

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

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Main Number: 512-475-3800 Toll Free: 1-800-525-0657 Email: info@tdhca.texas.gov Web: www.tdhca.texas.gov

