



Thank you for your interest in Amber Meadows Apartments.

Attached is the application for your new home. Please complete the form in its entirety. Once completed, please contact us to make an appointment to meet with our team.

We are currently by appointment only as we are in a temporary shared office with very limited space. Due to extremely high call volumes, email is the quickest way to reach a team member.

Your application can take 30+ days to process.

Thank you,

Amber Meadows Management

903-309-0930 | [Ambermeadows.manager@kcgresidential.com](mailto:Ambermeadows.manager@kcgresidential.com)

1615 E. Fairmont St. Longview, TX 75604

**Items needed to complete your application:**

- Driver's License or other government issued Photo I.D. **For all applicants 18 years of age.**
- Social Security Cards for **all household members**. Originals only. No copies.
- Birth Certificates for all household members **under 18 years of age**. Originals only. No copies
- Divorce papers for any divorced applicant (s).
- Housing award letter – if applicable
- Four (4) most recent pay stubs. - a Fax Number or Email for Employment Verification.
- Social Security / SSI Award Letter – If applicable.
- Most recent (1) checking/Savings/Chime/Cashapp account bank statement(s).- Must be for full month
- OAG print out showing 1 full year of payments – If Child support is not through the courts, please proved a notarized letter with the amount paid and how often it is paid.

**To ensure that your application process moves as seamlessly as possible, please be sure to bring these items with you:**

**All Household Members 18 and older must sign all pages and provide Proof of Income & Assets**

**App fee: \$16 (Must be Money Order)**

**\*\*Longview ISD\*\***

# TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

## INTAKE APPLICATION

Dear Applicant:

The information on this form is needed to determine if your household is eligible to participate under a Texas Department of Housing and Community Affairs (TDHCA) Affordable Housing Program. Please complete this entire form and leave no blanks.

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

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

II. THIS SECTION TO BE COMPLETED BY APPLICANT	
<b>A. CONTACT INFORMATION</b>	
<b>Street Address:</b> <small>(as shown on driver's license or government ID)</small> <div style="text-align: right;"><input type="checkbox"/> Rent <input type="checkbox"/> Own</div>	<b>Apt #:</b>
<b>City/State/Zip:</b>	<b>County:</b>
<b>Current Address:</b> <small>(if different from above)</small> <div style="text-align: right;"><input type="checkbox"/> Rent <input type="checkbox"/> Own</div>	<b>Apt #:</b>
<b>City/State/Zip:</b>	<b>County:</b>
<b>Email Address:</b>	<b>Home Phone:</b> (    ) <b>Mobile Phone:</b> (    )
<b>Emergency Contact Name:</b>	<b>Phone:</b> (    )

B. PREVIOUS RESIDENCY INFORMATION	
<b>Previous Address/City/State:</b> <div style="text-align: right;"><input type="checkbox"/> Rent <input type="checkbox"/> Own</div>	<b>Cost per Month:</b>
<b>Reason For Leaving:</b>	<b>Occupied For:</b> ____ Yrs ____ Mos
<b>Contact/Landlord Name:</b>	<b>Phone:</b>

C. HOUSEHOLD COMPOSITION – List the Head of Household and all other persons who comprise the household						
Full Name (exactly as on driver's license or other govt. document)	Relationship to Head of HH	Date of Birth	Gender	Student Status F/T=Full Time P/T=Part Time	Social Security No./ Alien Registration No.	Receiving income
1	Head of Household		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
2	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
3	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
4	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
5	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
6	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
7	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
8	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No

**D. HOUSEHOLD COMPOSITION INFORMATION**

Were any of the household members a full-time student within the last calendar year? ☐ NO ☐ YES, who? \_\_\_\_\_

Are any of the household members listed above foster 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? \_\_\_\_\_

\*\*\* Important Information for Former Military Services Members. Women and men who served in any branch of the United States Armed Forces, including Army, Navy, Marines, Coast Guard, Reserves or National Guard, may be eligible for additional benefits and services. For more information please visit the Texas Veterans Portal at <https://veterans.portal.texas.gov/>

**F. ANNUAL INCOME (List ALL income of adults and children in your household, except for the earned income from employment by persons under the age of 18)**

Identify income from any of the following sources, including periodic payments:	Head of Household	Co-Head/ Spouse	Other Adult Member(s)	Child or Dependent or Other Adult Member	Total
Salary <input type="checkbox"/> Yes <input type="checkbox"/> No					
Overtime Pay <input type="checkbox"/> Yes <input type="checkbox"/> No					
Commissions/Fees <input type="checkbox"/> Yes <input type="checkbox"/> No					
Tips and Bonuses <input type="checkbox"/> Yes <input type="checkbox"/> No					
Salary from 2 <sup>nd</sup> job <input type="checkbox"/> Yes <input type="checkbox"/> No					
Temporary Income <input type="checkbox"/> Yes <input type="checkbox"/> No					
Income from Military <input type="checkbox"/> Yes <input type="checkbox"/> No					
Interest/Dividends <input type="checkbox"/> Yes <input type="checkbox"/> No					
Business Net Income <input type="checkbox"/> Yes <input type="checkbox"/> No					
Net Rental Income <input type="checkbox"/> Yes <input type="checkbox"/> No					
Social Security <input type="checkbox"/> Yes <input type="checkbox"/> No					
Supplemental Security Income <input type="checkbox"/> Yes <input type="checkbox"/> No					
Pension <input type="checkbox"/> Yes <input type="checkbox"/> No					
Retirement Funds <input type="checkbox"/> Yes <input type="checkbox"/> No					
Familial Support <input type="checkbox"/> Yes <input type="checkbox"/> No					
Unemployment Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No					
Alimony <input type="checkbox"/> Yes <input type="checkbox"/> No					
Child Support (Circle Type) Anticipated, Voluntary, Court Ordered (regardless if pd.) <input type="checkbox"/> Yes <input type="checkbox"/> No					
AFDC/TANF <input type="checkbox"/> Yes <input type="checkbox"/> No					
Educational Scholarship/Grant <input type="checkbox"/> Yes <input type="checkbox"/> No					
Other: Explain: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Total:</b>					

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

2 <sup>nd</sup> 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	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month Salary \$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____		# of hours worked per week	Last Date of Employment

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

2 <sup>nd</sup> 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	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month Salary \$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____		# of hours worked per week	Last Date of Employment

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

2 <sup>nd</sup> 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	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month Salary \$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____		# of hours worked per week	Last Date of Employment

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

2 <sup>nd</sup> 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	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month Salary \$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____		# of hours worked per week	Last Date of Employment

**H. HOUSEHOLD ASSETS (Identify if anyone has any of the following types of assets, including dependents under the age of 18)**

Identify All Asset Sources	Cash Value	Asset Income (Interest/Dividends)	Name of Financial Institution
Checking Account <input type="checkbox"/> Yes <input type="checkbox"/> No			
Additional Checking Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Savings Account <input type="checkbox"/> Yes <input type="checkbox"/> No			
Additional Savings Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Pre-Paid Debit Cards <input type="checkbox"/> Yes <input type="checkbox"/> No			
Stocks, Bonds, Mutual Funds* <input type="checkbox"/> Yes <input type="checkbox"/> No			
Real Estate or Home <input type="checkbox"/> Yes <input type="checkbox"/> No			
Trust Fund(s) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Mortgage Note Held <input type="checkbox"/> Yes <input type="checkbox"/> No			
Whole Life Insurance Cash Value* <input type="checkbox"/> Yes <input type="checkbox"/> No			
Real Estate/Land* <input type="checkbox"/> Yes <input type="checkbox"/> No			
Peer to Peer (PayPal, Cash App and Venmo) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Non Necessary Personal Property: Such as campers, motorhomes, travel trailers, all-terrain vehicles (if not for day-to-day transportation), recreational boats, expensive jewelry without religious or cultural value, collectibles, equipment not generating business income and luxury items. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Other: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No			

\*When listing the "cash value" of any asset with an asterisk, indicate the amount you would have if you were to convert it to cash. The amount would have deducted any penalties for withdrawal, amounts used to pay off a balance, or any fees which may be assessed for the conversion.

**I. HOUSEHOLD ASSET INFORMATION**

1. Has anyone in the household given away anything of value within the last two years? (if a home was released due to foreclosure, bankruptcy or divorce, answer no) <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, who? _____ Provide explanation (including the type of asset, estimated value of asset, amount disposed for, and date of disposal): _____
2. Has anyone in the household owned a home in the last two years? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, who? _____ Do they currently own it? <input type="checkbox"/> NO <input type="checkbox"/> YES If No, when was it disposed of? _____ If Yes, Is it being rented? <input type="checkbox"/> NO <input type="checkbox"/> YES Is it sitting vacant? <input type="checkbox"/> NO <input type="checkbox"/> YES Is it in the process of being sold? <input type="checkbox"/> NO <input type="checkbox"/> YES
3. Has anyone in the household received a Tax Refund in the last 12 months? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, what was the total amount of the tax refund \$ _____

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

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

Source	Amount	Date Received	Reason
<b>Section 8</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Housing and Urban Development)			
<b>TBRA</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Tenant Based Rental Assistance)			
<b>Insurance</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Homeowner)			
<b>Other</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____			

K. CONFLICT OF INTEREST INFORMATION
<p>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? <input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p style="margin-left: 40px;">If YES, identify who, organization and role? _____</p> <p style="margin-left: 40px;">Is this a current role? <input type="checkbox"/> NO <input type="checkbox"/> YES If NO, identify date role ceased? _____</p> <p>2. Is anyone in the household <u>related</u> 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)? <input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p style="margin-left: 40px;">If YES, identify who, organization and role? _____</p> <p style="margin-left: 40px;">Is this a current role? <input type="checkbox"/> NO <input type="checkbox"/> YES If NO, identify date role ceased? _____</p>

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.												
<p><b>RELEASE:</b> My/Our signature here or on the attached "Release and Consent Form" authorizes the release and/or verification of my/our employment information.</p> <table style="width: 100%; margin-top: 20px;"> <tr> <td style="width: 33%; border-bottom: 1px solid black; padding-bottom: 5px;">Applicant/Resident Printed Name</td> <td style="width: 33%; border-bottom: 1px solid black; padding-bottom: 5px;">Signature</td> <td style="width: 33%; border-bottom: 1px solid black; padding-bottom: 5px;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding-bottom: 5px;">Co-Applicant/Resident Printed Name</td> <td style="border-bottom: 1px solid black; padding-bottom: 5px;">Signature</td> <td style="border-bottom: 1px solid black; padding-bottom: 5px;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding-bottom: 5px;">Adult Member Printed Name</td> <td style="border-bottom: 1px solid black; padding-bottom: 5px;">Signature</td> <td style="border-bottom: 1px solid black; padding-bottom: 5px;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding-bottom: 5px;">Adult Member Printed Name</td> <td style="border-bottom: 1px solid black; padding-bottom: 5px;">Signature</td> <td style="border-bottom: 1px solid black; padding-bottom: 5px;">Date</td> </tr> </table>	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
Applicant/Resident Printed Name	Signature	Date										
Co-Applicant/Resident Printed Name	Signature	Date										
Adult Member Printed Name	Signature	Date										
Adult Member Printed Name	Signature	Date										

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

**PART IX. HOUSEHOLD DEMOGRAPHICS**

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

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

*The Texas Department of Housing and Community Affairs (TDHCA) is required to comply with HUD's reporting requirements; however, you are not required to provide this information. You may not be discriminated against on the basis of this information, or on whether or not you choose to furnish it. If you do not wish to furnish this information, please initial below.*

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

<b>Ethnicity:</b>	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
<b>Race:</b>	Enter each household member's race by using, at least one, of the following coded definitions ( <i>up to 5 categories may be selected</i> ):	1. White 2. Black/African American 3. American Indian/Alaska Native 4. <b>Select from the following:</b> 4a Asian India 4b Chinese 4c Filipino 4d Japanese 4e Korean 4f Vietnamese 4g Other Asian 5. <b>Select from the following:</b> 5a Native Hawaiian 5b Guamanian or Chamorro 5c Samoan 5d Other Pacific Islander 6. Other 7. Tenant did not respond
<b>Disabled:</b>	Check yes if any member of the household is disabled according to Fair Housing Act definition for handicap (disability): <ul style="list-style-type: none"> <li>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 <a href="http://www.fairhousing.com/index.cfm?method=page.display&amp;pagename=reqs_fhr_100-201">http://www.fairhousing.com/index.cfm?method=page.display&amp;pagename=reqs_fhr_100-201</a>.</li> <li>"Handicap" does not include current, illegal use of or addiction to a controlled substance.</li> </ul>	1. Yes 2. No 3. Tenant did not respond

## TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

## RELEASE AND CONSENT FORM

**I. THIS SECTION TO BE COMPLETED BY DEVELOPMENT**

<b>Development Name:</b>	<b>TDHCA/CMTS Number:</b>
<b>Contact Name:</b>	<b>Contact Title:</b>
<b>Development Address:</b>	<b>Phone:</b>
<b>Email Address:</b>	<b>Fax:</b>

**II. THIS SECTION TO BE COMPLETED BY APPLICANT****Applicant/Resident Name:**

I/We \_\_\_\_\_, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our application for participation in a Texas Department of Housing and Community Affairs (TDHCA) Affordable Housing Program. I/we authorize release of information without liability to the administrator/owner/management listed above, and/or the Texas Department of Housing and Community Affairs and/or the Department's service provider.

**INFORMATION COVERED**

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, student status, employment, income, assets, and medical or childcare allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation in a TDHCA Affordable Housing Program.

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED**

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers	Welfare Agencies	Veterans Administrations
Support and Alimony Providers	State Unemployment Agencies	Retirement Systems
Educational Institutions	Social Security Administration	Medical and Child Care Providers
Bank and other Financial	Utility Providers	Previous Landlords
Institutions Public Housing Agencies	Appraisal Districts	Insurance Carrier

**III. APPLICANT CERTIFICATION**

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant/Resident Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Member Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Member Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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





## **Acknowledgement of Receipt**

**Name:** \_\_\_\_\_

**Apt. #** \_\_\_\_\_

I \_\_\_\_\_,

acknowledge receipt of the following documents.

- Tenant Selection Plan
- VAWA 5380 – Notice of occupancy rights
- VAWA 5382 Certification of VAWA



## Authorization to Assist

Head of Household Name	Unit Number
------------------------	-------------

I, \_\_\_\_\_,  
authorize \_\_\_\_\_  
to assist in completing my certification forms.

**The person assisting is:**

- ☐ Property staff
- ☐ My caseworker
- ☐ A family member
- ☐ Other: \_\_\_\_\_

**I require assistance due to:**

- ☐ Difficulty writing
- ☐ Difficulty understanding the forms
- ☐ Limited English proficiency
- ☐ Other: \_\_\_\_\_

### signatures

Resident Name (Print)	Signature	Date
-----------------------	-----------	------

Name of Person Assisting (Print)	Signature	Date
----------------------------------	-----------	------



## Custody & Child Support Affidavit

Applicant/Tenant: \_\_\_\_\_ Unit #: \_\_\_\_\_

***Please complete a separate form for each minor in this unit not living with both biological or adoptive parents:***

Child Name/SSN(last four digits)/DOB : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name of Absent Parent: \_\_\_\_\_

Will this child live with you in the tax credit apartment at least 50% of the time?

☐ YES

☐ NO

Who claimed the child as a dependant on their most recent tax return?

☐ I did

☐ The absent parent

☐ Other: \_\_\_\_\_

☐ No one

Do you receive support (monetary or not) for this child? ☐ YES ☐ NO

(Note: "Support" may be legally ordered or an informal agreement)

If YES list amount \$ \_\_\_\_\_ per \_\_\_\_\_

Have you ever been awarded an amount of child support for this child through the courts?

☐ YES

☐ NO

If awarded but not paid, have you taken legal action to collect child support?

☐ YES

☐ NO

If yes, please describe efforts and proof: \_\_\_\_\_

Do you expect to receive child support for this child in the next 12 months?

☐ YES

☐ NO

If no, please explain: \_\_\_\_\_

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 understand that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

\_\_\_\_\_  
(Signature of Household Member)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Manager)

\_\_\_\_\_  
Date



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

**Applicant/Tenant:** \_\_\_\_\_

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

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

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

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

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

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Date

## TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

## Asset Certification of Net Family Assets

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

<https://www.huduser.gov/portal/datasets/inflationary-adjustments-notifications.html>(Complete only one form per household; include assets of minors.)

Head of Household Name: \_\_\_\_\_ Unit No.: \_\_\_\_\_

Development Name and Address: \_\_\_\_\_

## Complete all that apply for 1 through 4:

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

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

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

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

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

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

Signature of Applicant/Tenant

Date

Signature of Applicant/Tenant

Date

Signature of Applicant/Tenant

Date

Signature of Applicant/Tenant

Date

**PENALTIES FOR MISUSING THIS CONTENT:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7), and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7), and (8).

# MARITAL STATUS AFFIDAVIT

(To be completed by all applicants)

**Applicant/Tenant:** \_\_\_\_\_ **Unit #:** \_\_\_\_\_

I certify that:

- ☐ I have never been married. (If checked, stop here and sign and date bottom of form.)
- ☐ I am divorced
- ☐ I am separated
- ☐ I am widowed
- ☐ I am estranged. (If checked, please answer estranged status questions below.)

from my spouse(s) whose name(s) is/are: \_\_\_\_\_

Date of divorce(s)/separation(s)/etc. \_\_\_\_\_

**Check this box if you are ESTRANGED from your spouse and initial:**

☐ I am estranged from my spouse (not yet legally separated or divorced). They will not be contributing financially and will not be living in the apartment at any time during my tenancy. Initial here: \_\_\_\_\_

**Check A or B:**

- A. ☐ I am not and will not be receiving any form of spousal contributions to my household.
- B. ☐ I am or do anticipate receiving spousal contributions to my household

Spousal contribution in the amount of \$\_\_\_\_\_ per month will be received during the next 12-month period (verification is required). I will immediately notify the office of any change in this amount.

**Answer the following:**

I have been awarded income such as alimony, child support, or survivor benefits

☐ YES ☐ NO

I am in possession of and am providing copies of legal documents to verify divorce, separation, etc.

☐ YES ☐ NO If no, please state why:

\_\_\_\_\_

The following legal actions have been made to attempt to collect payments owed to me:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*These questions are being asked to document income eligibility for affordable housing. You will not be approved or denied based on your marital status.*

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 understand that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.



# PRIVACY POLICY FOR PERSONAL INFORMATION OF RENTAL APPLICANTS AND RESIDENTS

We are dedicated to protecting the privacy of your personal information, including your Social Security Number and other identifying or sensitive personal information. Our policies and procedures are designed to help ensure that your information is kept security, and we work to follow all federal and state laws regarding the protection of your personal information. While no one can guarantee against identity theft or the misuse of personal information, protecting the information you provide us is a high priority to our company and staff. If you ever have concerns about this issue, please feel free to share them with us.

**How personal information is collected.** You will be asked to furnish some or your personal information when you apply to rent from us. This information will be on the rental application form or other documents(s) that you provide to use or to an apartment locator service, either on paper or electronically.

**How and when information is used.** We use this information only for our business purposes involved in leasing a dwelling to you. Examples of these uses include, but are not limited to, verify statements made on your rental application (such as your rental, credit, and employment history), reviewing your lease for renewal and enforcing your lease obligations (such as to obtain payment for money you may owe us in the future).

**How the information is protected and who has access.** We allow only authorized persons to have access to your personal information, and we keep documents and electronic records containing this information in secure areas and systems.

**How the information is disposed of.** After we no longer need or are required to keep your personal information, we will store or destroy it in a manner designed to prevent unauthorized persons from accessing it. Our disposal methods will include shredding, destruction or obliteration of paper documents and destruction of electronic files.

**Locator services.** If you found us through a locator service, please be aware that locator services are independent contractors and are not our employees or agents – even though they may initially process rental applications and fill out lease forms. You should require any locator services you use to furnish you with their own privacy policies.

Thanks,

Management

---

Name of Owner or Management Company

---

Name of Apartment Community

---

*Resident's Signature*

---

*Resident's Signature*

# Texas Department of Housing and Community Affairs

## Special Needs Certification

Property Name: \_\_\_\_\_ TDHCA File#: \_\_\_\_\_

Household Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

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

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

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

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

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

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

\_\_\_\_\_  
*Household Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Household Signature*

\_\_\_\_\_  
*Date*

**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.**

TDHCA  
November 6, 2019





TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

**A Tenant Rights and Resources Guide  
Acknowledgement of Receipt Form**



DEPARTAMENTO DE VIVIENDA Y ASUNTOS COMUNITARIOS DE TEXAS

**Guía de derechos y recursos de los inquilinos  
Formulario de acuse de recibo**

Property Name\* / Nombre de la propiedad\*: \_\_\_\_\_

TDHCA File # / N.º de expediente de TDHCA: \_\_\_\_\_

Household Name / Nombre del grupo familiar: \_\_\_\_\_

Unit Number / Número de unidad \_\_\_\_\_

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

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

\_\_\_\_\_  
Signature / Firma

\_\_\_\_\_  
Date / Fecha

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Signature / Firma

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