

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 (THDCA) Affordable Housing Program. Please complete this entire form and leave no blanks.

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

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

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

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

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 nd 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					
Total:					

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 nd 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 nd 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 nd 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 nd 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
Section 8 <input type="checkbox"/> Yes <input type="checkbox"/> No (Housing and Urban Development)			
TBRA <input type="checkbox"/> Yes <input type="checkbox"/> No (Tenant Based Rental Assistance)			
Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No (Homeowner)			
Other <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>If YES, identify who, organization and role? _____</p> <p>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>If YES, identify who, organization and role? _____</p> <p>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>RELEASE: My/Our signature here or on the attached "Release and Consent Form" authorizes the release and/or verification of my/our employment information.</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

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.

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 married and spouse is included in household

☐ 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.



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

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

RELEASE AND CONSENT FORM

I. THIS SECTION TO BE COMPLETED BY DEVELOPMENT

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

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.



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

Signature / Firma

Date / Fecha

Signature / Firma

Date / Fecha

Signature / Firma

Date / Fecha

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