



# Housing for Texas HEROES Program & General Assistance



## A. ADMINISTRATOR CONTACT INFORMATION

<b>Administrator Organization:</b>	<b>Reservation Agreement Number:</b>
<b>Contact Person Name:</b>	<b>Contact Title:</b>
<b>Address:</b>	
<b>Email Address:</b>	<b>Phone:</b>

## B. APPLICANT AUTHORIZATION OF ASSISTANCE IN COMPLETING INTAKE APPLICATION

With my signature, I authorize the person named below to assist me with completing this Intake Application.

\_\_\_\_\_

**Signature of Applicant** **Name and title/relationship of person assisting Applicant**

## C. HOUSEHOLD CONTACT INFORMATION

**Head of Household Name:**

**PRINCIPAL Residence Street Address:**  
(exactly as printed on driver's license or other government ID)

**City, State, Zip:** **County:**

**Email Address:** **Home Phone: Cell Phone:**

**Emergency Contact Name:** **Phone:**

## D. HOUSEHOLD COMPOSITION – (List all members of the Household)

Full Name (exactly as printed on driver's license or other government ID)	Relationship to Head of Household	Date of Birth	Receiving income	Check if Veteran
1	Head of Household		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
2	<input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Spouse <input type="checkbox"/> Other Adult		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
3	<input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Spouse <input type="checkbox"/> Other Adult		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
4	<input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Spouse <input type="checkbox"/> Other Adult		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
5	<input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Spouse <input type="checkbox"/> Other Adult		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
6	<input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Spouse <input type="checkbox"/> Other Adult		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>

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, Cost 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/>

**E. MONTHLY INCOME – List ALL income for ALL adults and children in the household**

Income Source	Head of Household	Co-Head/ Spouse	Other Adult Member(s)	Child or Dependent	TOTAL
Social Security/SSI <input type="checkbox"/> Yes <input type="checkbox"/> No					
Pension <input type="checkbox"/> Yes <input type="checkbox"/> No					
Retirement Annuity <input type="checkbox"/> Yes <input type="checkbox"/> No					
Salary (include bonus/commissions) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Child <input type="checkbox"/> Support Anticipated <input type="checkbox"/> Voluntary <input type="checkbox"/> Court Ordered (regardless if paid)					
Salary from 2 <sup>nd</sup> job <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					
Recurring 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					
Other (do <i>not</i> include food stamps/SNAP payments): <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>TOTAL:</b>					

**F. 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 TVC or the Administrator (AYUDA Inc)?

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 TVC or the Administrator (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. APPLICANT INSPECTION AGREEMENT, ELIGIBILITY RELEASE & PRIVACY ACT NOTICE**

**APPLICANT'S INSPECTION AGREEMENT**

APPLICANTS MUST INITIAL BELOW

I have applied for general assistance and/or Housing for Texas HEROES under TVC & AYUDA Inc. If this assistance is approved, I allow the Administrator to inspect my property, which is located at the address listed on page 1. \_\_\_\_\_

I agree to allow the Administrator's and the Building Contractor's personnel on my property as needed while they are planning and performing construction work. \_\_\_\_\_

I agree to allow my property to be photographed during my participation in the Program. \_\_\_\_\_

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

**ELIGIBILITY RELEASE**

I understand that my signature on this Intake Application, along with the signature of each household member 18 years of age or older, authorizes the Administrator to obtain information from third parties regarding our eligibility for Program participation.

**PRIVACY ACT NOTICE STATEMENT**

Adult & Youth United Development Association Inc. requires the information listed in this form to determine an applicant's eligibility for Program assistance and may verify the accuracy of the information provided. Information received from an applicant or because of verifying an applicant's eligibility may be released to appropriate Federal, State, and local agencies or, if necessary, to prosecutors or civil, criminal, or regulatory investigators. Failure to provide any information may result in delay or denial of your eligibility approval. Each adult member of the household must sign this Intake Application Form prior to Program participation.

**H. REAL ESTATE OWNED**

1. Do you own property in addition to or other than your principal residence?

NO

YES, If YES, list the address(s): \_\_\_\_\_

**I. APPLICANT AUTHORIZATION AND CERTIFICATION**

I authorize the Administrator to obtain information about my household and myself to determine our eligibility for Program participation. I acknowledge that:

- 1) A photocopy or scanned copy of this form is as valid as the original; AND 2) I have the right to review this form; AND
- 3) I have the right to a copy of information provided to Administrator and to request correction of any information I believe is inaccurate; AND
- 4) All adult household members will sign this form and cooperate with the Administrator in the eligibility verification process.

With my signature below:

I certify that I DO NOT have 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.

**Owner-occupied homes ONLY must also certify the following statement:**

I, \_\_\_\_\_, certify with my signature below, that: (Printed Name)

- 1) I am the Owner of Record for the property identified in this application and it is my principal residence; AND 2) I have a good and marketable title; AND
- 3) I am current on all existing mortgage loans or home equity loans associated with this property; AND
- 4) I have no outstanding real property taxes on my property OR I am enrolled in and current with a taxing authority-approved payment plan for at least 6 consecutive months prior to date of this initial application.

**J. SIGNATURES – Add additional pages as necessary**

_____ Signature – Head of Household	_____ Printed Name	_____ Date
_____ Signature – Household Member (age 18 and up)	_____ Printed Name	_____ Date
_____ Signature – Household Member (age 18 and up)	_____ Printed Name	_____ Date
_____ Signature – Household Member (age 18 and up)	_____ Printed Name	_____ Date

**WARNING: Title 18, Section 1001 of the U.S. Code makes it a criminal offence to make wilful, 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."

