

# APPLICATION

for

Tenant Based



Rental Assistance



***Community Services of Northeast Texas, Inc.***

The application process for rental assistance is lengthy. If you need emergency assistance, please contact one of our Case Managers by calling 903-756-5596.

This program is for families who are willing to work toward rising up beyond the bounds of poverty. This program is for families who are ready to lead improved, empowered, and self-reliant lives.

If accepted, you will be assigned a Case Manager who will help you through every step of the process.

We wish you much success. We will work hard to ensure you get every available opportunity to succeed.

**FORM****560**P Revised  
MAY 27, 2017**Community Services of Northeast Texas, Inc.**304 E.Houston • P.O. Box 427  
Linden, Texas 75563**TBRA Intake Application***Approved for TBRA program*

Applicant Last Name	Applicant First Name	Date	County	
Physical Address		City	State	Zip
Mailing Address (if different)		City	State	Zip
How did you hear about this program?			Are you currently homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**To process your application, we need this information. We will not  
move forward with your application without the following items:**

- ▶ Proof of earned or unearned income (social security award letter, check stubs for the most recent two months)
- ▶ Checking account statements (most recent six months)
- ▶ Savings account statement (most recent)
- ▶ Investments (stocks, bonds, CDs, retirement accounts, pensions) if any
- ▶ Other income of any kind

**Basic Household Information - List the head of household followed by all members living in the home**

	Household Member	Social Security Number	Date of Birth	Race	Hispanic/Latino Y/N	Disabled Y/N	Veteran Y/N	Gender	Insurance Y/N
<b>1</b>									
	Education Level: <input type="checkbox"/> 0-8 <input type="checkbox"/> HS Grad <input type="checkbox"/> GED <input type="checkbox"/> 12+College <input type="checkbox"/> 2 yr Grad <input type="checkbox"/> 4 yr Grad								
<b>2</b>									
	Education Level: <input type="checkbox"/> 0-8 <input type="checkbox"/> HS Grad <input type="checkbox"/> GED <input type="checkbox"/> 12+College <input type="checkbox"/> 2 yr Grad <input type="checkbox"/> 4 yr Grad								
<b>3</b>									
	Education Level: <input type="checkbox"/> 0-8 <input type="checkbox"/> HS Grad <input type="checkbox"/> GED <input type="checkbox"/> 12+College <input type="checkbox"/> 2 yr Grad <input type="checkbox"/> 4 yr Grad								
<b>4</b>									
	Education Level: <input type="checkbox"/> 0-8 <input type="checkbox"/> HS Grad <input type="checkbox"/> GED <input type="checkbox"/> 12+College <input type="checkbox"/> 2 yr Grad <input type="checkbox"/> 4 yr Grad								
<b>5</b>									
	Education Level: <input type="checkbox"/> 0-8 <input type="checkbox"/> HS Grad <input type="checkbox"/> GED <input type="checkbox"/> 12+College <input type="checkbox"/> 2 yr Grad <input type="checkbox"/> 4 yr Grad								
<b>6</b>									
	Education Level: <input type="checkbox"/> 0-8 <input type="checkbox"/> HS Grad <input type="checkbox"/> GED <input type="checkbox"/> 12+College <input type="checkbox"/> 2 yr Grad <input type="checkbox"/> 4 yr Grad								

**This page must accompany the TEXAS HOME PROGRAM Intake Application**  
Use blank pages to enter additional information.

Enter additional information here, if needed.



# HOME PROGRAM INTAKE APPLICATION

## A. ADMINISTRATOR INFORMATION

Administrator Name : Community Services of Northeast Texas, Inc.

Street Address: 304 E. Houston / Box 427

City/State/Zip: Linden TX 75563

County: Cass

## B. APPLICANT CONTACT INFORMATION

Applicant Name(s):

Street Address:

City/State/Zip:

County:

Email Address:

Home Phone: ( ) -

Cell Phone: ( ) -

## C. HOUSEHOLD COMPOSITION INFORMATION

(List all members of the household)

Full Name (exactly as it appears on driver's license or other government document)	Relationship to Head of Household	Date of Birth	Gender	Student Status FT = Full Time PT = Part Time N/A = Not applicable	Receives Income?
1.	Head of Household		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> Yes
2.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> Yes
3.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> Yes
4.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> Yes
5.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> Yes
6.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> Yes
7.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> Yes
8.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> Yes
9.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> Yes
10.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> Yes

**D. HOUSEHOLD COMPOSITION INFORMATION (Continued)**

- 1. Was any household member a full-time student within the last calendar year?  No  Yes, who?
- 2. Is any household member listed above a foster child?  No  Yes, who?
- 3. Is any household member listed above a live-in attendant?  No  Yes, who?
- 4. Is any household member temporarily absent from the home?  No  Yes, who?  
If Yes, Indicate reason for temporary absence:
- 5. Do you anticipate other members will join your household within the next 12 months?  No  Yes, explain:

**E. HOUSING ASSISTANCE RECEIVED PREVIOUSLY**  
(List any other housing assistance provided to or received by any household member)

Source	Amount	Date Received	Reason
1. <b>FEMA:</b> Federal Emergency Management Agency <input type="checkbox"/> No <input type="checkbox"/> Yes	\$		
2. <b>SBA:</b> Small Business Administration <input type="checkbox"/> No <input type="checkbox"/> Yes	\$		
3. <b>Section 8:</b> Housing and Urban Development <input type="checkbox"/> No <input type="checkbox"/> Yes	\$		
4. <b>TBRA:</b> Tenant Based Rental Assistance <input type="checkbox"/> No <input type="checkbox"/> Yes	\$		
5. <b>Homeowner Insurance</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$		
6. <b>Other Describe:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$		

**F. CONFLICT OF INTEREST INFORMATION**

- 1. Is anyone in the household currently serving or has anyone served within the last 12 months as an employee, agent, consultant, officer, or elected or appointed official of TDHCA, Administrator, or Development Owner?  No  Yes  
If Yes, identify who, organization name, and role:  
Is this a current role?  No  Yes If No, identify date role ceased:
- 2. Is anyone in the household related to anyone who is currently serving or who has served within the last 12 months as an employee, agent, consultant, officer, or elected or appointed official of TDHCA, Administrator, or 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:

**G. DISPOSAL OF ASSETS 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, 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, who?  
Do they currently own it?  No  
If No: When was it disposed of?  
 Yes If Yes: Is it being rented?  No  Yes  
Is it sitting vacant?  No  Yes  
Is it in the process of being sold?  No  Yes

**H. ANNUAL INCOME OF ALL HOUSEHOLD MEMBERS**

(List ALL income of household members, except for the earned income from employment by persons under the age of 18)

Identify income from any source expected during the next 12 months	Head of Household	Spouse or Co-Head	Other Adult Members	Dependents	Total
1. Salary #1 <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
2. Salary #2 <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
3. Overtime Pay <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
4. Commissions/Fees <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
5. Tips and Bonuses <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
6. Temporary Income <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
7. Income from Military <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
8. Interest/Dividends <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
9. Net Business Income <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
10. Net Rental Income <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
11. Social Security <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
12. Supplemental Security Income <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
13. Pension <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
14. Retirement Income <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
15. Familial Support or Recurring Gifts <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
16. Unemployment Benefits <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
17. Worker's Compensation <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
18. Alimony <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
19. Child Support <input type="checkbox"/> No <input type="checkbox"/> Yes Circle Type: Court Awarded Voluntary Anticipated	\$	\$	\$	\$	\$
20. AFDC/TANF <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
21. Other Income Describe: <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
				<b>Total Annual Income:</b>	\$

**I. CURRENT EMPLOYMENT INFORMATION**

1. Household Member Name:		Occupation:		Work Phone: ( ) -	
Employer Name and Address:			City:		State: Zip Code:
Date Hired:	Salary: \$	Pay Period: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly (26) <input type="checkbox"/> Twice month(24) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other		Hours worked per week:	Fax: ( ) -

**I. CURRENT EMPLOYMENT INFORMATION (Continued)**

2. Household Member Name:		Occupation:		Work Phone: ( ) -	
Employer Name and Address:		City:		State:	Zip Code:
Date Hired:	Salary: \$	Pay Period: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly (26) <input type="checkbox"/> Twice month(24) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other		Hours worked per week:	Fax: ( ) -
3. Household Member Name:		Occupation:		Work Phone: ( ) -	
Employer Name and Address:		City:		State:	Zip Code:
Date Hired:	Salary: \$	Pay Period: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly (26) <input type="checkbox"/> Twice month(24) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other		Hours worked per week:	Fax: ( ) -
4. Household Member Name:		Occupation:		Work Phone: ( ) -	
Employer Name and Address:		City:		State:	Zip Code:
Date Hired:	Salary: \$	Pay Period: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly (26) <input type="checkbox"/> Twice month(24) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other		Hours worked per week:	Fax: ( ) -

**J. ASSETS OF ALL HOUSEHOLD MEMBERS**

(When listing the cash value of any asset marked with an asterisk (\*), indicate the amount you would have if you were to convert the asset to cash (i.e. sell or exchange the asset), deducting any penalties for early withdrawal, amounts used to pay off a balance, and any fees which may be assessed for the conversion.)

Identify All Asset Sources	Cash Value	Asset Income (Interest/Dividends)	Name of Financial Institution	Account Number
1. Checking Account #1 <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
2. Checking Account #2 <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
3. Savings Account #1 <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
4. Savings Account #2 <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
5. Credit Union Account(s) <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
6. Stocks, Bonds, Mutual Funds* <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
7. Real Estate/Home* <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
8. Real Estate/Land* <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
9. IRA/Keogh Account(s)* <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
10. Retirement/Pension Fund(s)* <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
11. Trust Fund(s) <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
12. Mortgage Note Held <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
13. Whole Life Insurance* <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
14. Personal Property Held as an Investment (gems, coins, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
15. Lump Sums Received (inheritance, capital gains, insurance, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
16. Other: <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		



**K. DEMOGRAPHIC AND SPECIAL NEEDS INFORMATION:** The Texas Department of Housing and Community Affairs (TDHCA) requests this information in order to comply with HUD's required reporting requirements. Although TDHCA would appreciate receiving this information, you may choose not to furnish it. 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.

\_\_\_\_\_ I do not wish to furnish information regarding my ethnicity, race, gender, age, and/or household composition.  
**Applicant Initials**

**Ethnicity Codes:**

A – Hispanic: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as “Latino” or “Spanish Origin” apply to this category.

B – Not Hispanic

**Race Codes:**

A – White	F – American Indian/Alaska Native/White
B – Black-African American	G – Asian/White
C – Asian	H – Black/African American/White
D – American Indian/Alaska Native	I – American Indian/Alaska Native/Black-African American
E – Native Hawaiian/Other Pacific Islander	J – Other Multi-Racial

**Special Needs Codes:**

A – Elderly	E – Colonia Resident	J – Disaster Victim
B – Person with Disabilities*	F – VAWA/Victim of Domestic Violence	K – Veteran
C – Person with HIV/AIDS	G – Homeless	L – Wounded Warrior
D – Person with Alcohol and/or Drug Addiction	H – Migrant Farm Worker	M – Money Follows the Person
	I – Public Housing Resident	

**\*Disability Definition:** 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. Does not include current, illegal use of or addiction to a controlled substance.

	Ethnicity Code	Race Code	Special Needs Code(s)
1 (Head)			
2			
3			
4			
5			
6			
7			

**L. RELEASE AND SIGNATURES**

Each of the undersigned Applicants for HOME Program assistance hereby certify that all of the information provided in the above Application is true and correct, and do hereby authorize the release and/or verification of mortgage loan, employment, asset, liability, and income information. All household members age 18 or older must sign Application.

_____	_____	_____
Applicant's Printed Name	Signature	Date
_____	_____	_____
Co-Applicant's Printed Name	Signature	Date
_____	_____	_____
Adult Household Member Printed Name	Signature	Date
_____	_____	_____
Adult Household 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.**

**DO NOT MAIL THIS TO THE ADDRESS BELOW – SEE BACK FOR ADDRESSES**

*Reasonable accommodations will be made for persons with disabilities and language assistance will be made available for persons with limited English proficiency.*



**TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS**  
 Street Address: 221 East 11th Street, Austin, TX 78701 Mailing Address: PO Box 13941, Austin, TX 78711  
 Main Number: 512-475-3800 Toll Free: 1-800-525-0657 Email: info@tdhca.state.tx.us Web: www.tdhca.state.tx.us



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

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

**Applicant/Resident Name:** \_\_\_\_\_

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

Is the household comprised of a family member under the age of 18?  NO  YES, who? \_\_\_\_\_  
 Is the household comprised of a family member with disabilities?  NO  YES, who? \_\_\_\_\_  
 Is the household comprised of a family member who is a full-time student?  NO  YES, who? \_\_\_\_\_

**B. CHILD CARE EXPENSES DEDUCTION**

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

If YES, Please answer the following questions:

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

**C. DISABILITY ASSISTANCE EXPENSES DEDUCTION**

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

If YES, Please answer the following questions:

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

**D. ELDERLY OR DISABLED FAMILY DEDUCTION**

Is the head of household, spouse, or co-head at least 62 years of age or older?  NO  YES, who? \_\_\_\_\_  
 Is the head of household, spouse, or co-head a person with a disability?  NO  YES, who? \_\_\_\_\_

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

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

Is the household reimbursed by an Agency and/or Individual for any of these costs?  NO  YES, who? \_\_\_\_\_  
 Did the household have any one-time non-recurring medical expenses?  NO  YES, explain? \_\_\_\_\_

**F. APPLICANT/RESIDENT CERTIFICATION**

**I certify that the above information is true and correct,**

\_\_\_\_\_  
Applicant/Resident Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

**TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS  
RELEASE AND CONSENT FORM**

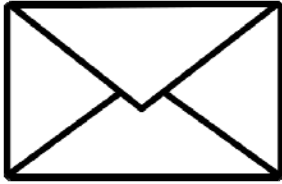
<b>I. THIS SECTION TO BE COMPLETED BY ADMINISTRATOR/OWNER/MANAGEMENT</b>	
<b>Administrator/Owner/Management Name:</b>	<b>TDHCA Number:</b>
<b>Contact Name:</b>	<b>Contact Title:</b>
<b>Address:</b>	<b>Phone:</b>
<b>Email Address:</b>	<b>Fax:</b>

<b>II. THIS SECTION TO BE COMPLETED BY APPLICANT</b>															
<b>Applicant/Resident Name:</b>															
<p>I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our application for participation in a Texas Department of Housing and Community Affairs (TDHCA) Affordable Housing Program. I/we authorize release of information without liability to the administrator/owner/management listed above, and/or the Texas Department of Housing and Community Affairs and/or the Department's service provider.</p> <p><b>INFORMATION COVERED</b></p> <p>I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, student status, employment, income, assets, and medical or child care 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.</p> <p><b>GROUPS OR INDIVIDUALS THAT MAY BE ASKED</b></p> <p>The groups or individuals that may be asked to release the above information include, but are not limited to:</p> <table style="width: 100%; border: none;"> <tr> <td>Past and Present Employers</td> <td>Welfare Agencies</td> <td>Veterans Administrations</td> </tr> <tr> <td>Support and Alimony Providers</td> <td>State Unemployment Agencies</td> <td>Retirement Systems</td> </tr> <tr> <td>Educational Institutions</td> <td>Social Security Administration</td> <td>Medical and Child Care Providers</td> </tr> <tr> <td>Bank and other Financial Institutions</td> <td>Utility Providers</td> <td>Previous Landlords</td> </tr> <tr> <td>Public Housing Agencies</td> <td>Appraisal Districts</td> <td>Insurance Carrier</td> </tr> </table>	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 Institutions	Utility Providers	Previous Landlords	Public Housing Agencies	Appraisal Districts	Insurance Carrier
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 Institutions	Utility Providers	Previous Landlords													
Public Housing Agencies	Appraisal Districts	Insurance Carrier													

<b>III. APPLICANT CERTIFICATION</b>		
<p>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 <b>will stay in effect for a year and one month</b> from the date signed. I/We understand I/We have a right to review this file and correct any information that is incorrect.</p>		
Applicant/Resident Printed Name	Signature	Date
Co-Applicant/Resident Printed Name	Signature	Date
Adult Member Printed Name	Signature	Date
Adult Member Printed Name	Signature	Date

**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.**

**DELIVER THIS APPLICATION TO THE LOCATION NEAREST YOU OR MAIL TO:**



Community Services of Northeast Texas, Inc.  
HOME Program  
P.O. Box 427  
Linden, Texas 75563

## **Drop-off Locations:**

BOWIE COUNTY – 1611 Robinson Rd., Texarkana, TX 75501

CAMP COUNTY – 200 W Marshall, Pittsburg, TX 75686

CASS COUNTY – 304 Houston St., Linden, TX 75563

DELTA COUNTY – 115 Putman St., Sulphur Springs, TX 75482

FRANKLIN COUNTY – 310 N. Edwards Ave., Mt. Pleasant, TX 75455

HOPKINS COUNTY - 115 Putman St., Sulphur Springs, TX 75482

LAMAR COUNTY – 5210 Loop 286 SE, Paris, TX 75460

MARION COUNTY – 1115 N. Walcott, Jefferson, TX 75657

MORRIS COUNTY - 200 W Marshall, Pittsburg, TX 75686

RAINS COUNTY - 115 Putman St., Sulphur Springs, TX 75482

RED RIVER COUNTY – 5210 Loop 286 SE, Paris, TX 75460

TITUS COUNTY – 310 N. Edwards Ave., Mt. Pleasant, TX 75455

ALL OTHER COUNTIES – P. O. Box 427, Linden, TX 75563