Change this month		Balance on Jun 30
$35.00	-	$0.00	=	$35.00

Money In	**$0.00**
Money Out	**$0.00**
Fees	$0.00


No SIM
11:50 am
24%
Karen's Direct Express Card
Balance
Deposit
$ 0.54
available balance
Transaction History
Pending
Walmart
Card Purchase
$7.65
Feb 11
KMART
Card Purchase
($12.95)
Walgreens
Card Purchase
$35.65
Feb 06
KMART
($325.00)
Home
My Account
ATM
Find ATMs
Alerts

Property Details

Account		
Property ID:	5454	**Geographic ID:** KBB-0-4-5
Type:	Real	**Zoning:**
Property Use:		**Condo:**
Location		
Situs Address:	E 15TH TX	
Map ID:		**Mapsco:**
Legal Description:	BLUEBONNET, LOT 4 (W105') & E46' LOT 5	
Abstract/Subdivision:	BLUEBONNET	
Neighborhood:	5V	
Owner		
Owner ID:	90210	
Name:	SMITH, JEREMY	
Agent:		
Mailing Address:	209 E 15TH ST DEL VALLE, TX 78703	
% Ownership:	100.0%	
Exemptions:	For privacy reasons not all exemptions are shown online.	

Property Values

Improvement Homesite Value:	$0 (+)
Improvement Non-Homesite Value:	$0 (+)
Land Homesite Value:	$0 (+)
Land Non-Homesite Value:	$29,880 (+)
Agricultural Market Valuation:	$0 (+)
Market Value:	$29,880 (=)

Agricultural Value Loss:	$0 (-)
Appraised Value:	$29,880 (=)
Homestead Cap Loss:	$0 (-)
Assessed Value:	$29,880
Ag Use Value:	$0

Information provided for research purposes only. Legal descriptions and acreage amounts are for appraisal district use only and should be verified prior to using for legal purpose and or documents. Please contact the Appraisal District to verify all information for accuracy.

Property Taxing Jurisdiction

Owner: SMITH, WILLIAM **%Ownership:** 100.0%

Entity	Description	Tax Rate	Market Value	Taxable Value	Estimated Tax	Freeze Ceiling
CAD	Travis County CAD	0.000000	$29,880	$29,880	$0.00	
CHF	CITY OF Austin	0.275000	$29,880	$29,880	$82.17	
GDS	Travis COUNTY	0.541326	$29,880	$29,880	$161.75	
HOS	HOSPITAL DISTRICT	0.299050	$29,880	$29,880	$89.36	
JAC	Austin Community COLLEGE	0.045169	$29,880	$29,880	$13.50	
SHF	Del Valle I. S. D.	0.848600	$29,880	$29,880	$253.56	
WHP	WATER DISTRICT	0.004200	$29,880	$29,880	$1.25	

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

CERTIFICATION OF STUDENT ELIGIBILITY (HTC/BOND/TCEP/TCAP)

Applicant/Tenant: Smith

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) *and* this parent is not a dependent of another individual *and* 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.

Jeremy Smith	July 10, 2025	Cassie Smith	July 10, 2025
Signature of Applicant/Tenant	Date	Signature of Applicant/Tenant	Date
Karen Gomez		Will Gomez	

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: ABC Apartments

I hereby grant disclosure of the information requested below from Austin Community College
Name of Educational Institution

William Gomez
Signature

7/12/2025
Date

William Gomez
Printed Name

333-33-3333
Student ID#

Return Form to:

ABC Apartments
cara.pollei@abcmanagement.com
Fax (512) 475-3800

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 2025. (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: *Jasmine Harris* Date: July 15, 2025

Print your name: Jasmine Harris Tel.#: 512-936-7751

Title: Registrar Agent

Educational Institution: Austin Community College

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Austin Community College

1601 Highland Campus
Austin, TX 78752
Tel 512-223-7000
www.austincc.edu

May 14, 2025

We are pleased to offer you the following financial assistance for the 25–2ti AID YEAR.

Please sign and return one copy of this letter within 15 days of the date listed above. Returning students may log on to Web4 to accept aid. Unfortunately, failure to do so may result in the cancellation of your award. If you wish to decline any aid please do so by marking the line below.

DECLINE	TYPE OF AWARD	FALL	SPRING	TOTAL
_____	Federal Pell Grant	2,908.00	2,907.00	$5,815.00
_____	Estimated TX State	1,550.00	1,550.00	$3,000
_____	TX Cash Grant	500.00	500.00	$1,000
_____	Fees	274.00	273.00	$547.00
_____	Subsidized Direct Loan	1,750.00	1,750.00	$3,500.00
_____	Unsubsidized Direct Loan	1,000.00	1,000.00	$2,000.00

Comments:

Awards are based on full time enrollment unless otherwise indicated. Please notify us with any changes.

As a result of Stafford loan origination fees set by the Department of Education, only 99% of a federal student loan will be applied to the bill.

Your financial assistance may be modified or canceled at any time due to lack of satisfactory academic progress, verification, changes in enrollment, residency, eligibility, funding availability, or any other reason specified by federal, state or institutional regulations or policies.

By signing below I understand that I ACCEPT all aid unless otherwise indicated. I also agree to the terms and conditions of the awards, and the obligations and responsibilities incurred by utilization of these funds.

William Gomez — May 14, 2025

Student Signature — Date

Income and Rent Limits

Effective Dates: The 2025 Housing Tax Credit limits are effective 04/01/2025. The 2025 NSP income limits are effective 06/01/2025. The Community Planning Division (CPD) of HUD released the 2025 HOME Program income limits effective 06/01/2025 and rent limits that are effective for all new leases and lease renewals after 06/01/2025. The 2025 National Housing Trust Fund income and rent limits are effective 06/01/2025

MTSP Median Income: 133800
NNM Median Income: 82300
Financing: 9% Housing Credits
PIS Date: 04/18/2022-06/01/2022

Print Date: 05/21/2025
County: TRAVIS
Place: Austin
Award Date: 05/17/2020-03/31/2021

2025 Income Limits
Number of People

AMFI%	1	2	3	4	5	6	7	8
20	18740	21420	24100	26760	28920	31060	33200	35340
30	28110	32130	36150	40140	43380	46590	49800	53010
40	37480	42840	48200	53520	57840	62120	66400	70680
50	46850	53550	60250	66900	72300	77650	83000	88350
60	56220	64260	72300	80280	86760	93180	99600	106020
70	65590	74970	84350	93660	101220	108710	116200	123690
80	74960	85680	96400	107040	115680	124240	132800	141360

2025 Rent Limits
Number of bedrooms

AMFI%	0	1	2	3	4	5
20	468	502	602	696	776	856
30	702	753	903	1044	1164	1285
40	937	1004	1205	1392	1553	1713
50	1171	1255	1506	1740	1941	2141
60	1405	1506	1807	2088	2329	2570
65	1522	1631	1958	2262	2523	2784
70	1639	1757	2108	2436	2717	2998
80	1874	2008	2410	2784	3106	3427

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 *(circle one)*	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	

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: $ 0
(M) Total Actual Income: $ 0
(N) TOTAL NET FAMILY ASSETS: $ 0
(O) Total Imputed Income: $ 0

(P) TOTAL INCOME FROM ASSETS [(M) + (O)]: $ 0

(Q) Total Annual Household Income from all Sources [Add (E) + (P)] $ 0

PART V. HOUSEHOLD SET ASIDE DESIGNATION

Income: ☐15% ☐20% ☐30% ☐40% ☐50% ☐60% ☐70% ☐80% ☐O/I
Rent: ☐20% ☐30% ☐40% ☐50% ☐60% ☐70% ☐80%

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)*:*

☐ HTC or Exchange	☐ 20%	☐ 30%	☐ 40%	☐ 50%	☐ 60%	☐ 70%	☐ 80%	☐ OI***		
☐ TCAP		☐ 30%	☐ 40%	☐ 50%	☐ 60%		☐ OI***			
☐ HOME/TCAP RF		☐ 30%	☐ 40%	☐ 50%	☐ 60%		☐ 80%	☐ OI***		
☐ BOND		☐ 30%	☐ 50%	☐ 60%	☐ 80%		☐ OI***	☐ ET		
☐ THTF		☐ ELI	☐ VLI	☐ LI	☐ OI***					
☐ NSP		☐ 30%	☐ 40%	☐ 50%	☐ 60%		☐ 80%	☐ 120%		
☐ NHTF	☐ 15%	☐ 30%	☐ OI***							
☐ Other	lalal									

*** *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: $_____ Unit Meets Rent Restriction at:

Utility Allowance: $_____ ☐15% ☐20% ☐30% ☐40%

Rental Assistance: $_____ ☐50% ☐60% ☐70% ☐80%

Other Non-Optional Charges and Mandatory Fees: $_____ ☐_____% (other)

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:*

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

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

Are All Occupants Full-Time Students?	If yes, enter Student Explanation* and attach documentation	*Student Explanation:
☐ Yes ☐ No	Enter 1-5	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 *Enter up to 5 categories*	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:	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 *(up to 5 categories may be selected)***:**	1. White 2. Black/African American 3. American Indian/Alaska Native 4. **Select from the following:** 4a Asian India 4b Chinese 4c Filipino 4d Japanese 4e Korean 4f Vietnamese 4g Other Asian 5. **Select from the following:** 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): • *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=regs_fhr_100-201.* • *"Handicap" does not include current, illegal use of or addiction to a controlled substance.*	☐ 1. Yes ☐ 2. No ☐ 3. Tenant did not respond