



Central Texas Opportunities, Inc.
Coleman, Texas 76834

Helping People. Changing Lives.

(325)625-4167

**HOME ASSISTANCE PROGRAM
TBRA**

Date:	County:
Client Name:	
Mailing Address: Physical Address:	
Phone #: Alternate Phone# :	

APPLICATION CHECKLIST

In order for us to process your application in a timely and professional manner, please have this information submitted with intake. Applications will not be processed until all the required documents are received.

Please contact your local CTO Community Services Office OR 800-625-4167 to complete priority sheet to be scheduled for appointment.

Application Forms

- ___ INTAKE APPLICATION
- ___ INTAKE APPLICATION ADDENDUM
- ___ SUPPLEMENT TO INTAKE APPLICATION
- ___ RELEASE AND CONSENT
- ___ VERIFICATION OF DISABILITY, if applicable
- ___ SELF SUFFICIENCY CONTRACT
- ___ CERIFICATION OF PRINCIPAL RESIDENCE
- ___ REQUEST FOR UNIT APPROVAL
- ___ LEAD BASED PAMPHLET "PROTECT YOUR FAMILY FROM LEAD IN YOUR HOME" (Please keep)
- ___ RECEIPT OF LEAD BASED PAINT NOTIFICATION
- ___ LESSOR/LANDLORDS DISCLOSURE OF INFORMATION ON LEAD-BASED PAINT

Required Support Documents

- ___ TEXAS DRIVERS LICENSE OR PICTURE ID FOR ALL HOUSEHOLDS OVER THE AGE 18
- ___ SOCIAL SECURITY CARDS FOR ALL HOUSEHOLD MEMBERS
- ___ PROOF OF EARNED OR UNEARNED INCOME
- ___ (SOCIAL SECURITY AWARD LETTER, CHECK STUBS FOR THE LAST 4-6 PAY PERIODS)
- ___ PROOF OF CHILD SUPPORT (prefer print out for last 12 months from OAG)
- ___ CHECKING ACCOUNT STATEMENT (MOST RECENT 6 MONTHS STATEMENTS)
- ___ SAVING ACCOUNT STATEMENT (Most current)
- ___ INVESTMENTS (STOCKS, BONDS, CD'S, RETIREMENT ACCOUNTS, PENSIONS)
- ___ OTHER

Are you currently Homeless	
How did you hear about the HOME program? (Be specific)	
Were special accommodations made to assist applicant with the interview process? Yes/No, explain what accommodations were made, by whom:	



HOME PROGRAM INTAKE APPLICATION

A. ADMINISTRATOR INFORMATION

Administrator Name : Central Texas Opportunities, Inc.

Street Address: 118 W Pecan St., Ste 405

City/State/Zip: Coleman TX 76834

County: Coleman

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 FT = Full Time PT = Part Time N/A = Not applicable	Receives Income?
1.	Head of Household		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> Yes
2.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> Yes
3.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> Yes
4.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> Yes
5.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> Yes
6.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> Yes
7.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> Yes
8.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> Yes
9.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> Yes
10.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> No <input type="checkbox"/> Yes

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)

Source	Amount	Date Received	Reason
1. FEMA: Federal Emergency Management Agency <input type="checkbox"/> No <input type="checkbox"/> Yes	\$		
2. SBA: Small Business Administration <input type="checkbox"/> No <input type="checkbox"/> Yes	\$		
3. Section 8: Housing and Urban Development <input type="checkbox"/> No <input type="checkbox"/> Yes	\$		
4. TBRA: Tenant Based Rental Assistance <input type="checkbox"/> No <input type="checkbox"/> Yes	\$		
5. Homeowner Insurance <input type="checkbox"/> No <input type="checkbox"/> Yes	\$		
6. Other Describe: <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
2. Salary #2 <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
3. Overtime Pay <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
4. Commissions/Fees <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
5. Tips and Bonuses <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
6. Temporary Income <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
7. Income from Military <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
8. Interest/Dividends <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
9. Net Business Income <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
10. Net Rental Income <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
11. Social Security <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
12. Supplemental Security Income <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
13. Pension <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
14. Retirement Income <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
15. Familial Support or Recurring Gifts <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
16. Unemployment Benefits <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
17. Worker's Compensation <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
18. Alimony <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
19. Child Support <input type="checkbox"/> No <input type="checkbox"/> Yes Circle Type: Court Awarded Voluntary Anticipated	\$	\$	\$	\$	\$
20. AFDC/TANF <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
21. Other Income Describe: <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
				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: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly (26) <input type="checkbox"/> Twice month(24) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> 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: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly (26) <input type="checkbox"/> Twice month(24) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> 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: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly (26) <input type="checkbox"/> Twice month(24) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> 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: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly (26) <input type="checkbox"/> Twice month(24) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> 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	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
2. Checking Account #2	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
3. Savings Account #1	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
4. Savings Account #2	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
5. Credit Union Account(s)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
6. Stocks, Bonds, Mutual Funds*	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
7. Real Estate/Home*	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
8. Real Estate/Land*	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
9. IRA/Keogh Account(s)*	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
10. Retirement/Pension Fund(s)*	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
11. Trust Fund(s)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
12. Mortgage Note Held	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
13. Whole Life Insurance*	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
14. Personal Property Held as an Investment (gems, coins, etc.)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
15. Lump Sums Received (inheritance, capital gains, insurance, etc.)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
16. Other:	<input type="checkbox"/> No <input type="checkbox"/> 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 _____ I do not wish to furnish information regarding my ethnicity, race, gender, age, and/or household composition.
Initials

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.

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

Street Address: 221 East 11th Street, Austin, TX 78701 Mailing Address: PO Box 13941, Austin, TX 78711
Main Number: 512-475-3800 Toll Free: 1-800-525-0657 Email: info@tdhca.state.tx.us Web: www.tdhca.state.tx.us



**TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
SUPPLEMENT TO THE INTAKE APPLICATION**

Participation in a TDHCA Tenant Based Rental Assistance Program requires the determination of adjusted income to calculate the amount of subsidy assistance your household may be eligible for. Adjusted income is also used to determine the required tenant paid rent of a household identified as over income at recertification on a HOME Rental development. Information disclosed on this form will only be used to determine eligible deductions. If there are any questions that you do not understand, please contact the Administrator, Owner or Management.

Applicant/Resident Name: _____

A. DEPENDENT DEDUCTION (Some household members cannot qualify for this deduction regardless of age, disability, or student status: Head of household, spouse, co-head, a foster child, an unborn child, a child who has not yet joined the family, or a live-in aide.)

Is the household comprised of a family member under the age of 18? ☐ NO ☐ YES, who? _____

Is the household comprised of a family member with disabilities? ☐ NO ☐ YES, who? _____

Is the household comprised of a family member who is a full-time student? ☐ NO ☐ YES, who? _____

B. CHILD CARE EXPENSES DEDUCTION

Is the household paying for the care of children age 12 or under? ☐ NO ☐ YES, for whom? _____

If YES, Please answer the following questions:

1. Does the child care enable an adult household member to (check) ☐ Seek employment OR ☐ Be gainfully employed OR ☐ Further his/her education (academic or vocational)? ☐ NO ☐ YES, who? _____
2. Is there an adult household member capable of providing care during the hours care is needed? ☐ NO ☐ YES
3. Is the child care provided by a member who comprises the household? ☐ NO ☐ YES, who? _____
4. Is the household reimbursed by an outside Agency or Individual? ☐ NO ☐ YES, who? _____

C. DISABILITY ASSISTANCE EXPENSES DEDUCTION

Is the household paying for attendant care and/or an auxiliary apparatus? ☐ NO ☐ YES, for whom? _____

If YES, Please answer the following questions:

1. Does the care and/or use of the auxiliary apparatus enable an adult household member to work? ☐ NO ☐ YES, who? _____
2. Is the household reimbursed by an Agency and/or Individual for these costs? ☐ NO ☐ YES, who? _____
3. Identify the type of care and/or apparatus paid for: _____

D. ELDERLY OR DISABLED FAMILY DEDUCTION

Is the head of household, spouse, or co-head at least 62 years of age or older? ☐ NO ☐ YES, who? _____

Is the head of household, spouse, or co-head a person with a disability? ☐ NO ☐ YES, who? _____

E. MEDICAL EXPENSES DEDUCTION (If your household qualifies for the deduction listed in "D" then medical expenses for ALL household members may be eligible for deduction)

Identify any of the following medical expenses?	Estimated Annual Costs	Can Support for expenses be provided?
Medicare <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES
Doctor Co-Pays <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES
Prescription Costs <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES
Medical Deduction Costs <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES
Over the Counter Costs <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES
Other: <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES

Is the household reimbursed by an Agency and/or Individual for any of these costs? ☐ NO ☐ YES, who? _____

Did the household have any one-time non-recurring medical expenses? ☐ NO ☐ YES, explain? _____

F. APPLICANT/RESIDENT CERTIFICATION

I certify that the above information is true and correct,

Applicant/Resident 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 ADMINISTRATOR/OWNER/MANAGEMENT	
Administrator/Owner/Management Name: Central Texas Opportunities, Inc	TDHCA Number: 1001604
Contact Name: Hanna Adams	Contact Title: Community Srv Director
Address: 2302 S Commercial Coleman, TX 76834	Phone: 325-625-4167
Email Address: hadams@cotoinc.org	Fax: 325-625-3335

II. THIS SECTION TO BE COMPLETED BY APPLICANT															
Applicant/Resident Name:															
<p>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.</p> <p>INFORMATION COVERED</p> <p>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 child care 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.</p> <p>GROUPS OR INDIVIDUALS THAT MAY BE ASKED</p> <p>The groups or individuals that may be asked to release the above information include, but are not limited to:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Past and Present Employers</td> <td style="width: 33%;">Welfare Agencies</td> <td style="width: 33%;">Veterans Administrations</td> </tr> <tr> <td>Support and Alimony Providers</td> <td>State Unemployment Agencies</td> <td>Retirement Systems</td> </tr> <tr> <td>Educational Institutions</td> <td>Social Security Administration</td> <td>Medical and Child Care Providers</td> </tr> <tr> <td>Bank and other Financial Institutions</td> <td>Utility Providers</td> <td>Previous Landlords</td> </tr> <tr> <td>Public Housing Agencies</td> <td>Appraisal Districts</td> <td>Insurance Carrier</td> </tr> </table>	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 Institutions	Utility Providers	Previous Landlords	Public Housing Agencies	Appraisal Districts	Insurance Carrier
Past and Present Employers	Welfare Agencies	Veterans Administrations													
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Bank and other Financial Institutions	Utility Providers	Previous Landlords													
Public Housing Agencies	Appraisal Districts	Insurance Carrier													

III. APPLICANT CERTIFICATION		
<p>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.</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

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.



VERIFICATION OF DISABILITY

Administrator: Central Texas Opportunities, Inc.

Contract/RSP Number: 1001604

Administrator Address: 2302 S Commercial Coleman, TX 76834

Phone: 325-625-4167

Fax: 325-625-3335

Email: hadams@ctoinc.org

Applicant Name:

Applicant Address:

Name of Household Member with a Disability:

Relationship of Person with a Disability to the Applicant:

The above-named Applicant has submitted an application to above-named Contract Administrator for federal housing assistance through the HOME Investment Partnerships (HOME) Program serving Persons with Disabilities. Applicant states that a member of his/her household meets the following definition of Person with Disability, in accordance with 24 CFR 92 and 10 TAC 23:

DEFINITION OF A PERSON WITH A DISABILITY

A Person with Disability is a person who:

- A. Has a disability that is a physical, mental or emotional impairment that:
 1. Is expected to be of a long-continued, and indefinite duration, AND
 2. Substantially impedes his or her ability to live independently, AND
 3. Is of such a nature that the ability could be improved by more suitable housing conditions;OR
- B. Has a developmental disability which is a severe, chronic disability that:
 1. Is attributable to a mental or physical impairment or combination of mental or physical impairments; AND
 2. Is manifested before the person attains age 22; AND
 3. Is likely to continue indefinitely; AND
 4. Results in substantial functional limitations in three or more of the following areas of life:
 - a. Self-care;
 - b. Receptive and expressive language;
 - c. Learning;
 - d. Mobility;
 - e. Self-direction;
 - f. Capacity for independent living;
 - g. Economic self-sufficiency; AND
 5. Reflects the person's need for treatment or services that are of lifelong or extended duration and are individually planned and coordinated.
- C. An individual from birth to age 9 who has a substantial developmental delay, congenital, or acquired condition may be considered to have a developmental disability without meeting three of the above-identified criteria if the individual has a high probability of meeting those criteria later in life.

In accordance with HOME Program regulations, the disability preference being claimed by Applicant must be confirmed by a health care provider or other reliable source. Any information provided is confidential and will be



VERIFICATION OF DISABILITY

used strictly for the purpose of establishing Applicant's eligibility to receive HOME Program assistance as a Person with Disability.

Do NOT disclose specific details regarding the nature of Applicant's disability, or pertaining to his/her specific medical diagnosis.

APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION:

I hereby authorize the individual identified below as "Individual Authorized to Provide Verification of Disability" to release information to the above-named Contract Administrator for the purpose of confirming my eligibility as a Person with Disability, in accordance with the above-stated definition of Person with Disability.

Signature of Person with Disability or His/Her Guardian

Date

INDIVIDUAL AUTHORIZED TO PROVIDE VERIFICATION OF DISABILITY

Individual's Name:

Individual's Address:

Relationship of Individual to Applicant:

Phone:

CERTIFICATION OF APPLICANT'S DISABILITY:

I hereby certify that the above-named Applicant meets the criteria of Person with Disability as provided in the above-stated definition of Person with Disability.

Signature of Individual Authorized to Provide Verification of Disability

Date

WARNING: 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.

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
Street Address: 221 East 11th Street, Austin, TX 78701 Mailing Address: PO Box 13941, Austin, TX 78711
Main Number: 512-475-3800 Toll Free: 1-800-525-0657 Email: info@tdhca.state.tx.us Web: www.tdhca.state.tx.us



Central Texas Opportunities, Inc.

Self-Sufficiency Contract

The Self-Sufficiency Program (SS) is available to all families receiving Tenant Based Rental Assistance. The program is designed to assist families in becoming self-supporting so they will no longer need to rely on public assistance. This program is available through Central Texas Opportunities, Inc. and the only requirement is the desire, willingness and commitment to make a change in your life and to take the steps necessary to become self-sufficient. Hundreds of families all over the country are already making better lives for themselves through this program.

How does the SS Program work?

The SS Program is a cooperative program that provides support and assistance to your family for up to two years. The head of household enters into an agreement with CTO in which an action plan is developed that identifies the family's employment goals. It outlines the activities and services required to achieve these goals. Regular contact with us is essential and will provide opportunities to problem-solve obstacles before they arise. A CTO Case Manager will support you, take an interest in your future, and will refer you to public agencies and resources available in service area.

By combining housing assistance with a number of other services, we can assure better coordination and provide the maximum benefits needed to reach self-sufficiency.

Gradually, as you accomplish increased degrees of self-sufficiency by working and earning more, your portion of rent may go up. You will not have to give up your voucher when the contract is completed, but hopefully you will no longer need assistance at that point.

What kinds of resources are available?

Your SS Case Manager is knowledgeable about many supportive services in the community. We will assess your needs and refer you for the services you need. Some of the services could include workshops in resume writing, skill building, interviewing techniques, completing or adding to your education, affordable childcare, food, job training, job placement, educational programs, career counseling, physical and mental health clinics, household budgeting, credit counseling, debt management and consolidation, home ownership, nutrition, parenting and many other services.

What will be required of me?

COMMITMENT!!! You will bring your own unique talents, skills and strengths to the SS Program. We will require you to be determined and committed in completing the activities listed in your training and services plan. You'll need to keep in touch with us regarding your progress towards self-sufficiency.

Client Signature/Date

Case Manager Signature/Date



**TEXAS
HOME
PROGRAM**

CERTIFICATION OF PRINCIPAL RESIDENCE
Tenant Based Rental Assistance (TBRA)

Administrator: Central Texas Opportunities, Inc.

Contract/RSP Number:
100604

Tenant Name:

Unit Address:

Number of Bedrooms:

Tenant's Certification of Principal Residence

I/We, above named Tenant(s), hereby certify that I/we will occupy the above-referenced address and it will be my/our principal residence throughout the entire period during which I/we receive Tenant-Based Rental Assistance. I/We further certify that all information and documentation provided to Administrator is true and correct. I/We understand that any discrepancies or misstatements may result in my/our disqualification from the HOME Program.

WARNING: 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.

Signature of Head of Household

Date

Signature of Co-Head/Spouse

Date

Verification by Contract Administrator

I hereby certify that I have examined all documentation provided by the above-referenced HOME applicant and he/she is eligible to participate in the Tenant-Based Rental Assistance program.

Signature of Administrator

Date

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**TEXAS
HOME
PROGRAM**

REQUEST FOR UNIT APPROVAL
Tenant Based Rental Assistance (TBRA)

Administrator: Central Texas Opportunities, Inc

Contract/RSP Number: 1001604

Administrator Address: 2302 S Commercial ColemanTX 76834

Phone: 325-625-4167

Tenant Name:

Unit Address:

Number of Bedrooms:

Landlord Name:

Landlord Address:

Phone:

Purpose of this form: This form serves as a request by Tenant and Landlord for Administrator to inspect the rental unit selected for occupancy by Tenant. This form must be completed and signed by both Landlord and Tenant.

Instructions to Tenant: By signing this form, you are requesting Administrator to inspect the rental unit you selected in order to ensure that it complies with federal Housing Quality Standards (HQS).

**DO NOT SIGN A LEASE UNTIL ADMINISTRATOR HAS
INSPECTED AND APPROVED THE SELECTED UNIT.**

Instructions to Landlord: By signing this form, you are consenting to inspection of your rental unit by Administrator to ensure its compliance with Housing Quality Standards. Administrator is not responsible for payment of any portion of the rent prior to inspection and approval of the rental unit, and execution of the HOME Rental Coupon Contract, Lease, Lease Addendum, and other forms as required by Texas Department of Housing and Community Affairs (TDHCA). Please complete and sign Page 2 of this form, attach a copy of the proposed Lease, and return to Administrator. You will be contacted by Administrator to arrange a time for inspection of the rental unit.

1. Type of Unit: ☐ Single family dwelling
☐ Multi-family (apartment community)
☐ Manufactured Housing
☐ Duplex

2. Year Constructed: _____

3. Most recent monthly rent charged for unit: \$_____.

4. Did the most recent rent charged for this unit include the same utilities and/or appliances being provided to the proposed assisted Tenant? ☐ Yes ☐ No



**TEXAS
HOME
PROGRAM**

REQUEST FOR UNIT APPROVAL
Tenant Based Rental Assistance (TBRA)

5. Fill out the following chart completely:

Description of Utility or Appliance	Fuel Type	Provided By	
Heating		<input type="checkbox"/> Landlord	<input type="checkbox"/> Tenant
Electricity	N/A	<input type="checkbox"/> Landlord	<input type="checkbox"/> Tenant
Hot Water		<input type="checkbox"/> Landlord	<input type="checkbox"/> Tenant
Water	N/A	<input type="checkbox"/> Landlord	<input type="checkbox"/> Tenant
Refrigerator	N/A	<input type="checkbox"/> Landlord	<input type="checkbox"/> Tenant
Stove / Range		<input type="checkbox"/> Landlord	<input type="checkbox"/> Tenant

Landlord's Certification: By signing below, Landlord authorizes Contract Administrator to inspect the above-referenced rental unit selected by Tenant. Landlord has read, understands and accepts the terms of TDHCA's Lease Addendum.. Landlord certifies that: (1) the information provided on this form is accurate and true; and (2) this unit is made available, managed, and operated without regard to Tenant's race, color, national origin, religion, gender, handicap, or familial status.

Signature of Landlord

Date

Tenant's Request for Approval: By signing below, Tenant requests that Contract Administrator inspect Landlord's rental unit to ensure its compliance with Housing Quality Standards. Tenant understands that no rental assistance will be provided by Contract Administrator until the rental unit is inspected and approved, and all required documentation is completed and signed in accordance with TDHCA policy.

Signature of Tenant

Date

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Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards

Lead Warning Statement

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

Lessor's Disclosure

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

(i) _____ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

(ii) _____ Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the lessor (check (i) or (ii) below):

(i) _____ Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

(ii) _____ Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Lessee's Acknowledgment (initial)

(c) _____ Lessee has received copies of all information listed above.

(d) _____ Lessee has received the pamphlet *Protect Your Family from Lead in Your Home*.

Agent's Acknowledgment (initial)

(e) _____ Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852(d) and is aware of his/her responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

_____ Lessor	_____ Date	_____ Lessor	_____ Date
_____ Lessee	_____ Date	_____ Lessee	_____ Date
_____ Agent	_____ Date	_____ Agent	_____ Date



RECEIPT OF LEAD-BASED PAINT NOTIFICATION

Administrator: Central Texas Opportunities, Inc

Contract/RSP Number: 1001604

Beneficiary Name:

Project Address:

Under Title X of the Community and Housing Development Act, certain notifications are required in regard to potential and identified hazards of Lead-Based Paint (LBP). All homeowners, homebuyers, and/or tenants should receive the 17-page booklet "Protect Your Family from Lead in Your Home," which contains information about the hazards of lead-based paint.

Receipt of Lead-Based Paint Notice

I have received, read, and understand the booklet "Protect Your Family From Lead in Your Home."

Beneficiary Signature

Date

Receipt of Lead-Based Paint Evaluation (only if evaluation is required)

I have received and understand the notification of lead-based paint evaluation. The evaluation was completed on ____ / ____ / ____ and I received the notice on ____ / ____ / ____.

Beneficiary Signature

Date

Receipt of Notification of Lead-Based Paint Hazard Reduction (only if hazard reduction is required)

I have received and understand the notification of lead-based paint hazard reduction. The hazard reduction was completed on ____ / ____ / ____ and I received the notice on ____ / ____ / ____.

Beneficiary Signature

Date

Receipt of Notification of Lead-Based Paint Clearance (only if clearance is required)

I have received and understand the notification of lead-based paint clearance. The clearance was completed on ____ / ____ / ____ and I received the notice on ____ / ____ / ____.

Beneficiary Signature

Date

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