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 Affair's (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: ☐ Rent ☐ Own **(as shown on driver's license or government ID)**	**Apt #:**
City/State/Zip:	**County:**
Current Address: ☐ Rent ☐ Own **(if different from above)**	**Apt #:**
City/State/Zip:	**County:**
Email Address:	**Home Phone: ( )** **Mobile Phone: ( )**
Emergency Contact Name:	**Phone: ( )**

B. PREVIOUS RESIDENCY INFORMATION	
Previous Address/City/State: ☐ Rent ☐ Own	**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	Student Status F/T=Full Time P/T=Part Time	Social Security No./ Alien Registration No.	Receiving income
1	Head of Household		☐ F/T ☐ P/T ☐ N/A		☐ Yes ☐ No
2	☐ Co-Head ☐ Spouse ☐ Dependent ☐ Other Adult		☐ F/T ☐ P/T ☐ N/A		☐ Yes ☐ No
3	☐ Co-Head ☐ Spouse ☐ Dependent ☐ Other Adult		☐ F/T ☐ P/T ☐ N/A		☐ Yes ☐ No
4	☐ Co-Head ☐ Spouse ☐ Dependent ☐ Other Adult		☐ F/T ☐ P/T ☐ N/A		☐ Yes ☐ No
5	☐ Co-Head ☐ Spouse ☐ Dependent ☐ Other Adult		☐ F/T ☐ P/T ☐ N/A		☐ Yes ☐ No
6	☐ Co-Head ☐ Spouse ☐ Dependent ☐ Other Adult		☐ F/T ☐ P/T ☐ N/A		☐ Yes ☐ No
7	☐ Co-Head ☐ Spouse ☐ Dependent ☐ Other Adult		☐ F/T ☐ P/T ☐ N/A		☐ Yes ☐ No
8	☐ Co-Head ☐ Spouse ☐ Dependent ☐ Other Adult		☐ F/T ☐ P/T ☐ N/A		☐ Yes ☐ 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 children? ☐ 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 ☐Yes ☐No					
Overtime Pay ☐Yes ☐No					
Commissions/Fees ☐Yes ☐No					
Tips and Bonuses ☐Yes ☐No					
Salary from 2nd job ☐Yes ☐No					
Temporary Income ☐Yes ☐No					
Income from Military ☐Yes ☐No					
Interest/Dividends ☐Yes ☐No					
Business Net Income ☐Yes ☐No					
Net Rental Income ☐Yes ☐No					
Social Security ☐Yes ☐No					
Supplemental Security Income ☐Yes ☐No					
Pension ☐Yes ☐No					
Retirement Funds ☐Yes ☐No					
Familial Support ☐Yes ☐No					
Unemployment Benefits ☐Yes ☐No					
Workers' Compensation ☐Yes ☐No					
Alimony ☐Yes ☐No					
Child Support (Circle Type) Anticipated, Voluntary, Court Ordered (regardless if pd) ☐Yes ☐No					
AFDC/TANF ☐Yes ☐No					
Educational Scholarship/Grant ☐Yes ☐No					
Other: Explain: _____ ☐Yes ☐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	☐Hourly ☐Weekly ☐ bi-weekly ☐ twice a month Salary $_____ ☐Monthly ☐ Yearly ☐Other_____	# of hours worked per week	Last Date of Employment

2nd 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	☐Hourly ☐Weekly ☐ bi-weekly ☐ twice a month Salary $_____ ☐Monthly ☐ Yearly ☐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	☐Hourly ☐Weekly ☐ bi-weekly ☐ twice a month Salary $_____ ☐Monthly ☐ Yearly ☐Other_____	# of hours worked per week	Last Date of Employment

2nd 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	☐Hourly ☐Weekly ☐ bi-weekly ☐ twice a month Salary $_____ ☐Monthly ☐ Yearly ☐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	☐Hourly ☐Weekly ☐ bi-weekly ☐ twice a month Salary $_____ ☐Monthly ☐ Yearly ☐Other_____	# of hours worked per week	Last Date of Employment

2nd 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	☐Hourly ☐Weekly ☐ bi-weekly ☐ twice a month Salary $_____ ☐Monthly ☐ Yearly ☐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	☐Hourly ☐Weekly ☐ bi-weekly ☐ twice a month Salary $_____ ☐Monthly ☐ Yearly ☐Other_____	# of hours worked per week	Last Date of Employment

2nd 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	☐Hourly ☐Weekly ☐ bi-weekly ☐ twice a month Salary $_____ ☐Monthly ☐ Yearly ☐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 ☐Yes ☐No			
Additional Checking Account(s) ☐Yes ☐No			
Savings Account ☐Yes ☐No			
Additional Savings Account(s) ☐Yes ☐No			
Credit Union Account(s) ☐Yes ☐No			
Stocks, Bonds, Mutual Funds* ☐Yes ☐No			
Real Estate or Home ☐Yes ☐No			
IRA/Keogh Account(s)* ☐Yes ☐No			
Retirement/Pension Fund(s)* ☐Yes ☐No			
Trust Fund(s) ☐Yes ☐No			
Mortgage Note Held ☐Yes ☐No			
Whole Life Insurance Cash Value* ☐Yes ☐No			
Real Estate/Land* ☐Yes ☐No			
Other: _____ ☐Yes ☐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)* ☐ NO ☐ 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? ☐ NO ☐ YES If yes, who? _____

Do they currently own it? ☐ NO ☐ YES If No, when was it disposed of? _____

If Yes, Is it being rented? ☐ NO ☐ YES

Is it sitting vacant? ☐ NO ☐ YES

Is it in the process of being sold? ☐ NO ☐ YES

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

Source	Amount	Date Received	Reason
FEMA ☐Yes ☐No **(Federal Emergency Management Agency)**			
SBA ☐Yes ☐No **(Small Business Administration)**			
Section 8 ☐Yes ☐No **(Housing and Urban Development)**			
TBRA ☐Yes ☐No **(Tenant Based Rental Assistance)**			
Insurance ☐Yes ☐No **(Homeowner)**			
Other ☐Yes ☐No **Explain:_____**			

K. CONFLICT OF INTEREST INFORMATION

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? ☐ NO ☐ YES

   If YES, identify who, organization and role? _____

   Is this a current role? ☐ NO ☐ YES If NO, identify date role ceased? _____

2. Is anyone in the household related 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)? ☐ NO ☐ YES

   If YES, identify who, organization and role? _____

   Is this a current role? ☐ NO ☐ YES If NO, identify date role ceased? _____

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.

RELEASE: My/Our signature here or on the attached "Release and Consent Form" authorizes the release and/or verification of my/our employment information.

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.