



TO COMPLETE THE TBRA APPLICATION PLEASE READ

For 2026, applications must be filled out completely with **THE REQUIRED DOCUMENTS.**

If your application is received incomplete or is missing any supporting documents, there will be one attempt from CSNT to contact your household for missing documents.

Applications submitted are with the understanding that the client **MUST have all supporting documents with the application.**

Documents needed:

- Current **ID** for all household members 18 years old or older.
- **Birth-Certificates** for all household members
- **Social Security** cards for all household members
- **Income 60 days prior** to the date on your application (example Date on app 8-26-26 you will need **pay stubs received** (from 6-27-26 to 8-25-26) other forms of income include – **Unemployment, Child support,** or CSNT employer verification form)
IF No income, ask for Zero Income Verification form
- 2026 **Social Security / SSI** award letter
- 2026 **Veterans** income letter
- 2026 **Retirement** income letter
- 2026 **TANF** Letter
- Anyone 18 years or older with no income must fill out and sign the Certification Of Zero Income
- Sign and Date all areas on the application that require a signature. Make sure all areas that apply are filled out and not left blank.
- **Electric and Gas Bills**
- **Landlord information and lease**
- **Section 8 waiting list proof- Must have before turning in app**
- **Bank account statements- 6 months of statements for checking, 1 month for savings.**
IF no bank account, Please ask for a Zero Asset Verification Form. (**Online Banking: CashApp, Venmo, Chime is considered Banking.**)
- **MAKE AN APPOINTMENT TO TURN IN APPLICATION**

Customers who wish to call and check on the status of their application, are encouraged to wait at least 90 days to allow time for processing. Updates will be sent to the mailing address on the application. CSNT serves 12 counties and excessive calls take away from processing time. Please limit calls to once per month.

CSNT

ADDRESS: 1506 W FERGUSON RD, MOUNT PLEASANT TEXAS 75455

FAX: 903-205-3092 ATT Lauren - OFFICE: 903-717-7400

EMAIL:

lauren.tefteller@csntexas.org

Community Services of Northeast Texas, Inc.

Serving Bowie, Camp, Cass, Delta, Franklin, Hopkins, Lamar, Marion, Morris, Rains, Red River, & Titus Counties



115 S. Kaufman
P.O. Box 427
Linden, TX 75563-0427

PHONE: 903-756-5596
FAX: 903-756-5556

Michelle Morehead, B.S.,
CCAP, NCRT, NCRI
Chief Executive Officer

Bernie Yancey, NCRI
Chief Operating Officer



CSNT, Inc. TBRA (Tenant Based Rental Assistance Program)

Attention!!!

The application process for rental assistance is lengthy. If you need emergency assistance, please contact one of our Case Managers for other community resources by calling **903-717-7400**.

This program is for families who are willing to work toward rising 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 have every available opportunity to succeed.

Section 8 Notification Agreement

The tenant and landlord must inform CSNT of any changes to section 8 status. If it is not reported to CSNT, back payments to CSNT will be required and you can lose section 8 funding both for the tenant and landlord.

- On your 1-year TBRA anniversary you will need to have **completed** a **RECERTIFICATION**, including inspection. Please contact TBRA staff about **4 months before your anniversary to ensure there is not a disruption in your rental assistance.**

Certification

1. The information provided is true and correct to the best of my knowledge and belief.
2. I understand I may appeal a denial of eligibility.
3. I authorize the Texas Department of Housing and Community Affairs (TDHCA) and its contracted agencies to solicit or verify information on my utility and/or fuel bills, both past and future to the extent the information is used only to provide data relevant to my application for assistance.
4. I am aware that I am subject to prosecution for providing false, misleading, or fraudulent information.

Tenant Signature

Date

FORM

560P 

Revised

MAY 27, 2017

Community Services of Northeast Texas, Inc.

1506 W Ferguson Rd

Mount Pleasant, Tx 75455



Approved for TBRA program

TBRA Intake Application

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? ☐ Yes ☐ 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
1									
	Education Level: ☐ 0-8 ☐ HS Grad ☐ GED ☐ 12+College ☐ 2 yr Grad ☐ 4 yr Grad								
2									
	Education Level: ☐ 0-8 ☐ HS Grad ☐ GED ☐ 12+College ☐ 2 yr Grad ☐ 4 yr Grad								
3									
	Education Level: ☐ 0-8 ☐ HS Grad ☐ GED ☐ 12+College ☐ 2 yr Grad ☐ 4 yr Grad								
4									
	Education Level: ☐ 0-8 ☐ HS Grad ☐ GED ☐ 12+College ☐ 2 yr Grad ☐ 4 yr Grad								
5									
	Education Level: ☐ 0-8 ☐ HS Grad ☐ GED ☐ 12+College ☐ 2 yr Grad ☐ 4 yr Grad								
6									
	Education Level: ☐ 0-8 ☐ HS Grad ☐ GED ☐ 12+College ☐ 2 yr Grad ☐ 4 yr Grad								

This page must accompany the TEXAS HOME PROGRAM Intake Application

Use blank pages to enter additional information.

HOME PROGRAM INTAKE APPLICATION

A. ADMINISTRATOR INFORMATION

Administrator Name :

Street Address:

City/State/Zip:

County:

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	Receives Income?	Check if Veteran
1.	Head of Household		☐ M ☐ F	☐ Full Time ☐ Part Time ☐ N/A	☐ Yes ☐ No	☐
2.	☐ Spouse ☐ Co-Head ☐ Dependent ☐ Other Adult		☐ M ☐ F	☐ FT ☐ PT ☐ N/A	☐ Yes ☐ No	☐
3.	☐ Spouse ☐ Co-Head ☐ Dependent ☐ Other Adult		☐ M ☐ F	☐ FT ☐ PT ☐ N/A	☐ Yes ☐ No	☐
4.	☐ Spouse ☐ Co-Head ☐ Dependent ☐ Other Adult		☐ M ☐ F	☐ FT ☐ PT ☐ N/A	☐ Yes ☐ No	☐
5.	☐ Spouse ☐ Co-Head ☐ Dependent ☐ Other Adult		☐ M ☐ F	☐ FT ☐ PT ☐ N/A	☐ Yes ☐ No	☐
6.	☐ Spouse ☐ Co-Head ☐ Dependent ☐ Other Adult		☐ M ☐ F	☐ FT ☐ PT ☐ N/A	☐ Yes ☐ No	☐
7.	☐ Spouse ☐ Co-Head ☐ Dependent ☐ Other Adult		☐ M ☐ F	☐ FT ☐ PT ☐ N/A	☐ Yes ☐ No	☐
8.	☐ Spouse ☐ Co-Head ☐ Dependent ☐ Other Adult		☐ M ☐ F	☐ FT ☐ PT ☐ N/A	☐ Yes ☐ No	☐
9.	☐ Spouse ☐ Co-Head ☐ Dependent ☐ Other Adult		☐ M ☐ F	☐ FT ☐ PT ☐ N/A	☐ Yes ☐ No	☐

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, Cost Guard, Reserves or National Guard, may be eligible for additional benefits and services. For more information please visit with the Texas Veterans Portal at

<https://veterans.portal.texas.gov/>."

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)

Was this property impacted by a disaster? ☐ No ☐ Yes, which disaster?

Source	Amount	Date Received	Reason
1. FEMA: Federal Emergency Management Agency ☐ No ☐ Yes If Yes, which Disaster	\$		
2. SBA: Small Business Administration ☐ No ☐ Yes	\$		
3. Section 8: Housing and Urban Development ☐ No ☐ Yes	\$		
4. TBRA: Tenant Based Rental Assistance ☐ No ☐ Yes	\$		
5. Homeowner Insurance ☐ No ☐ Yes	\$		
6. Other Describe: ☐ No ☐ 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 ☐ No ☐ Yes	\$	\$	\$	\$	\$	
2. Salary #2 ☐ No ☐ Yes	\$	\$	\$	\$	\$	
3. Overtime Pay ☐ No ☐ Yes	\$	\$	\$	\$	\$	
4. Commissions/Fees ☐ No ☐ Yes	\$	\$	\$	\$	\$	
5. Tips and Bonuses ☐ No ☐ Yes	\$	\$	\$	\$	\$	
6. Temporary Income ☐ No ☐ Yes	\$	\$	\$	\$	\$	
7. Income from Military ☐ No ☐ Yes	\$	\$	\$	\$	\$	
8. Interest/Dividends ☐ No ☐ Yes	\$	\$	\$	\$	\$	
9. Net Business Income ☐ No ☐ Yes	\$	\$	\$	\$	\$	
10. Net Rental Income ☐ No ☐ Yes	\$	\$	\$	\$	\$	
11. Social Security ☐ No ☐ Yes	\$	\$	\$	\$	\$	
12. Supplemental Security Income ☐ No ☐ Yes	\$	\$	\$	\$	\$	
13. Pension ☐ No ☐ Yes	\$	\$	\$	\$	\$	
14. Retirement Income ☐ No ☐ Yes	\$	\$	\$	\$	\$	
15. Familial Support or Recurring Gifts ☐ No ☐ Yes	\$	\$	\$	\$	\$	
16. Unemployment Benefits ☐ No ☐ Yes	\$	\$	\$	\$	\$	
17. Worker's Compensation ☐ No ☐ Yes	\$	\$	\$	\$	\$	
18. Alimony ☐ No ☐ Yes	\$	\$	\$	\$	\$	
19. Child Support ☐ No ☐ Yes Circle Type: Court Awarded Voluntary Anticipated	\$	\$	\$	\$	\$	
20. AFDC/TANF ☐ No ☐ Yes	\$	\$	\$	\$	\$	
21. Other Income ☐ No ☐ Yes Describe:	\$	\$	\$	\$	\$	
			Total Annual Income:		\$	

I. CURRENT EMPLOYMENT INFORMATION					
1. Household Member Name:		Occupation:		Work Phone: () -	
Employer Name and Address:		City:		State:	Zip Code:
Date Hired:	Salary: \$	Pay Period: ☐ Hourly ☐ Weekly ☐ Bi-weekly (26) ☐ Twice month(24) ☐ Monthly ☐ Annually ☐ 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: ☐ Hourly ☐ Weekly ☐ Bi-weekly (26) ☐ Twice month(24) ☐ Monthly ☐ Annually ☐ 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: ☐ Hourly ☐ Weekly ☐ Bi-weekly (26) ☐ Twice month(24) ☐ Monthly ☐ Annually ☐ 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: ☐ Hourly ☐ Weekly ☐ Bi-weekly (26) ☐ Twice month(24) ☐ Monthly ☐ Annually ☐ 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	☐ No ☐ Yes	\$	\$			
2. Checking Account #2	☐ No ☐ Yes	\$	\$			
3. Savings Account #1	☐ No ☐ Yes	\$	\$			
4. Savings Account #2	☐ No ☐ Yes	\$	\$			
5. Credit Union Account(s)	☐ No ☐ Yes	\$	\$			
6. Stocks, Bonds, Mutual Funds*	☐ No ☐ Yes	\$	\$			
7. Real Estate/Home*	☐ No ☐ Yes	\$	\$			
8. Real Estate/Land*	☐ No ☐ Yes	\$	\$			
9. IRA/Keogh Account(s)*	☐ No ☐ Yes	\$	\$			
10. Retirement/Pension Fund(s)*	☐ No ☐ Yes	\$	\$			
11. Trust Fund(s)	☐ No ☐ Yes	\$	\$			
12. Mortgage Note Held	☐ No ☐ Yes	\$	\$			
13. Whole Life Insurance*	☐ No ☐ Yes	\$	\$			
14. Personal Property Held as an Investment (gems, coins, etc.)	☐ No ☐ Yes	\$	\$			
15. Lump Sums Received (inheritance, capital gains, insurance, etc.)	☐ No ☐ Yes	\$	\$			
16. Other:	☐ No ☐ 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.

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

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

B – Black-African American

C – Asian

D – American Indian/Alaska Native

E – Native Hawaiian/Other Pacific Islander

F – American Indian/Alaska Native/White

G – Asian/White

H – Black/African American/White

I – American Indian/Alaska Native/Black-African American

J – Other Multi-Racial

Special Needs Codes:

A – Elderly

B – Person with Disabilities*

C – Person with HIV/AIDS

D – Person with Alcohol and/or Drug Addiction

E – Colonia Resident

F – VAWA/Victim of Domestic Violence

G – Homeless

H – Migrant Farm Worker

I – Public Housing Resident

J – Disaster Victim

K – Veteran

L – Wounded Warrior

M – Money Follows the Person

***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.

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.texas.gov Web: www.tdhca.texas.gov



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

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

Applicant/Resident Name: _____

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

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

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

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

B. CHILD CARE EXPENSES DEDUCTION

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

If YES, Please answer the following questions:

1. Does the child care enable an adult household member to (check) ☐ Be gainfully employed **OR** ☐ Further his/her education (academic or vocational)? ☐ NO ☐ YES, who? _____

2. Is there an adult household member capable of providing care during the hours care is needed? ☐ NO ☐ YES

3. Is the child care provided by a member who comprises the household? ☐ NO ☐ YES, who? _____

4. Is the household reimbursed by an outside Agency or Individual? ☐ NO ☐ YES, who? _____

C. ATTENDANT CARE AND AUXILIARY APPARATUS EXPENSE DEDUCTION

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

If YES, Please answer the following questions:

1. Does the care and/or use of the auxiliary apparatus enable an adult household member to work? ☐ NO ☐ YES, who? _____

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

3. Identify the type of care and/or apparatus paid for: _____

D. ELDERLY OR DISABLED FAMILY DEDUCTION

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

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

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

Identify any of the following medical expenses?	Estimated Annual Costs	Can Support for expenses be provided?
Medicare ☐ NO ☐ YES		☐ NO ☐ YES
Doctor Co-Pays ☐ NO ☐ YES		☐ NO ☐ YES
Prescription Costs ☐ NO ☐ YES		☐ 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,

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.

Community Services of Northeast Texas, Inc

Serving Bowie, Camp, Cass, Delta, Franklin, Hopkins, Lamar, Marion, Morris, Rains, Red River, Titus Counties

HOME Tenant Based Rental Assistance

Self Sufficiency Commitment

The HOME TBRA Program provides a short term, 24-month rental assistance to eligible applicants and their families. All applicants must agree to seek out opportunities and resources to ensure that they are able to maintain community-based housing after the 24 months of TBRA rental assistance expires.

The primary goal of the Self Sufficiency Commitment is for all adult members living in the household to agree to maximize their income potential through wages, benefits, and other mainstream resources during the period you are receiving the TBRA rent assistance.

By making a concerted effort to increase your household income, you will be in a better position to transition to other self Sufficiency Plan. I understand that, and my Case Manager or the Housing Coordinator will check on my progress.

The checked items below outline the areas I will focus on over the next 12 months as part of my Self Sufficiency Plan. I understand that my Case Manager or the Housing Coordinator will review my progress regularly.

Tenant Signature _____ Date _____

Case Manager _____ Date _____

Housing Coordinator _____ Date _____



Income Sources

- ☐ Full-Time Employment
- ☐ Veteran Benefits
- ☐ Part-time Employment
- ☐ Social Security
- ☐ Supplemental Security Income SSI
- ☐ Social Security Disability Income
- ☐ Disabled Veteran Benefits
- ☐ Unemployment Compensation
- ☐ Supported Employment
- ☐ Other _____
- ☐ Other _____

Mainstream Resources

- ☐ Food Stamps (SNAP)
- ☐ Job Training
- ☐ Vocational Rehabilitation
- ☐ Personal Care Assistance
- ☐ Transportation Discount Card
- ☐ Medicaid Transportation to Medical Appointments
- ☐ Medicaid
- ☐ Medicare
- ☐ Food Pantries
- ☐ TANF
- ☐ Day Care Assistance
- ☐ Meals on Wheels
- ☐ Utility Assistance Programs
- ☐ Energy Conservation (save on home utility bills)
- ☐ Earned Income Tax Credit
- ☐ Educational Grant

☐ Other _____

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

RELEASE AND CONSENT FORM

I. THIS SECTION TO BE COMPLETED BY DEVELOPMENT

Development Name: Community Services of Northeast Texas	TDHCA/CMTS Number:
Contact Name: Clay Hunter	Contact Title: Case Manager
Development Address: 1506 W Ferguson Rd, Mt. Pleasant, Tx 75455	Phone: 903-717-7305
Email Address: clay.hunter@csntexas.org	Fax: 903-205-3092

II. THIS SECTION TO BE COMPLETED BY APPLICANT

Applicant/Resident Name: I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our application for participation in a Texas Department of Housing and Community Affairs (TDHCA) Affordable Housing Program. I/we authorize release of information without liability to the administrator/owner/management listed above, and/or the Texas Department of Housing and Community Affairs and/or the Department's service provider. INFORMATION COVERED I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, student status, employment, income, assets, and medical or childcare allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation in a TDHCA Affordable Housing Program. GROUPS OR INDIVIDUALS THAT MAY BE ASKED The groups or individuals that may be asked to release the above information include, but are not limited to: <table border="0"> <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</td> <td>Utility Providers</td> <td>Previous Landlords</td> </tr> <tr> <td>Institutions 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	Utility Providers	Previous Landlords	Institutions 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	Utility Providers	Previous Landlords													
Institutions Public Housing Agencies	Appraisal Districts	Insurance Carrier													

III. APPLICANT CERTIFICATION

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/ We have a right to review this file and correct any information that is incorrect.		
_____ Applicant/Resident Printed Name	_____ Signature	_____ Date
_____ Co-Applicant/Resident Printed Name	_____ Signature	_____ Date
_____ Other Adult Member Printed Name	_____ Signature	_____ Date
_____ Other Adult Member Printed Name	_____ Signature	_____ Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF A TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

CERTIFICATION OF ZERO INCOME

(Each adult household member must complete this form.)

Head of Household Name: _____ Unit No.: _____

Development Name and Address: _____

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

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

☐ 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)* _____

Utilities _____

Food _____

Clothing _____

School supplies _____

Cell phone or phone _____

TV *(cable, dish, satellite)* and/or internet _____

Medical care _____

Medications & prescriptions _____

Personal care products *(shampoo, toothpaste, etc.)* _____

Vehicle expenses *(car payments, insurance, fuel, etc.)* _____

Payments on credit card balances _____

Other expenses not listed above _____

Additional comments _____

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

Signature of Applicant/Tenant

Date

Community Services of Northeast Texas, Inc.

Serving Bowie, Camp, Cass, Delta, Franklin, Hopkins, Lamar, Marion, Morris, Rains, Red River, & Titus Counties



ZERO ASSETS VERIFICATION

115 S. Kaufman
P.O. Box 427
Linden, TX 75563-0427

PHONE: 903-756-5596
FAX: 903-756-5556

I, _____, hereby certify that I do not have any type of
checking or savings accounts, nor any other type of assets.

Signature Date

Michelle Morehead, B.S.,
CCAP, NCRT, NCRI
Chief Executive Officer

Bernie Yancey, NCRI
Chief Operating Officer

Notarization

State of Texas

County of _____

Subscribed and sworn to before me this _____ day of _____,
20____.

Notary Public

Signature



CSNT applies all available strategies enabling Northeast Texas families to lead improved, empowered, and self-reliant lives.

Community Services of Northeast Texas, Inc.

Serving Bowie, Camp, Cass, Delta, Franklin, Hopkins, Lamar, Marion, Morris, Rains, Red River, & Titus Counties



CHILD SUPPORT CERTIFICATION

115 S. Kaufman
P.O. Box 427
Linden, TX 75563-0427

PHONE: 903-756-5596
FAX: 903-756-5556

Michelle Morehead, B.S.,
CCAP, NCRT, NCRI
Chief Executive Officer

Bernie Yancey, NCRI
Chief Operating Officer

I, _____, hereby certify that I am not entitled to receive
court-awarded child support for my child/children

I do not receive monetary child support from any source.

Signature Date



Notarization

State of Texas

County of _____

Subscribed and sworn to before me this _____ day of _____,
20____.



Notary Public



Signature