

**TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
AMY YOUNG BARRIER REMOVAL PROGRAM
INTAKE APPLICATION**

Dear Applicant:

The information on this form is needed to determine if your household is eligible to participate under the Texas Department of Housing and Community Affairs (TDHCA) Amy Young Barrier Removal Program. Please complete this entire form and leave no blanks. The completed application should be returned to the Contract Administrator, identified in Section I below.

If there are any questions that you do not understand, please contact the Contract Administrator. We thank you in advance for your cooperation.

I. THIS SECTION TO BE COMPLETED BY CONTRACT ADMINISTRATOR	
Administrator:	TDHCA Contract Number:
Contact Name:	Contact Title:
Address:	Phone:
Email Address:	Fax:

II. THIS SECTION TO BE COMPLETED BY APPLICANT	
A. CONTACT INFORMATION	
Principal Residence Street Address: <small>(as shown on driver's license or government ID)</small>	Apt #:
City/State/Zip:	County:
Current Address: <small>(if different from above)</small>	Apt #:
City/State/Zip:	County:
Email Address:	Home Phone: () Mobile Phone: ()
Emergency Contact Name:	Phone: ()

B. 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	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

C. 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: _____

D. 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	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					
Workers' Compensation <input type="checkbox"/> Yes <input type="checkbox"/> No					
Alimony <input type="checkbox"/> Yes <input type="checkbox"/> No					
Child Support (Circle Type) <input type="checkbox"/> Yes <input type="checkbox"/> No Anticipated, Voluntary, Court Ordered (regardless if pd)					
AFDC/TANF <input type="checkbox"/> Yes <input type="checkbox"/> No					
Educational Scholarship/Grant <input type="checkbox"/> Yes <input type="checkbox"/> No					
Other: <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____					

Total:

E. 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			
Credit Union Account(s) <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			
IRA/Keogh Account(s)* <input type="checkbox"/> Yes <input type="checkbox"/> No			
Retirement/Pension Fund(s)* <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			
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.

F. HOUSEHOLD ASSET INFORMATION
<p>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) <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, who? _____ Provide explanation (including the type of asset, estimated value of asset, amount disposed for, and date of disposal): _____</p> <p>2. Has anyone in the household owned a home in the last two years? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, who? _____ Do they currently own it? <input type="checkbox"/> NO <input type="checkbox"/> YES If No, when was it disposed of? _____ If Yes, Is it being rented? <input type="checkbox"/> NO <input type="checkbox"/> YES Is it sitting vacant? <input type="checkbox"/> NO <input type="checkbox"/> YES Is it in the process of being sold? <input type="checkbox"/> NO <input type="checkbox"/> YES</p>

G. CONFLICT OF INTEREST INFORMATION
<p>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 or the Administrator? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, identify who, organization and role? _____ Is this a current role? <input type="checkbox"/> NO <input type="checkbox"/> YES If NO, identify date role ceased? _____</p> <p>2. Is anyone in the household <u>related</u> 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 or the Administrator (either through familial or business ties)? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, identify who, organization and role? _____ Is this a current role? <input type="checkbox"/> NO <input type="checkbox"/> YES If NO, identify date role ceased? _____</p>

APPLICANT'S INSPECTION AGREEMENT

I have applied for barrier removal and/or accessibility modification assistance under the Housing Trust Fund. If this assistance is approved, I agree to allow the above-referenced Contract Administrator to inspect my property, which is located at the address listed above.

I agree to allow Contract Administrator's and the Building Contractor's personnel on my property as needed while construction work is being planned, performed, and completed. I also agree to allow photographs of my property to be taken during the barrier removal and/or accessibility modification process and upon completion.

I agree to inspect construction work performed on my property as frequently as possible, to advise the Building Contractor and Contract Administrator of any difficulties, and to report any poor workmanship observed.

ELIGIBILITY RELEASE

Your signature on this Housing Trust Fund (HTF) Form, and the signature(s) of each household member who is 18 years of age or older, authorizes the above-named Contract Administrator to obtain information from a third party regarding your eligibility for participation in the **Amy Young Barrier Removal Program**.

PRIVACY ACT NOTICE STATEMENT

The Texas Department of Housing and Community Affairs (TDHCA) requires the collection of the information listed in this form to determine an applicant's eligibility for the HTF Program. This information will be used to establish if the applicant is eligible for HTF benefits and to verify the accuracy of the information furnished. Information received from an applicant or as a result of verifying an applicant's eligibility may be released to appropriate Federal, State, and local agencies or, when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in delay or rejection of your eligibility approval. Each adult member of the household must sign this HTF Program Intake Application Form prior to the receipt of benefits.

I. APPLICANT AUTHORIZATION AND CERTIFICATION - Please be aware that this information is being used to determine if your household appears eligible to participate under an Amy Young Barrier Removal Program through the Texas Department of Housing and Community Affairs.

I authorize the above-named HTF Contract Administrator to obtain information about my household or myself that is pertinent to determining my eligibility for participation in the HTF Program. I acknowledge that:

- (1) A photocopy of this form is as valid as the original; AND
- (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 Contract Administrator and to request correction of any information I believe inaccurate; AND
- (4) All adult household members will sign this form and cooperate with Contract Administrator in the eligibility verification process.

FURTHERMORE, I certify by my signature below, that I do not have a debt owed to the state of Texas, including:

- (1) a tax delinquency;**
- (2) a child support delinquency;**
- (3) a student loan default; or**
- (4) any other delinquent debt owed to the state of Texas.**

Signatures: (add additional signature pages as necessary)

_____	_____	_____
Signature - Head of Household	Printed Name	Date
_____	_____	_____
Signature – Other Adult Household Member	Printed Name	Date
_____	_____	_____
Signature – Other Adult Household Member	Printed Name	Date
_____	_____	_____
Signature – Other Adult Household Member	Printed Name	Date
_____	_____	_____
Signature – Other Adult Household Member	Printed Name	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.



Harlingen Community Development Corporation
518 E Harrison
Harlingen, Texas 78550
(956) 421-2351 / (956) 421-1084 Fax

Required Documentation

Please bring the following documents when turning in your application.

1. Valid driver's license/identification card and social security card.
2. Birth certificates and social security cards for all household members.
3. Pay check stubs for the past four weeks.
4. Statement for the most recent 3 months for all banks and credit unions.
(If you do not have a bank account a letter stating that)
5. An award letter from Social Security or SSI. Proof of payments and evidence payments will continue for the next 3 years. (if applicable)
6. Proof of child support through a court order along with payment history and proof of payment (if applicable)
8. Final Divorce Decree (if applicable)
9. Documentation of Ownership (if applicable)
10. Documentation that property taxes are current
11. Copy of Rental Lease (if applicable)

Additional documentation may be required.

If you have any question please call us at (956) 421-2351.

Thank you,
Harlingen Community Development Corporation

**Texas Department of Housing and Community Affairs
Housing Trust Fund**



CERTIFICATION OF DISABILITY

INSTRUCTIONS: Administrators of Housing Trust Fund (HTF) Programs must use this form to certify that a member of a household applying for HTF assistance has a disability. Name the person with disability and the head of household applying for HTF assistance. Attach a copy of an award letter for the Person with Disability OR have a licensed professional certify disability.

Contract Administrator Name:		TDHCA Contract #:	
Address:			
Phone:		Fax:	Email:
Name of Person with Disability:			
Current Address:		City, State and Zip:	
Head of Household (receiving HTF Assistance):			
Relationship to Person with Disability:			
<input type="checkbox"/> self <input type="checkbox"/> spouse <input type="checkbox"/> dependent <input type="checkbox"/> other (please specify):			

A copy of the following award letter for the Person with Disability is on file with the Contract Administrator (check one):

- Current Supplemental Security Disability Income (SSDI) award letter
- FOR UNDER AGE 62 ONLY: Current Supplemental Security Income (SSI) award letter
- Other federal disability award letter (e.g. from the U.S. Department of Veterans Affairs)

If **EITHER** of the above documents can be provided, **DO NOT COMPLETE** the rest of this form. The Household will be considered to meet the definition of Person with Disability.

If **NEITHER** of the above documents can be provided, a licensed professional familiar with the condition of the Person with Disability must complete the rest of this form with authorization from the Person with Disability.

I, _____, authorize the licensed professional below to certify me as a Person with Disability for the purposes of eligibility for housing assistance.

Signature of Person with Disability or his/her Guardian

Date

**Texas Department of Housing and Community Affairs
Housing Trust Fund**



CERTIFICATION	
Name:	Title:
Contact Address:	City, State, Zip:
Telephone:	Email:
<p>I am a (check one):</p> <p><input type="checkbox"/> Medical Doctor (MD), Advanced Practice Nurse (APN) or Nurse Practitioner (NP)</p> <p><input type="checkbox"/> Licensed Professional Counselor (LPC) or Licensed Clinical Social Worker (LCSW)</p> <p><input type="checkbox"/> Licensed Chemical Dependency Counselor (LCDC)</p> <p><input type="checkbox"/> Other (please specify): _____ <i>(Requires TDHCA approval)</i></p> <p>Person with Disabilities – An Individual who has a disability that is a physical or mental impairment that substantially limits one or more major life activities (HTF Rule 10 TAC §51.2(51)).</p> <p>I certify that the above person is a Person with Disability as defined above.</p> <p>_____</p> <p>Signature of Professional Authorized to Certify _____ Date</p>	
<p>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.</p>	