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: Texas Apartments	**TDHCA Number:** 26054
Contact Name: Cara Pollei	**Contact Title:** Manager
Address: 221 East 11th Street, Austin, Texas 77821	**Phone:** 512-475-3821
Email Address: cara.pollei@texasapts.com	**Fax:** none available

II. THIS SECTION TO BE COMPLETED BY APPLICANT	
A. CONTACT INFORMATION	
Street Address: 2301 Little Rd. ☒ Rent ☐ Own (as shown on driver's license or government ID)	**Apt #:** 1316
City/State/Zip: Austin, Texas 78745	**County:** Travis
Current Address: (if different from above) ☒ Rent ☐ Own	**Apt #:** 1316
City/State/Zip: same as above	**County:**
Email Address: william.and.mary@gmail.com	**Home Phone:** (512) 475-5575 **Mobile Phone:** ( )
Emergency Contact Name: John Gonzales	**Phone:** (512) 475-5594

B. PREVIOUS RESIDENCY INFORMATION	
Previous Address/City/State: ☐ Rent ☒ Own	**Cost per Month:** $1,275
Reason For Leaving: too expensive to maintain	**Occupied For:** 11 Yrs 2 Mos
Contact/Landlord Name: none, home foreclosed in 2024	**Phone:** n/a

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 William Russell	Head of Household	6/4/1996	☒ Male ☐ Female	☐ F/T ☐ P/T ☒ N/A	111-11-1111	☒ Yes ☐ No
2 Mary Russell	☒ Co-Head ☒ Spouse ☐ Dependent ☐ Other Adult	8/4/1975	☐ Male ☒ Female	☐ F/T ☐ P/T ☒ N/A	222-22-2222	☒ Yes ☐ No
3 Jerome Gonzales	☐ Co-Head ☐ Spouse ☒ Dependent ☐ Other Adult	2/13/2016	☒ Male ☐ Female	☒ F/T ☐ P/T ☐ N/A	333-33-3333	☐ Yes ☒ No
4	☐ Co-Head ☐ Spouse ☐ Dependent ☐ Other Adult		☐ Male ☐ Female	☐ F/T ☐ P/T ☐ N/A		☐ Yes ☐ No
5	☐ Co-Head ☐ Spouse ☐ Dependent ☐ Other Adult		☐ Male ☐ Female	☐ F/T ☐ P/T ☐ N/A		☐ Yes ☐ No
6	☐ Co-Head ☐ Spouse ☐ Dependent ☐ Other Adult		☐ Male ☐ Female	☐ F/T ☐ P/T ☐ N/A		☐ 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? Jerome

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? _____

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? William

*** 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		$43,225			
Overtime Pay ☐Yes ■No					
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	$2,400				
Supplemental Security Income ☐Yes ■No					
Pension ☐Yes ■No					
Retirement Funds ☐Yes ■No					
Familial Support ☐Yes ■No					
Unemployment Benefits ☐Yes ■No					
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					
Other: Explain: _____ ☐Yes ☒No					
				Total:	$45,625

G. CURRENT EMPLOYMENT CONTACT INFORMATION – Household Member #1

Household Member's Name	Occupation	Work Phone	
Mary Russell	Security	512-203-2520	
Name and Street Address of Employer	**City**	**State**	**Zip Code**
160 Washington Street, Suite 300	Austin	TX	78256
Date Hired	**Salary $**	**# of hours worked per week**	**Last Date of Employment**
7/1/2024	19/hour ☒Hourly ☐Weekly ☐ bi-weekly ☐ twice a month ☐Monthly ☐ Yearly ☐Other	40+	

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

CURRENT EMPLOYMENT CONTACT INFORMATION – Household Member #2

Household Member's Name	Occupation	Work Phone	
none, disabled, not employed			
Name and Street Address of Employer	**City**	**State**	**Zip Code**
Date Hired	**Salary $**	**# of hours worked per week**	**Last Date of Employment**
	☐Hourly ☐Weekly ☐ bi-weekly ☐ twice a month ☐Monthly ☐ Yearly ☐Other		

2nd 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 $**	**# of hours worked per week**	**Last Date of Employment**
	☐Hourly ☐Weekly ☐ bi-weekly ☐ twice a month ☐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	**Salary $**	**# of hours worked per week**	**Last Date of Employment**
	☐Hourly ☐Weekly ☐ bi-weekly ☐ twice a month ☐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	**Salary $**	**# of hours worked per week**	**Last Date of Employment**
	☐Hourly ☐Weekly ☐ bi-weekly ☐ twice a month ☐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	**Salary $**	**# of hours worked per week**	**Last Date of Employment**
	☐Hourly ☐Weekly ☐ bi-weekly ☐ twice a month ☐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	**Salary $**	**# of hours worked per week**	**Last Date of Employment**
	☐Hourly ☐Weekly ☐ bi-weekly ☐ twice a month ☐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	100	0	SSFCU
Additional Checking Account(s)	■Yes ☐No	20	0	SSFCU
Savings Account	■Yes ☐No	90	4.50	SSFCU
Additional Savings Account(s)	☐Yes ■No			
Pre-Paid Debit Cards	☐Yes ■No			
Stocks, Bonds, Mutual Funds*	☐Yes ■No			
Real Estate or Home	☐Yes ■No			
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	0	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: Chime Account	■Yes ☐No	0	0	Chime

*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): home foreclosed in 2024

2. Has anyone in the household owned a home in the last two years? ☐ NO ■ YES If yes, who? William and Mary

   Do they currently own it? ■ NO ☐ YES If No, when was it disposed of? foreclosed in 2024

   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 $ $3,600

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

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

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.

William Russell	*William Russell*	7/28/2025
Applicant/Resident Printed Name	Signature	Date
Mary Russell	*Mary Russell*	7/28/2025
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: Texas Apartments	**TDHCA/CMTS Number:** 26054
Contact Name: Cara Pollei	**Contact Title:** Manager
Development Address: 221 E 11th St, Austin, TX 78721	**Phone:** 512-475-3821
Email Address: cara.pollei@texasapartments.com	**Fax:** none

II. THIS SECTION TO BE COMPLETED BY APPLICANT

Applicant/Resident Name: William and Mary Russell

I/We William and Mary Russell, 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.

William Russell	*William Russell*	7/28/2025
Applicant/Resident Printed Name	Signature	Date
Mary Russell	*Mary Russell*	7/28/2025
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
Special Needs Certification

Property Name: Texas Apartments TDHCA File#: 26054

Household Name: Russell Unit #: 1509

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 X 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.

William Russell
Household Signature

7/28/2025
Date

Mary Russell
Household Signature

7/28/2025
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

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: Russell Household

PART A: STUDENT STATUS

William & Mary

Circle One:

Are you enrolled or planning to enroll in an institution of higher education? Yes (No)

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

PART B: ELIGIBLE STUDENTS

Jerome

Circle One:

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

If you answered "Yes," STOP 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, STOP 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 31st 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

January 24, 2022

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.

William Russell *Mary Russell* July 28, 2025

Signature of Applicant/Tenant Date

HOME American Rescue Plan (HOME-ARP) Pre-Application

Applicant Name William and Mary Russell Date 7/28/2025 # of bedrooms requested 2

Number of adults in household: 2 Number of children in household: 1

Applicants should check all boxes that describe your current housing situation.

I'm applying to be placed on the HOME-ARP wait list today because:

(A) I have moved 2 or more times in last 60 days and/or have not had a lease in the past 60 days. ☐

(B) I'm living with someone else because of economic reasons. ☐

(C) I'm going to lose my current housing in 3 weeks (21 days) or less from today. ☐

(D) I am living in a hotel/motel and running out of money and/or help. ☐

(E) I am living in an overcrowded situation (1.5 or more per room – don't count bathrooms or kitchen) ☐

(F) I'm leaving or have just left foster care ☐

(G) I'm leaving or have just left a jail, a hospital, or other publicly funded institution. ☐

(H) I can't afford my current housing because more than ½ of my income goes to rent. ☐

(I) I'm currently in my home and receiving temporary housing assistance from a program but that is going to run out soon. ☐

(J) I am homeless (living outside, in my car, an abandoned building, a camp, transitional housing, or in a temporary shelter). ☒

(K) I'm fleeing domestic violence, dating violence, sexual assault, stalking or human trafficking. ☐

(L) I am aged 24 or under, or in a family with children and another agency has qualified me as homeless: including but not limited to a school, Supplemental Nutrition Assistance Program (SNAP), social worker etc. ☐

If you qualify for the HOME-ARP waitlist you will be notified once a Unit is available and asked to fill out the full application and provide documentation. If none of the above situations apply, you may not qualify for the HOME-ARP wait list, but may qualify for another program at the property.

DECLARATION FOR HOMELESS

Category 1 – Literally Homeless *(Pre-Application D, J)*

Applicant First Name: William/Mary Applicant Last Name: Russell Suffix:
Address: n/a City: Austin Zip Code: 78745

I, above named Applicant hereby certify that:

i. ☐ I am currently homeless and living in a place not designed for human habitation (i.e. a car, park, abandoned building, bus or bus/train station, airport, camping ground, or similar place.

Required Documentation:

☐ Referral by another housing or service provider that the household was living in a place not meant for human habitation;

☐ Homeless Management Information System (HMIS) records; or

☐ Referral staff intake observation.

ii. ☒ I am residing in a publicly or privately operated emergency shelter or transitional housing facility designed to provide temporary living arrangements; or, in a hotel/motel currently paid for by charitable organizations or by federal, state or local government programs;

Required Documentation:

☐ Homeless Management Information System (HMIS) record;

☒ Referral by another housing or service provider stating that the household was in an emergency shelter or transitional housing; **or**

☐ Referral by another housing or service provider that the household stating the household is living in hotels and motels paid for by charitable organizations or by federal, state and local government programs; **and if hotel/motel:**

Housing in hotel/motel		Costs have not been covered by charitable organization or government program
☐ Letter from hotel/motel manager ☐ Referral Staff observation	+	☐ Canceled checks ☐ Receipts and bank statements ☐ Other:

I certify that the above information is true and correct to the best of my knowledge and belief. I understand that the information will be verified to the extent possible; and that I may be subject to prosecution for providing false or fraudulent information.

William Russell — 7/28/2025
Head of Household Signature — *Date*

Mary Russell — 7/28/2025
Other Adult Signature — *Date*

Austin Life Shelter

Letter of Residency

May 30, 2025

To Whom It May Concern:

Austin Life Shelter (ALS) provides temporary shelter, case management, and support services to assist homeless individuals and families in achieving self-sufficiency. ALS offers short-term emergency shelter, during which homeless men, women, and families with children can participate in either our Basic Needs Program (3 days to 2 weeks) or our Employment Program (12 weeks), depending on their assessment.

William and Mary Russell and Jerome have been staying at Austin Life Shelter since **April 28, 2025, till the present.** If you have any questions regarding their residency stay, please feel free to contact me at 512-548-9005 extension 33.

Sincerely,

Amy Hammond

Amy Hammond
In Reach Case Manager
325 W. Division St.
Austin TX 78611
P: 512-665-1691
amyhammond@als.org

SOCIAL SECURITY ADMINISTRATION

Date: May 13, 2025
BNC#: 25BC088D49586
REF: A ,DI

WILLIAM RUSSELL
48 EDGEWOOD AVE
AUSTIN TX 78612

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 Supplemental Security Income Payments

Beginning January 2025, the current
Supplemental Security Income payment is.....$ 200.00

This payment amount may change from month to month if income or living situation changes.

Supplemental Security Income Payments are paid the month they are due. (For example, Supplemental Security Income Payments for March are paid in March.)

Type of Supplemental Security Income Payment Information

You are entitled to monthly payments as a disabled individual.

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 866-614-9659.

SOCIAL SECURITY
RM 1-A-07 FEDERAL BLDG
819 TAYLOR ST
AUSTIN TX 76102

From: Carolyn Metzger
To: Cara Pollei
Subject: RE: HOTMA-EmployVer_signed.pdf
Date: Tuesday, July 29, 2025 12:17:51 PM
Attachments: HOTMA-EmployVer_signed.pdf

Please see the attached form. Let me know if you need additional information.

Carolyn Metzger
HR Manager
Security Services 160 Washington Street, Suite 300| Austin, TX 78256
Office: 512.475-3802

From: Cara Pollei <Cara.Pollei@texasapartments.com>
Sent: Monday, July 28, 2025 12:12 PM
To: Carolyn Metzger <Carolyn.Metzger@ss.com> **Subject:** HOTMA-EmployVer_signed.pdf

Please complete the attached form at your earliest convenience. Your employee has applied at our property which is goverened by a program that requires we verify income. Please let me know if you have any questions or need additional information.

Many thanks,
Cara Pollei

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) Security Services	**Date:** 7/28/2025
(Employer Address) securityservices@ss.com	**Phone/Fax:** 512-203-2520
RE: (Applicant/Resident Name) Mary Russell	

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

Mary Russell	Mary Russell	7/28/2025
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 of Texas Apartments	
Address: 221 East 11th Street, Austin, TX 77821	**Phone:** 512-475-3821
Email Address: cara.pollei@texasapts.com	**Fax:** none available

Cara Pollei	Cara Pollei	7/28/2025
Administrator/Owner/Mgmt Authorized Rep. Printed Name/Title	**Signature**	**Date**

II. THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: Mary Russell	Job Title: Security
Presently Employed: ☑ YES ☐ NO Date First Employed: 7/1/2024 Last Day of Employment: _____ or ☐ Not Applicable	
Current Wages/Salary: $ 19 (circle one) hourly / weekly / bi-weekly / semi-monthly / monthly / yearly / other: _____	
Average # of regular hours per week: 40	Year-to-date earnings: $ 11751.52 through 06/22/2025
Overtime Rate: $ 28.50 per hour	Average # of overtime hours per week: 0
Shift Differential Rate: $ n/a per hour	Average # of shift differential hours per week: n/a
Commissions, bonuses, tips, other: $ n/a (circle one) hourly / weekly / bi-weekly / semi-monthly / monthly / yearly / other: n/a	
List any anticipated change in the employee's rate of pay within the next 12 months: none Effective date: n/a	
If the employee's work is seasonal or sporadic, please indicate the layoff period(s): none	
Additional remark(s): Employee has passed 12-month date and will no longer be a probationary employee	

III. EMPLOYER AUTHORIZED REPRESENTATIVE CERTIFICATION

I certify that the above information is true and correct,

Carolyn Metzger	HR manager	7/29/2025
Signature of Employers Authorized Representative	**Representative's Title**	**Date**

Carolyn Metzger	512-475-3802	none	carolyn.metzger@ss.com
Authorized Representative's Printed Name	**Phone #**	**Fax #**	**Email**

160 Washington Street, Suite 300, Austin, Texas 78256

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

TELEPHONE VERIFICATION/CLARIFICATION RECORD

I. THIS SECTION TO BE COMPLETED BY DEVELOPMENT

Development Name: Texas Apartments	**TDHCA Number:** 26054
Name of Person Receiving Information: Cara Pollei	**Title:** Manager
Development Address: 221 East 11th Street, Austin, TX 78721	**Phone:** 512-475-3821
RE: (Applicant/Resident Name): Mary Russell	

The clarification record is being gathered:

☒ **As a source of clarification for a gathered third-party written or first-hand verification. Describe area in which clarification is being sought:** Pay Frequency left blank on employment verification

Source of clarification: ☒ **Phone Conversation** ☐ **Person to Person** ☐ **Other: Explain:** _____

Person Contacted: Carolyn Metzger	**Title:** HR Manager
Company/Organization: Security Services	**Phone/Email:** 512-475-3802
Date Contacted: July 29, 2025	**Time Contacted:** 2:30 pm

II. VERIFIED INFORMATION

1. Reason for Clarification: _____

How is the employee paid? The verification indicates $19 but does not have a frequency selected.

2. Explanation for Clarification Given: _____

The employee is paid $19 per hour.

3. Additional remark(s): _____

No additional pay is received at this time, only hourly wage.

III. ADMINISTRATOR, OWNER, MANAGEMENT AUTHORIZED REPRESENTATIVE CERTIFICATION

I certify that the above information is true and correct,

Cara Pollei	Manager	7/29/2025
Signature of Authorized Representative	Representative's Title	Date
Cara Pollei	512-475-3821	cara.pollei@texasapartments.com
Authorized Representative's Printed Name	Phone #	Email

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From: Andrea Arshadmansab
To: Cara Pollei
Subject: RE: HOTMA-AssetVer_signed.pdf
Date: Tuesday, July 29, 2025 12:48:07 PM
Attachments: HOTMA-AssetVer_signed.pdf

Andrea Arshadmansab
Banker
SSFCU
1564 S. IH 35
Austin, Tx 78723Office: (512) 475-0208

From: Cara Pollei <Cara.Pollei@texasapartments.com>
Sent: Monday, July 28, 2025 12:43 PM
To: Andrea Arshadmansab <Andreaa@tssfcu.com>
Subject: HOTMA-AssetVer_signed.pdf

Good afternoon,

Please sign at your earliest convenience.

Many thanks,

Cara Pollei

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) SSFCU	**Date:** 7/28/2025
Institution Address: 1564 S. IH 35, Austin, TX 78723	**Phone/Fax:** 512-268-9874
RE: (Applicant/Resident Name) William and Mary Russell	**Social Security Number:** 111-11-1111

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

William Russell & Mary Russell	William Russell Mary Russell	7/28/2025
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	**TDHCA Number:** 26054
Address: 221 East 11th Street, Austin, TX 78721	**Phone:** 512-475-3821
Email Address: cara.pollei@texasapartments.com	**Fax:** none

Your prompt response is crucial and greatly appreciated,

Cara Pollei	Cara Pollei	7/28/2025
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 Russell	xxx098	100	0
Mary Russell	xxx0354	20	0

B. SAVINGS ACCOUNT(s)

Account Holder	Account Number	Present Balance	Annual Interest Rate	Withdrawal Penalty
William & Mary Russell	xxx456	90	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,

	Banker	7/29/2025
Signature of Financial Institution Representative	**Representative's Title**	**Date**

Andrea Arshadmansab	512-475-0208	512-475-3850	andreaa@SSFCU.com
Representative's Printed Name	**Phone #**	**Fax #**	**Email**

SSFCU 1564 S. IH 35, Austin, TX 78723
Financial Institution Name and Address

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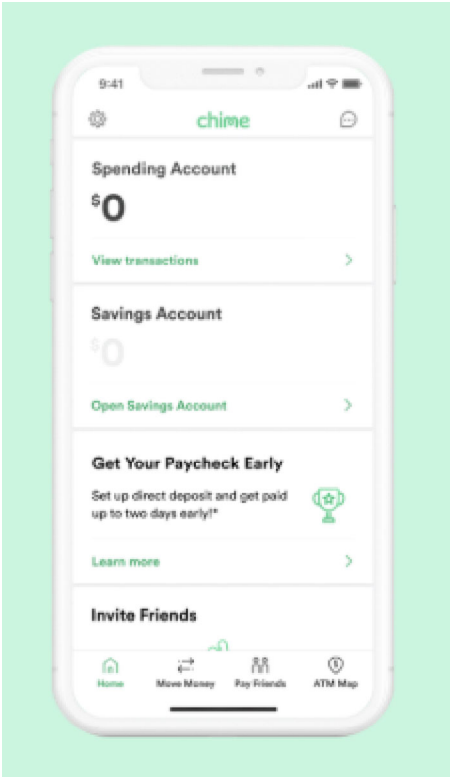
July 2025

$0.00
June 29th
BALANCE

$0.00
July 28TH BALANCE

Mary Russell account holder


9:41
chime
Spending Account
$0
View transactions
Savings Account
$0
Open Savings Account
Get Your Paycheck Early
Set up direct deposit and get paid up to two days early!*
Learn more
Invite Friends
Home
Move Money
Pay Friends
ATM Map

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: William and Mary Russell

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? Jerome Gonzales

Is the household comprised of a family member with disabilities? ☐ NO ■ YES, who? William Russell (29 years old)

Is the household comprised of a family member who is a full-time student? ☐ NO ■ YES, who? Jerome Gonzales (9 years old)

B. CHILD CARE EXPENSES DEDUCTION

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

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? Mary Russell
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? William Russell

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? Mary
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: In-home day care for William while Mary works outside of the home

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? William Russell

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	■ NO ☐ YES		■ NO ☐ YES
Doctor Co-Pays	☐ NO ■ YES	600.00	☐ NO ■ YES
Prescription Costs	☐ NO ■ YES	1,650.00	☐ NO ■ YES
Medical Deduction Costs	■ NO ☐ YES		■ NO ☐ YES
Over the Counter Costs	■ NO ☐ YES		■ NO ☐ YES
Other:	■ NO ☐ YES		■ NO ☐ YES

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

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

F. APPLICANT/RESIDENT CERTIFICATION

I certify that the above information is true and correct,

Mary Russell	*Mary Russell*	July 28, 2025
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.

Stepping Stone XII (Little Foot)
1020 Little Foot
Austin, TX 78640

13@steppingstoneschool.com
TaxID: 74-273XXXX

Mary Russell
2301 Little Road Austin,
TX 78745

Russell	
From:	06/1/2025
To:	06/30/2025
Page 1	

Gonzales, Jerome Trail Blazer (after school) Beginning Statement Balance: 0.00

User	Post Date	Description	Comment	Charge	Credit	Balance
JNW	6/1/2025	M(school aged)Tuition Pmt		600.00		600.00
JNW	6/2/2025	Tuition Express			600.00	0.00
			Total	600.00	600.00	0.00

Stepping Stone School Statement for June 2025
Dear valued parents,
Tuition is due as of June 1, 2025. If a balance remains, please provide a payment today to avoid a late fee. A $30 late fee will be applied to balances at closing on June 3rd.

July 21, 2025

William and Mary Russell
2301 Little Road
Austin, TX 78745

Re: Care for William Russell

Dear William and Mary Russell:

We will be honored to continue serving your family as a medical aide service for William Russell from the hours of 12 pm until 6 pm each weekday while Mary works outside the home. It is our understanding that the remainder of the working hours are conducted from the home office and Mary is able to offer support, if needed, for William during this time. Should something change in this schedule please let us know.

The expense for the care will continue to be $450 per week and that amount will be due every other week as scheduled with the business office.

Please feel free to reach out to our business office if you have any further documentation needs.

Sincerely,

Michelle Crawford

Michelle Crawford, Care Coordinator

AUSTIN REGIONAL CLINIC

July 21, 2025

William Russell
2301 Little Road
Austin, TX 78745

Re: Annual Statement – FY 2024

Dear William Russell:

You requested a statement of the amount of co-pays and expenses incurred as a result of visits to Austin Regional Clinic locations in the calendar year 2024. Based on our records your 2024 expenses were $600.00 for co-pays, lab fees and expenses that were not covered by insurance for your family.

Please feel free to reach out to our business office if you have any further documentation needs.

Sincerely,

John Williams

John Williams, Office Manager

Walgreens

July 21, 2025

Mary Russell
2301 Little Road
Austin, TX 78745

Re: Annual Statement – FY 2025

Dear Mary Russell:

You requested a statement of the expenses incurred thus far in 2025 as a result of prescriptions filled through Walgreens locations in the calendar year 2025. Based on our records your 2025 expenses are $825.00 for all prescriptions that were processed by Walgreens pharmacists through the year thus far. This is in line with the expenses from 2024 and we would anticipate your total medical costs at the end of 2025 will be approximately $1,650; as it was in 2024.

Please feel free to reach out to our business office if you have any further documentation needs.

Sincerely,

Carrie Williams

Carrie Williams, Office Manager

INCOME CERTIFICATION

Effective Date: 8/1/2025
Move-in Date: 8/1/2025 (MM/DD/YYYY)
*Transfer from Unit: _____

☑ Initial Certification ☐ Recertification ☐ Other* _____

PART I – DEVELOPMENT DATA

Property Name: Texas Apartments County: Travis BIN #: TX0126054
Address: 221 East 11th Street Unit Number: 1509 # Bedrooms: 2 CMTS # 9876

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	Russell	William	HEAD	06/04/1996	FT / PT / (NA)	1111
2	Russell	Mary	Spouse/Co-Head	08/04/1976	FT / PT / (NA)	2222
3	Gonzales	Jerome	Dependent	02/13/2016	(FT) / PT / NA	3333
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
1				
2				
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)] $

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.

_____ 8/1/2025 _____ 8/1/2025
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: $ 60,250

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	HOME-ARP								

*** *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

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: Home ï¿½ TCAP/RF ï¿½ Home ARP
PIS Date:

Print Date: 07/28/2025
County: TRAVIS
Place:
Award Date:

2025 Income Limits
Number of People

AMFI%	1	2	3	4	5	6	7	8
30	28150	32150	36150	40150	43400	46600	49800	53000
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
80	72950	83400	93800	104200	112550	120900	129250	137550

2025 Rent Limits
Number of bedrooms

AMFI%	0	1	2	3	4	5
30	703	753	903	1044	1165	1285
40	937	1004	1205	1392	1553	1713
HIGH	1503	1611	1936	2227	2465	2701
LOW	1171	1255	1506	1740	1941	2141