

**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	
A. CONTACT INFORMATION	
Street Address: <small>(as shown on driver's license or government ID)</small> <input type="checkbox"/> Rent <input type="checkbox"/> Own	Apt #:
City/State/Zip:	County:
Current Address: <small>(if different from above)</small> <input type="checkbox"/> Rent <input type="checkbox"/> Own	Apt #:
City/State/Zip:	County:
Email Address:	Home Phone: () Mobile Phone: ()
Emergency Contact Name:	Phone: ()

B. PREVIOUS RESIDENCY INFORMATION	
Previous Address/City/State: <input type="checkbox"/> Rent <input type="checkbox"/> 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	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	Salary \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month <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	Salary \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month <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	Salary \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month <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	Salary \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month <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	Salary \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month <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	Salary \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month <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	Salary \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month <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	Salary \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month <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) 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

3. Has anyone in the household received a Tax Refund in the last 12 months? NO 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

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.

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.



**GULF COAST PALMS PROPERTY MANAGEMENT
TENANT INTAKE APPLICATION SUPPLEMENT**

YOUR NAME _____

HOW DID YOU HEAR ABOUT US? _____

PET INFORMATION

Do you have any pets? No Yes (Complete below)

- **Pet Policy:** A **\$250 refundable deposit** and a **\$250 non-refundable fee** are required per pet. No aggressive breeds allowed. A maximum of **2 small pets** or **1 large pet** is permitted. **No fenced yards are available.**

Type (Canine/Feline)	Breed	Weight	Age	Vaccinated? (Yes/No)	Pets Name	Color

VEHICLE INFORMATION

Make	Model	Year	Color	License Plate #	State Registered



YOUR NAME _____

HOUSEHOLD DEMOGRAPHICS

The Texas Department of Housing and Community Affairs (TDHCA) requires this information for reporting purposes. You are not required to provide this information, and it will not be used in any way to determine eligibility. If you do not wish to furnish this information, please initial below.

HH Mbr #	Ethnicity (Select One: 1 = Hispanic or Latino, 2 = Not Hispanic or Latino, 3 = Tenant Did Not Respond)	Race (Select One: 1 = White, 2 = Black/African American, 3 = American Indian/Alaska Native, 4 = Asian, 5 = Native Hawaiian/Other Pacific Islander)	Disabled Status (1 = Yes, 2 = No, 3 = Tenant Did Not Respond)
1	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
6	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
7	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
8	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

Resident/Applicant Acknowledgment:

I do not wish to furnish information regarding ethnicity, race, or disability status.

(Initials) _____

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
UNDER \$50,000 ASSET CERTIFICATION
 For households whose combined net assets do not exceed \$50,000.
 (Complete only one form per household; include assets of children.)

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 more than \$1,000 below 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 \$50,000, 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).