

**TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
HOUSING TRUST FUND
INTAKE APPLICATION**



Date Complete Intake Received:	Time Complete Intake Received:
Administrator (Entity Name): East Texas Council of Governments	Contract Number: 1001208
<input type="checkbox"/> Homebuyer Assistance (HBA) <input checked="" type="checkbox"/> Amy Young Barrier Removal Program <input type="checkbox"/> Veterans Rental Assistance (VRA)	
Applicant (Household) Name(s):	
Current Address:	
City, State, Zip:	Phone:

The Public Information Act gives individuals the right to access public records, but certain information may be excepted from public disclosure. For more information, please visit the Office of Attorney General website at www.oag.state.tx.us and the Texas Government Code Chapter 552 at <http://www.statutes.legis.state.tx.us/>

HOUSEHOLD MEMBERS		
List Head of Household and ALL other persons who will be living in the household. Describe the relationship of each person to the Head of Household. Attach a separate sheet for additional household members.		
Household Member Name	Relationship to Head of Household	Date of Birth
	Head of Household	

FIRST-TIME HOMEBUYER STATUS (for the Homebuyer Assistance Program only)	
Applicant (and co-applicant) has not owned a home during the last three (3) years.	
Initials of Applicant:	Initials of Co-Applicant:

HOMEOWNERSHIP STATUS , if applicable	
Applicant can provide documentation from the local tax appraisal district that verifies billing address is same as the property address needing rehabilitation.	
Initials of Applicant:	Initials of Co-Applicant:

ASSETS

List ALL household members and their assets. **If a member does not have assets, put "N/A" under "Type of Asset."** Provide the current estimated cash value. Note: cars are NOT considered an asset. Attach a separate sheet for additional assets.

Household Member Name	Type of Asset (e.g., savings, checking, retirement account, CD, real estate, etc.)	Source (e.g., bank name)	Current Estimated Cash Value

Yes No

Are you entitled to **receive** court-ordered **child support** for any of your dependents?
If yes, the amount must be included as Income above. Court-ordered amount: \$ _____

Yes No

Are any household members temporarily **absent** from the home?
If yes, explain: _____

Yes No

Do you anticipate any other members **will join** your household within the next 12 months?
If yes, explain: _____

HEAD of HOUSEHOLD CHARACTERISTICS

Note: This information is **REQUIRED** to ensure compliance with Fair Housing and Equal Opportunity regulations.

Race of Head of Household

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaska Native |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Asian and White |
| <input type="checkbox"/> Black/African American and White | <input type="checkbox"/> American Indian/Alaska Native and White |
| <input type="checkbox"/> American Indian/Alaska Native and Black/African American | <input type="checkbox"/> Other Multi Racial |

Ethnicity of Head of Household

- Hispanic – A person of Mexican, Cuban, 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.
- Non-Hispanic – A person not of Mexican, Cuban, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

DISABILITY STATUS, if applicable

At least one member of the household has a physical or mental impairment that substantially limits one or more major life activities.

Initials of Applicant:

Initials of Co-Applicant:

VETERAN STATUS, if applicable

Head or Co-Head of household is a person:

- 1. who served more than 90 days—unless discharged earlier for a service-connected disability—on active duty in the Army, Navy, Air Force, Coast Guard, Marine Corps, or United States Public Health Service (as constituted under 42 U.S.C. Section 201 et seq.) of the United States after September 16, 1940; and who, on the date of submitting an HTF application, has not been dishonorably discharged from the branch of the service in which the person served; OR
- 2. who has enlisted or received an appointment in the Texas National Guard, who has completed all initial active duty training required as a condition of the enlistment or appointment; and who, on the date of submitting an HTF application, has not been dishonorably discharged from the Texas National Guard; OR
- 3. who served as a member of the Republic of Vietnam’s armed forces between February 28, 1961, and May 7, 1975; OR
- 4. who is the unmarried surviving spouse of a veteran who died or who is identified as missing in action if the deceased or missing veteran meets the requirements of this section, with the exception that the deceased or missing veteran need not have served 90 days

Initials of Applicant:

Initials of Co-Applicant:

INCOME

List ALL household members and their incomes. **If a member does not earn/receive income, put “N/A” under “Source of Income.”** Income includes, but is not limited to: military income, wages, salaries, tips, child support, part-time income, temporary income, unemployment, retirement benefits, Social Security benefits, SSI benefits, etc. Note: food stamps are NOT considered income. Attach a separate sheet for additional household members.

Household Member Name	Full Time Student?	Source of Income (e.g., Social Security, employer name, etc.)	Amount of Payment	Rate of Payment (e.g., weekly, every 2 weeks, monthly, etc.)

APPLICANT CERTIFICATION

Applicant may certify the following statements by initialing the blanks below.

_____ I/We hereby certify that the property to be assisted by the Housing Trust Fund will be my/our principal residence throughout the entire period during which I/we receive HTF program assistance.

_____ For Homebuyer Assistance and Housing Rehabilitation Programs ONLY: I/We understand that my/our acceptance of a Housing Trust Fund loan will result in the attachment of a lien in favor of the Texas Department of Housing and Community Affairs on my/our principle residence.

_____ I/We understand the information provided as part of this application will be used to determine if I/we are eligible for Housing Trust Fund assistance.

_____ I/We hereby certify that all the information provided herein is true and correct.

_____ I/We understand that providing false statements or information are grounds for termination of Housing Trust Fund assistance and is punishable under State law.

_____ I/We authorize the above-referenced Administrator to verify all information provided as part of this application and to obtain information from a third party regarding my household's eligibility for Housing Trust Fund assistance.

I/We acknowledge that:

- (1) A photocopy of this form is as valid as the original;
- (2) I have the right to review information received using this form; and
- (3) I have the right to a copy of information provided to the Administrator and to request correction of any information I believe inaccurate.

Privacy Act Notice:

The Texas Department of Housing and Community Affairs (TDHCA) requires the collection of information to determine an applicant's eligibility for HTF Programs. This information will be used to verify the accuracy of the information provided in the application, and to establish the level of HTF assistance for which the applicant is eligible. This information will not be released to any outside party unless legally required. Failure to provide any information may result in delay or cancellation of an HTF application.

Signature of Applicant

Date

Signature of Co-Applicant

Date

ADMINISTRATOR CERTIFICATION

In accordance with the requirements of the Housing Trust Fund, I have reviewed, verified, and confirmed the information provided by Applicant. I hereby certify that the information presented herein is true, correct, and complete.

Signature of Administrator

Date