


Income Determination Training

2024

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Contact Information



Mailing Address:
TDHCA
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Division Phone Number: (512) 305-8869
or (800) 525-0657 (toll free in Texas only)

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Announcements

Schedule:

- The training will run from 8:30 am until approximately 3:30 pm
- Breaks: Morning and Afternoon
- Lunch: Approximately 12 – 1 pm
- Staff will present the training and allow for questions after each topic is covered

Housekeeping:

- Certificates will be provided after the conclusion of the class
- We suggest you silence your phones and put an “out of office” email response, if virtual, to help avoid distractions during the training
- Please pose questions and comments in the “Chat Box” or the “Questions Box,” if virtual



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Resources & Definitions



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General Resources

- HUD Handbook 4350.3
 - https://www.hud.gov/program_offices/administration/hudclips/handbooks/hsg/4350.3
 - Chapters 3 and 5 along with corresponding tools and exhibits
- HUD Notice H 2023–10 and Notice PIH 2023–27
 - <https://www.hud.gov/sites/dfiles/OCHCO/documents/2023-27pihn.pdf>
 - This document replaces Chapters 3 and 5 of the HUD 4350.3 until/unless a revised Handbook is released
 - This document was updated to include further clarifications on February 2, 2024
- Technical Guide for Determining Income and Allowances for the HOME Program
 - <https://files.hudexchange.info/resources/documents/HOMEGuideForIncomeAndAllowances.pdf>
- 24 CFR 5.609 – Annual Income
 - <https://www.ecfr.gov/current/title-24/subtitle-A/part-5#5.609>

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Department Resources

- **Compliance Forms**
 - <https://www.tdhca.texas.gov/compliance-forms>
- **Manuals and Rules**
 - <https://www.tdhca.texas.gov/compliance-manuals-and-rules>
- **Income and Rent Limits**
 - <https://www.tdhca.texas.gov/income-and-rent-limits>
- **Training and Presentations**
 - <https://www.tdhca.texas.gov/compliance-training>
 - <https://www.tdhca.texas.gov/compliance-program-training-presentations>
- **TBRA Links**
 - <https://www.tdhca.texas.gov/tenant-based-rental-assistance-tbra-program>
- **Contact List**
 - <https://www.tdhca.texas.gov/compliance-division-staff>

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Definitions

- **Income**

- ALL amounts, monetary or not, that go to or are received on behalf of the Head, Spouse, or Co-Head (even if the member is temporarily absent), or any other member
- ALL amounts anticipated to be received from a source outside the applicant group during the 12-month period following admission or certification
- Annual Income includes all amounts not specifically excluded by regulation
- For a listing of income exclusions, refer to Notice 2023–10 and Notice 2023–27. (<https://www.hud.gov/sites/dfiles/OCHCO/documents/2023-27pihn.pdf>)

- **Assets**

- Assets are items of value that may be turned into cash
- Not all items of value are considered an asset
- Items are not required to be “cashed out” at time of application
- Income from Assets includes all amounts not specifically excluded by regulation
- For a listing of asset inclusions and exclusions, refer to Notice 2023–10 and Notice 2023–27. (<https://www.hud.gov/sites/dfiles/OCHCO/documents/2023-27pihn.pdf>)

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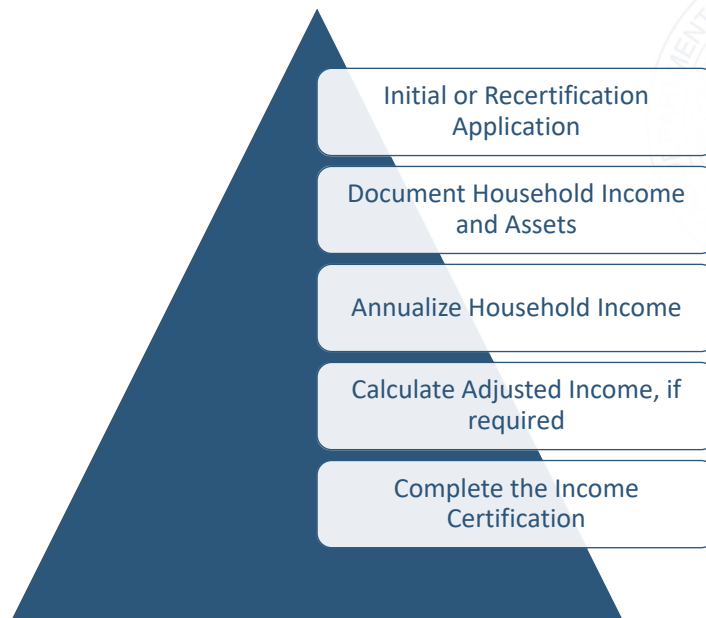
The Qualifying Process



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The Qualifying Process: Steps to Eligibility Determination



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The Qualifying Process: The Application

- There is no required form, the application must screen for ALL sources of income, assets and student status
- Should be completed by the household
- Staff should review the application to determine if the household appears eligible based on the initial information provided
- Electronic applications are acceptable as long as they include all of the required screening questions and provide the same documentation as would be provided if the household came into the office to complete
- **Obtain the “Release and Consent” form from all adults**
 - **Necessary to verify disclosed income, assets and student status**
- Your program may have specific form requirements for applications, make sure you are complying with your program requirements

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The Qualifying Process: The Application

If the Development is layered with programs outside of the Department's jurisdiction (Rural Development, Project Based Section 8, etc.) there may be additional program requirements not discussed in this training.



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The Qualifying Process: The Household; Who Counts?

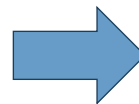
Head

Spouse

Co-Head

Dependents

Other
Adults



- Unborn children (self-certified)
- Joint custody – present 50% or more of the time
- Away at school but live with family during breaks
- In the process of being adopted
- Temporarily absent due to placement in foster care

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The Qualifying Process: The Household; Why Does it Matter?

Why is it important to know who is in the household?
Because the Income Limits are based on the household size!

Income	1	2	3	4	5	6	7	8
20	17640	20160	22680	25200	27220	29240	31260	33280
30	26460	30240	34020	37800	40830	43860	46890	49920
40	35280	40320	45360	50400	54440	58480	62520	66560
50	44100	50400	56700	63000	68050	73100	78150	83200
60	52920	60480	68040	75600	81660	87720	93780	99840
70	61740	70560	79380	88200	95270	102340	109410	116480
80	70560	80640	90720	100800	108880	116960	125040	133120

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The Qualifying Process: Whose Income Counts?

Members	Earned Income	Other Income (including income from assets)
Head	Yes	Yes
Spouse	Yes	Yes
Co-Head	Yes	Yes
Other Adult	Yes	Yes
Dependents (under 18)	No	Yes
Full-time Student - 18 or older	Yes**	Yes
Non-Members	Earned Income	Other Income (including income from assets)
Live-in Aide	No	No
Foster Adult	No	No
Foster Children (under 18)	No	No

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The Qualifying Process: Non-Members – Live-in Aide

Non-Members	Earned Income	Other Income (including income from assets)
Live-in Aide	No	No

Income and assets from a Live-in Aide can be **excluded** if **ALL** of the following apply:

- Live-in Aide must reside with the applicant member
- Must be essential to the care and well-being of the applicant member
- May **NOT** be obligated for the financial support of the applicant member
- Would not be considered a member except to provide the necessary supportive services

Requirements for a Live-in Aide:

- Verification of the need for the live-in aide must be obtained from a medical practitioner or a healthcare provider
 - Confidential medical information SHOULD NOT be sought
- A relative may be considered a live-in aide if they meet the requirements
- A spouse may not be considered a live-in aide

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Learning Point: Live-In Aide

Two (2) Person Household in a 60% HTC Unit in Austin, Texas

- William; Head of Household, Annual Income \$25,620
- Sylvia; Spouse/Co-Head, Annual Income \$12,144
- Mark; Live-In Aide, Annual Income \$36,000
- Total Household Income **\$37,764, True or False?**

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The Qualifying Process: Non-Members – Foster Persons

Non-Members	Earned Income	Other Income (including income from assets)
Foster Adult	No	No
Foster Children (under 18)	No	No

Foster persons, as defined by state law, are excluded from the calculations for household eligibility. The foster assignment must be through a court or welfare agency and documentation of assignment must be present in the file.

Payments received for the care of foster children or foster adults are not counted. This rule only applies to payments made through official foster care relationships with local welfare agencies.

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Learning Point: Foster Persons

Four (4) Person Household in a 60% HTC Unit in Austin, Texas

- Jesse; Head of Household, Annual Income \$52,000
- Erin; Foster Adult, Annual Income \$10,000
- Lynn; Foster Child, No Annual Income
- Jane; Foster Child, Annual Income from SSI \$7,240
- Total Household Income **\$69,240, True or False?**

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The Qualifying Process: Verification Types

Three (3) Acceptable verification methods:

- Third Party
- First-Hand
- Oral Clarification

Maintain Verification Documentation

- All tenant files must maintain verification documentation

Verification Documentation

- Must be dated within 120 days of the effective date of the household's Income Certification
- Exceptions Apply

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The Qualifying Process: Tips to Minimize Challenges

- All forms completed in their entirety
- All household members listed
- Is everything current? (within 120 days)
- Any changes/corrections are completed and initialed by applicants
- No correction fluid, white-out or evidence of tampering/perfecting
- Peer Review
- 3rd party or compliance file review

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Income

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Income: Excluded Income Sources

- Insurance Payments and Settlements
- **Employment Income for Students**
- Payments to keep family members with disabilities living at home
- Payments from the U.S. Census Bureau for work on Decennial Census
- Direct Federal/State Payments for Economic Stimulus or Recovery
- **Tax Returns****
- Gifts for holiday, birthdays, or other significant life events
- Lump sum additions to assets like lottery winnings
- Civil Settlements from an action that caused someone to become disabled
- Income or lump sums received from Civil Rights Settlements
- Back-pay received as a result of a Civil Rights Action
- **Worker's Compensation**
- Income received from a retirement account
 - Except for periodic payments
- **Certain Student Financial Assistance**
- Any other income excluded by CFR 5.609

Any of the Lump Sums outlined on this slide that are placed in an asset, except Tax Returns, will count towards the household assets.

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Income: Excluded Assets

The Rodriguez family received a \$4,500 federal tax refund on 3/1/2024 and deposited the refund into their checking account. At their next annual reexamination with an effective date of 8/1/2024, the PHA/MFH Owner asks the family about any assets they own, the anticipated income from the assets, and if they received a federal tax refund or refundable tax credits in the past 12 months and where they deposited the refund/refundable tax credits or if they purchased savings bonds with the refund.

The Rodriguez family explain that they received a \$4,500 refund and that they deposited the refund into their checking account, which has a balance of \$10,000. The Rodriguez family reports that they have actual income of \$100 from the checking account this year. The family owns no other assets. Therefore, the family's total calculation of net family assets is \$10,000. In determining the total value of net family assets, the PHA/MFH Owner subtracts \$4,500 from the total of \$10,000 of net family assets, for a total countable asset of \$5,500. The full value of actual income is included as income, because actual income is always included even on excluded assets.

Notice H 2023-10 & Notice PIH 2023-27
Example F2: Federal Tax Refund Excluded from Net Family Assets

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Income: Earned Income

Wages & Salaries

Commissions & Bonuses

Overtime & Shift Differential Pay

Tips & Fees Received

Self-Employment Income

Any Other Compensation Received

** This list is not exhaustive **

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Income: Wage Calculations

Full-Time Hourly	Wage x 2080 hours
Part-Time Hourly	Wage x weekly hours x hourly rate
Weekly	Wage x 52 pay periods
Bi-Weekly	Wage x 26 pay periods
Semi-Monthly	Wage x 24 pay periods
Monthly	Wage x 12 months

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Income: Verification Hierarchy

- **Work Number or Web-based Income Verification**
 - This is the highest ranking verification type
- **First-Hand (tenant-provided) Documentation**
 - This a high ranked verification type
 - Paystubs, bank statements, child support payment histories, etc.
- **Third Party Verification**
 - This is a medium ranked verification type
 - Employment Verification, Asset Verification, Child Support Verification
 - Must be sent from the property to the third party
 - Must be returned to the property from the third party
- **Oral Clarification/Verification**
 - This type of verification should only be used to clarify missing or incomplete information
- **Self-Certification**
 - This should be used for any income that cannot be verified by other methods and to clarify unclear information

Section 811 PRA requires the use of the EIV system, this will be the preferred method for those programs based on the income source.

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Income: First-Hand Documentation

- First-Hand (tenant-provided) Documentation
 - Acceptable if the documentation identifies
 - Applicant and Employer; Pay Period and Pay Date; Gross Pay
 - Account Holder and Bank; Interest Rate, if any
 - Paystubs, bank statements, child support payment histories, Social Security Award Letters, Tax Returns, etc.
 - HUD Guidance requires a minimum of 2 paystubs
 - Some programs require 60 days of source documentation to verify income
 - Review itemization of all amounts included in gross pay and year-to-date earnings
 - Review for any assets not included on the household's application

Per 10 TAC §10.612(a)(3): The Department permits Owners to use check stubs or other first-hand documentation of income and assets provided by the applicant or household in lieu of third party verification forms. It is not necessary to first attempt to obtain a third party verification form. Owners should scrutinize these documents to identify and address any obvious attempts at forgery, alteration, or generation of falsified documents.

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Income: Paystub Guidelines

**HTC/BOND/THTF/TCAP/TCEP
(Exchange) and 811 Programs:**

- Gather enough paystubs to determine frequency of pay
- No set number of stubs required
- Minimum of 2 stubs are required by HUD

**HOME/HOME-ARP/TCAP-
RF/NHTF/NSP Programs:**

- Must obtain 60 days of source documentation for all income

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Income: Third Party Verification

- Third Party Verification
 - Employment Verification, Asset Verification, Child Support Verification, etc.
 - This verification type is acceptable if:
 - The form is sent directly to and from the third party
 - The verification cannot be hand-carried by the applicant to or from the property
 - The verification must be completed in its entirety
 - **Mail**
 - Maintain the envelop in which the verification was sent and received
 - **Fax**
 - Must include the company name and source's fax number
 - **Email**
 - Reliable if the email includes name of appropriate person or firm, maintain email in the tenant file
 - **Internet**
 - Web-based information from a reputable source, maintain the full report in the file

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Income: Oral Verifications and Self-Certifications

- **Oral Clarification/Verification**
 - This type of verification should only be used to clarify missing or incomplete information and any discrepancies
 - This type of verification/clarification is acceptable if it is documented and from a reliable 3rd party source
 - Must include: date & time, person contacted & their contact information, contact's title, what information was clarified and staff name and signature
- **Self-Certification**
 - This should be used for any income that cannot be verified by other methods
 - For example, if a household reports that they babysit and are paid in cash a self-certification can be used to verify this income

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Income: Oral Clarification

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
TELEPHONE VERIFICATION/CLARIFICATION RECORD

I. THIS SECTION TO BE COMPLETED BY DEVELOPER

Development Name:		TDHCA Number:	
Name of Person Receiving Information:		Title:	
Development Address:		Phone:	
RI: (Applicant/Resident Name):			

The clarification record is being gathered:

As a source of clarification for a gathered third party written or first-hand verification. Describe area in which clarification is being sought:

Source of clarification: Phone Conversation Person to Person Other: Explain: _____

Person Contacted:	Title:
Company/Organization:	Phone/Email:
Date Contacted:	Time Contacted:

II. VERIFIED INFORMATION

1. Reason for Clarification: _____

2. Explanation for Clarification Given: _____

3. Additional remark(s): _____

III. ADMINISTRATOR, OWNER, MANAGEMENT AUTHORIZED REPRESENTATIVE CERTIFICATION

I certify that the above information is true and correct.

Signature of Authorized Representative	Representative's Title	Date
Authorized Representative's Printed Name	Phone #	Email

The Department has made available a Telephone Verification that can be used for Oral Clarifications. This can be used as a source of clarification for a gathered third party or first-hand verification. This form is available on the Department website.

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Learning Point: Paystub Average; Semi-Monthly

<p>Company Code Loc/Dept The Home Depot Store # 345 789 Home Depot Lane Austin, Texas 78721</p>	<p>Period Starting: 12/16/2023 Period Ending: 12/31/2023 Pay Date: 01/5/2024</p>	
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Earnings	rate	hours/units	this period
Regular	12.0000	66.16	793.92
Holiday	12.0000	4.00	48.00
Gross Pay			\$841.92

<p>Statutory Deductions this period</p> <p>Federal Income -17.99 Social Security -99.78 Medicare -13.88</p> <p>Net Pay \$91.75</p>	<p>Company Code Loc/Dept The Home Depot Store # 345 789 Home Depot Lane Austin, Texas 78721</p>	<p>Period Starting: 12/1/2023 Period Ending: 12/15/2023 Pay Date: 12/20/2023</p>
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<p>Exempt/Allowances: Federal: State: Local: Social Sec</p> <p>Exemption/Allowances: Federal: State: Local: Social Sec</p>	<p>Taxable Filing Status: Head Of Household</p> <p>Tax Override: Federal: State: Local: Social Sec</p> <p>Jeremy Smith 123 Ave K Gun Barrel City, TX 75156</p>	
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Earnings	rate	hours/units	this period
Regular	12.0000	38.00	456.00
Gross Pay			\$456.00

<p>Statutory Deductions this period</p> <p>Federal Income -17.99 Social Security -99.78 Medicare -13.88</p> <p>Net Pay \$91.75</p>	<p>Company Code Loc/Dept The Home Depot Store # 345 789 Home Depot Lane Austin, Texas 78721</p>	<p>Period Starting: 12/1/2023 Period Ending: 12/15/2023 Pay Date: 12/20/2023</p>
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Learning Point: Paystub Average; Bi-Weekly

Jana receives 5 paystubs:

- January 5th: \$650
- January 19th: \$685
- February 2nd: \$432
- February 16th: \$719
- March 1st: \$103

What is Jana's income to be used for eligibility?



2024 Calendar

January							February							March						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
	1	2	3	4	5	6					1	2	3						1	2
7	8	9	10	11	12	13	4	5	6	7	8	9	10	3	4	5	6	7	8	9
14	15	16	17	18	19	20	11	12	13	14	15	16	17	10	11	12	13	14	15	16
21	22	23	24	25	26	27	18	19	20	21	22	23	24	17	18	19	20	21	22	23
28	29	30	31				25	26	27	28	29			24	25	26	27	28	29	30
															31					

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Learning Point: Salaried Employee

What is Virginia's income to be used for eligibility?

II. THIS SECTION TO BE COMPLETED BY EMPLOYER	
Employee Name: Virginia Vasterling	Job Title: Cattle Whisperer
Presently Employed: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Date First Employed: January 12, 2023
Last Day of Employment: _____ or <input checked="" type="checkbox"/> Not Applicable	
Current Wages/Salary: \$3,000 (circle one) hourly / weekly / bi-weekly / semi-monthly / monthly / yearly / other:	
Average # of regular hours per week: salaried	Year-to-date earnings: \$3,000 through 01/31
Overtime Rate: \$n/a per hour	Average # of overtime hours per week: none
Shift Differential Rate: \$n/a per hour	Average # of shift differential hours per week: none
Commissions, bonuses, tips, other: \$10,000 (circle one) hourly / weekly / bi-weekly / semi-monthly / monthly / yearly / other: per calf	
List any anticipated change in the employee's rate of pay within the next 12 months: none	Effective date: none
If the employee's work is seasonal or sporadic, please indicate the layoff period(s): Virginia works full-time	
Additional remark(s): Bonus is paid based on the number of calves born and sold in the year, average is \$10,000	

We called the employer to clarify the frequency and amount of the bonus; the employer stated that this is a once a year bonus of \$10,000.

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Learning Point: Hourly Employee

What is Jeanna's income to be used for eligibility?

II. THIS SECTION TO BE COMPLETED BY EMPLOYER	
Employee Name: Jeanna Calzada	Job Title: Dog Caregiver and Dog Walker
Presently Employed: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Date First Employed: 11/27/2023
Last Day of Employment: _____ or <input checked="" type="checkbox"/> Not Applicable	
Current Wages/Salary: \$ 19.00 (circle one) hourly weekly / bi-weekly / semi-monthly / monthly / yearly / other: _____	
Average # of regular hours per week: 40	Year-to-date earnings: \$ 2,432 through 01/26/2024
Overtime Rate: \$ 28.50 per hour	Average # of overtime hours per week: 1
Shift Differential Rate: \$ 21.00 per hour	Average # of shift differential hours per week: 8
Commissions, bonuses, tips, other: \$ 50 tips (circle one) hourly (weekly) bi-weekly / semi-monthly / monthly / yearly / other: _____	
List any anticipated change in the employee's rate of pay within the next 12 months: none Effective date: _____	
If the employee's work is seasonal or sporadic, please indicate the layoff period(s): n/a	
Additional remark(s): All employees are required to work one over-night shift a week	

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Learning Point: Paystubs with Extra Pay

What is the applicant's income to be used for eligibility?

Earnings					Earnings				
Pay Date: 7/1/2024					Pay Date: 8/1/2024				
Pay period begin: 6/16/2024					Pay period begin: 7/16/2024				
Pay period end: 6/30/2024					Pay period end: 7/31/2024				
	Pay Rate	Hours	Current Total	Year to Date		Pay Rate	Hours	Current Total	Year to Date
Regular	\$ 16.00	65	\$ 1,040.00	\$ 7,500.00	Regular	\$ 16.00	54	\$ 864.00	\$ 10,362.75
Shift Diff.	\$ 17.25	15	\$ 258.75	\$ 258.75	Shift Diff.	\$ 17.25	26	\$ 448.50	\$ 707.25
Commission			\$ -	\$ -	Commission	\$ 240.00	n/a	\$ 240.00	\$ 480.00
Total			\$ 1,298.75	\$ 7,758.75	Total			\$ 1,552.50	\$ 11,550.00

Earnings					Earnings				
Pay Date: 7/15/2024					Pay Date: 8/15/2024				
Pay period begin: 7/1/2024					Pay period begin: 8/1/2024				
Pay period end: 7/15/2024					Pay period end: 8/15/2024				
	Pay Rate	Hours	Current Total	Year to Date		Pay Rate	Hours	Current Total	Year to Date
Regular	\$ 16.00	80	\$ 1,500.00	\$ 9,498.75	Regular	\$ 16.00	70	\$ 1,120.00	\$ 11,482.75
Shift Diff.			\$ -	\$ 258.75	Shift Diff.	\$ 17.25	10	\$ 172.50	\$ 879.75
Commission	\$ 240.00	n/a	\$ 240.00	\$ 240.00	Commission			\$ -	\$ 480.00
Total			\$ 1,740.00	\$ 9,997.50	Total			\$ 1,292.50	\$ 12,842.50

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Learning Point: Incomplete Paystubs

What is the applicant's income to be used for eligibility?

Earnings					Earnings				
Pay Date: 4/12/2024					Pay Date: 4/26/2024				
Pay period begin: 3/31/2024					Pay period begin: 4/14/2024				
Pay period end: 4/6/2024					Pay period end: 4/20/2024				
Pay Rate	Hours	Current Total	Year to Date		Pay Rate	Hours	Current Total	Year to Date	
Regular	\$ 10.00	40	\$ 400.00	\$ 9,345.00	Regular	\$ 10.00	40	\$ 400.00	\$ 10,145.00
Shift Diff.				\$ 1,800.00	Shift Diff.				\$ 1,800.00
Bonus				\$ 1,500.00	Bonus				\$ 1,500.00
Total			\$ 400.00	\$ 12,645.00	Total		\$ 400.00	\$	13,445.00

Earnings					Earnings				
Pay Date: 4/19/2024					Pay Date: 5/2/2024				
Pay period begin: 4/7/2024					Pay period begin: 4/21/2024				
Pay period end: 4/13/2024					Pay period end: 4/27/2024				
Pay Rate	Hours	Current Total	Year to Date		Pay Rate	Hours	Current Total	Year to Date	
Regular	\$ 10.00	40	\$ 400.00	\$ 9,745.00	Regular	\$ 10.00	40	\$ 400.00	\$ 10,545.00
Shift Diff.				\$ 1,800.00	Shift Diff.				\$ 1,800.00
Bonus				\$ 1,500.00	Bonus				\$ 1,500.00
Total			\$ 400.00	\$ 13,045.00	Total		\$ 400.00	\$	13,845.00

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Learning Point: Paystubs with Clarification

What is the applicant's income to be used for eligibility?

Earnings					Earnings				
Pay Date: 4/12/2024					Pay Date: 4/26/2024				
Pay period begin: 3/31/2024					Pay period begin: 4/14/2024				
Pay period end: 4/6/2024					Pay period end: 4/20/2024				
Pay Rate	Hours	Current Total	Year to Date		Pay Rate	Hours	Current Total	Year to Date	
Regular	\$ 10.00	40	\$ 400.00	\$ 9,345.00	Regular	\$ 10.00	40	\$ 400.00	\$ 10,145.00
Shift Diff.				\$ 1,800.00	Shift Diff.				\$ 1,800.00
Bonus				\$ 1,500.00	Bonus				\$ 1,500.00
Total			\$ 400.00	\$ 12,645.00	Total		\$ 400.00	\$	13,445.00

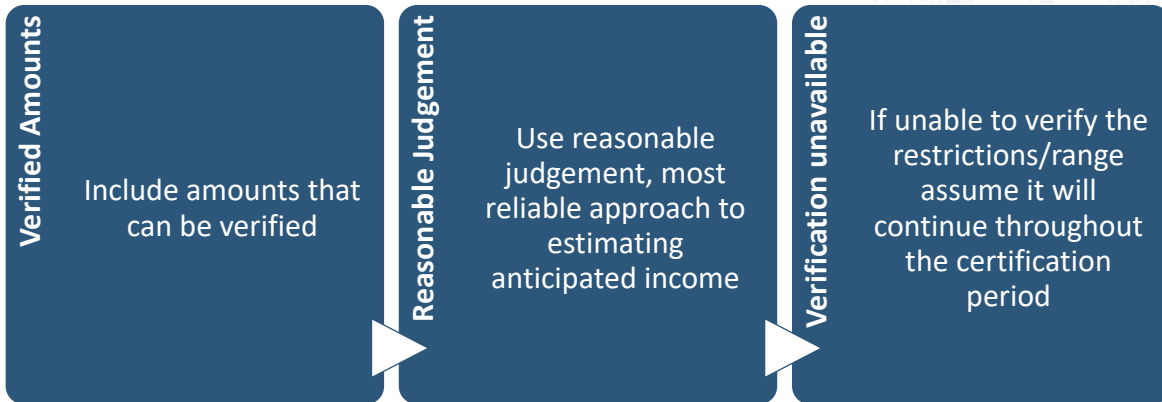
Earnings					Earnings				
Pay Date: 4/19/2024					Pay Date: 5/2/2024				
Pay period begin: 4/7/2024					Pay period begin: 4/21/2024				
Pay period end: 4/13/2024					Pay period end: 4/27/2024				
Pay Rate	Hours	Current Total	Year to Date		Pay Rate	Hours	Current Total	Year to Date	
Regular	\$ 10.00	40	\$ 400.00	\$ 9,745.00	Regular	\$ 10.00	40	\$ 400.00	\$ 10,545.00
Shift Diff.				\$ 1,800.00	Shift Diff.				\$ 1,800.00
Bonus				\$ 1,500.00	Bonus				\$ 1,500.00
Total			\$ 400.00	\$ 13,045.00	Total		\$ 400.00	\$	13,845.00

II. VERIFIED INFORMATION									
1. Reason for Clarification: _____									
What is the shift differential rate?									
How often are shift differential hours received/paid?									
How often are bonuses paid and what is the maximum amount?									
2. Explanation for Clarification Given: _____									
The shift differential rate is \$15 per hour, \$5 extra. Employees average 8 of these hours per week.									
Bonuses are paid on a monthly basis, if earned, at a maximum of \$100 per month.									
3. Additional remark(s): _____									
None of these above is guaranteed, but the information is based on current employment information.									

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Income: Irregular Employment – Seasonal or Sporadic



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Income: Anticipated Changes

- Anticipated changes can include:
 - Rate of pay
 - Hours worked
 - Benefits (bonus or commission, for example) received
- If the applicant anticipates the increase...
 - Take the anticipated increase into account when determining eligibility
 - If verification is not possible, or employer will not confirm, gather a self-certification
- Paystubs should be reviewed to confirm increases in pay and calculated using the increased pay, if a change occurred during the period for which paystubs were obtained

40

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Learning Point: Anticipated Changes

What is Christina's income to be used for eligibility if they are moving in on February 4th?

II. THIS SECTION TO BE COMPLETED BY EMPLOYER	
Employee Name: Christina Jones	Job Title: Landscape Technician
Presently Employed: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Date First Employed: 08/01/2022
Last Day of Employment: _____ or <input checked="" type="checkbox"/> Not Applicable	
Current Wages/Salary: \$ 9.50 (circle one) hourly weekly / bi-weekly / semi-monthly / monthly / yearly / other: _____	
Average # of regular hours per week: 40	Year-to-date earnings: \$ 1,520 through 01/26/2024
Overtime Rate: \$ n/a per hour	Average # of overtime hours per week: none
Shift Differential Rate: \$ n/a per hour	Average # of shift differential hours per week: none
Commissions, bonuses, tips, other: \$ none (circle one) hourly / weekly / bi-weekly / semi-monthly / monthly / yearly / other: _____	
List any anticipated change in the employee's rate of pay within the next 12 months: \$1 Effective date: April 1, 2024	
If the employee's work is seasonal or sporadic, please indicate the layoff period(s): n/a	
Additional remark(s): Raises are given at the start of the busy season	

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Learning Point: Anticipated Changes continued

What is Christina's income to be used for eligibility if they are moving in on February 4th?

II. THIS SECTION TO BE COMPLETED BY EMPLOYER	
Employee Name: Christina Jones	Job Title: Landscape Technician
Presently Employed: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Date First Employed: 08/01/2022
Last Day of Employment: _____ or <input checked="" type="checkbox"/> Not Applicable	
Current Wages/Salary: \$ 9.50 (circle one) hourly weekly / bi-weekly / semi-monthly / monthly / yearly / other: _____	
Average # of regular hours per week: 40	Year-to-date earnings: \$ 1,520 through 01/26/2024
Overtime Rate: \$ n/a per hour	Average # of overtime hours per week: none
Shift Differential Rate: \$ n/a per hour	Average # of shift differential hours per week: none
Commissions, bonuses, tips, other: \$ none (circle one) hourly / weekly / bi-weekly / semi-monthly / monthly / yearly / other: _____	
List any anticipated change in the employee's rate of pay within the next 12 months: \$1 Effective date: April 1, 2024	
If the employee's work is seasonal or sporadic, please indicate the layoff period(s): n/a	
Additional remark(s): Raises are given at the start of the busy season	

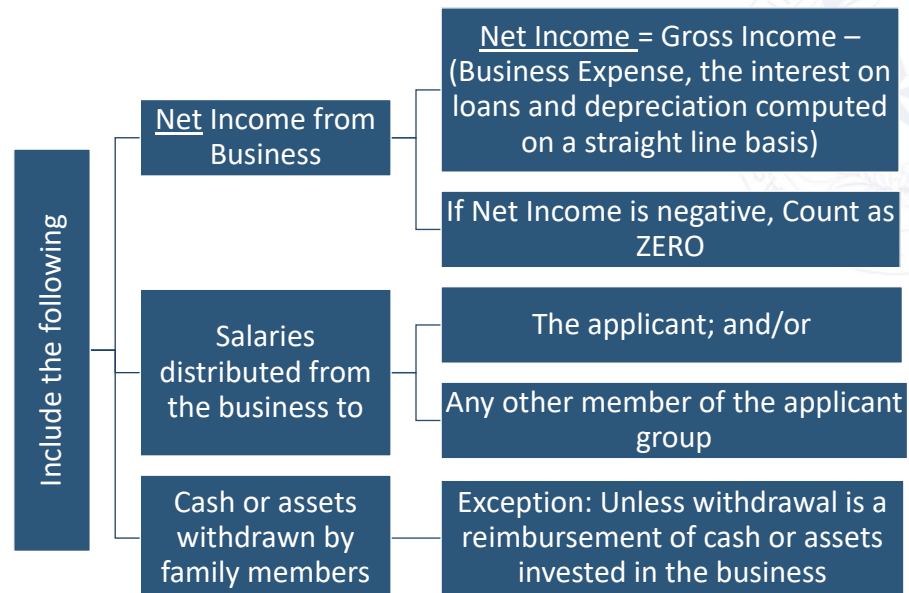
2024 Calendar

February							March							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	
					1	2	3						1	2
4	5	6	7	8	9	10	3	4	5	6	7	8	9	
11	12	13	14	15	16	17	10	11	12	13	14	15	16	
18	19	20	21	22	23	24	17	18	19	20	21	22	23	
25	26	27	28	29			24	25	26	27	28	29	30	
							31							

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Income: Self-Employment/Income from Business



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Learning Point: Self-Employment Income

Morgan has a landscaping business. They gross \$4,900 per month. Their quarterly expenses (repairs, fuel, supplies, etc.) are \$1,600. Morgan has one part-time employee that is paid \$1,500 per month.

What is the income to be included for Morgan's self-employment?

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Learning Point: Self-Employment; Gig-Income

Week	Weekly earnings	Batch earnings	Tips	Total
Sep 4-10, 2023	\$294.38			
Sep 11-17, 2023	\$170.28			
Current week	\$106.90	\$178.20	\$191.57	\$369.77

Josie works for Instacart in addition to her regular employment.

Based on the three (3) most recent weekly statements, what is her income for eligibility?

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Income: Tip Income

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
UNDECLARED TIP INCOME CERTIFICATION

Applicant/Tenant: _____ Apartment: _____

I, _____, hereby certify that I receive \$ _____ weekly/monthly/quarterly/annually (circle one) in undeclared tip income.

These are tips the I **DO NOT** report to my employer, and are in addition to the amount of tip income I report to my employer for tax purposes.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of my lease agreement. I understand that I may be required to periodically update this information as requested by owner/agent.

Signature of Applicant/Tenant Date

Let's talk about tip income...

- Tips are not always reflected on paystubs or verifications
- Obtain a self-certification (←) of anticipated tips
- Tip income is typically earned in service industries
 - Wait Staff & Bartenders
 - Hair Stylists & Nail Technicians
 - Taxi, Delivery and Rideshare Drivers
 - Valet Persons
- This list is not exhaustive!

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Learning Point: Hourly Employee; Unreported Tips

What is Jeanna's (from slide 34) income to be used for eligibility with the NEW tips?

II. THIS SECTION TO BE COMPLETED BY EMPLOYER	
Employee Name: Jeanna Calzada	Job Title: Dog Caregiver and Dog Walker
Presently Employed: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Date First Employed: 11/27/2023
Last Day of Employment: _____ or <input checked="" type="checkbox"/> Not Applicable	
Current Wages/Salary: \$ 19.00 (circle one) hourly weekly / bi-weekly / semi-monthly / monthly / yearly / other: _____	
Average # of regular hours per week: 40	Year-to-date earnings: \$ 2,432 through 01/26/2024
Overtime Rate: \$ 28.50 per hour	Average # of overtime hours per week: 1
Shift Differential Rate: \$ 21.00 per hour	Average # of shift differential hours per week: 8
Commissions, bonuses, tips, other: \$ 50 tips (circle one) hourly weekly bi-weekly / semi-monthly / monthly / yearly / other: _____	
List any anticipated change in the employee's rate of pay within the next 12 months: _____	
If the employee's work is seasonal or sporadic, please indicate the season(s) and dates: _____	
Additional remark(s): All employees are required to work 40 hours per week.	

Applicant/Tenant: Jeanna Calzada Apartment: 101

I, Jeanna Calzada, hereby certify that I receive \$ 50 (weekly) monthly/quarterly/annually (circle one) in undeclared tip income.

These are tips the I **DO NOT** report to my employer, and are in addition to the amount of tip income I report to my employer for tax purposes.

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Income: Social Media Influencer

There are many different ways a person can get paid for being a social media influencer. Most are independent contractors and should be treated as self-employed.

Example: Kevin streams for YouTube. He can make anywhere from \$1,200 to \$4,000, dependent upon his views, ads, etc., per month and receives a statement each month. He also has subscribers and gifts given which must also be included as income. In this case, he can provide the most recent 4-6 statements. To calculate his income, average the statements and count the net income. The taxes paid/owed are not considered an allowable deduction when determining the net income. Please note, not all influencers receive monthly statements; therefore, you will need to work with the applicant and/or prospective resident regarding what they have available to verify their income.

Acceptable forms of verification would include:

- IRS form 1040 schedule C or 4506-T
- Statements showing net income (most recent 4-6 to average)
- Other documentation listed in Appendix 3 of the 4350.3
- Self affidavit as last resort

Citation: HUD 4350.3, 5-6H, page 5-13
Appendix 3 (Acceptable forms of verification)

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Income: Unearned Income

<input type="checkbox"/>	Child Support & Alimony	<input type="text"/>
<input type="checkbox"/>	Social Security and SSI	<input type="text"/>
<input type="checkbox"/>	Monetary Contributions	<input type="text"/>
<input type="checkbox"/>	Unemployment	<input type="text"/>
<input type="checkbox"/>	Annuities	<input type="text"/>
<input type="checkbox"/>	Retirement & Pension	<input type="text"/>
<input type="checkbox"/>	Financial Aid	<input type="text"/>
<input type="checkbox"/>	Disability & VA Benefits	<input type="text"/>
<input type="checkbox"/>	TANF (not food stamps)	<input type="text"/>

** This list is not exhaustive **

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Income: Adjustments for Prior Overpayments

Calculate assuming current circumstance will last a full twelve (12) months.

Adjustments for Prior Overpayment of Benefits

If an agency is reducing a family's benefits to adjust for a prior overpayment (e.g., social security, SSI, TANF, or unemployment benefits), count the amount that is actually provided after the adjustment.

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Income: Unemployment Income

Based on the unemployment benefit statement; what is the amount of unemployment income that would be included in the calculation of eligibility?

12/20/2023 Texas Workforce Commission's Unemployment Benefit Services Payment Summary List

Payment Summary List

Claimant Information
 Name: CHRISTINE CALLAHAN
 Social Security Number (SSN): XXX-XX-1787

Claim Information
 Claim Type: Regular Unemployment Benefits
 Claim Start Date: ---
 Weekly Benefit Amount: \$590.00
 Maximum Possible Benefits: \$9,176.00
 Benefits Paid to Date: \$2,730.00
 Benefits Remaining: \$6,446.00
 Next Date to Request Payment: On your schedule
 Your Scheduled Filing Day is: SUNDAY

Week(s)	TWC Processed Date	Deductions	Payment
Nov 19, 2023 to Nov 25, 2023	---	\$99.00	\$491.00
Nov 12, 2023 to Nov 18, 2023	---	\$99.00	\$491.00
Nov 05, 2023 to Nov 11, 2023	---	\$99.00	\$491.00
Oct 29, 2023 to Nov 04, 2023	---	\$99.00	\$491.00
Oct 21, 2023 to Oct 27, 2023	---	\$99.00	\$491.00
Oct 14, 2023 to Oct 20, 2023	---	\$99.00	\$491.00
Oct 07, 2023 to Oct 13, 2023	---	\$99.00	\$491.00
Sept 31, 2023 to Oct 06, 2023	---	\$0.00	\$0.00

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Income: Unemployment Income Exception

Housing Tax Credit (HTC) Program Exception

Annualized payments should not be used unless the source of funds is expected to continue throughout the certification period, or for an indeterminable length of time.

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Income: Child Support/Alimony

Child Support/Alimony: the amounts received ONLY are included for eligibility, regardless of what is ordered to be received

If Court Ordered or through Enforcement Agency:

- Obtain the current pay history at the time of application/recertification
- Include the payments received within 120 days of the certification effective date

If NOT Court Ordered or through an Enforcement Agency:

- Obtain a monetary gift letter from the person paying the cash support
- If unable to obtain gift letter, household should self-certify the income

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Income: Child Support/Alimony; Average of Payments

Only the amounts received by the applicant/tenant will be considered when calculating income for eligibility.

Payments should be calculated by averaging the payments received using a verification dated within 120 days of the Income Certification.

Payments should be calculated using the payments received within 120 days of the certification effective date.

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Learning Point: Child Support/Alimony; Not Received

Kara has a court order to receive \$425 per month, but her ex-husband does not pay, she has certified to this fact; however, Kara has made no effort to collect the child support. The payment history received from the Attorney General indicates that payments are not made. We must count the full \$425 per month as income, **true or false?**

55

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Learning Point: Child Support/Alimony; Given Back

An applicant has provided a pay history showing a payment of child support in the amount of \$290 every month. The applicant is returning all of the money via Venmo since the non-custodial parent and the applicant have mutually agreed upon a change to the child support order and now are sharing custody. Does the full child support amount need to be included as income?

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Learning Point: Child Support/Alimony; Regular Payments

What is the amount of child support to be included in the calculation of eligibility for this household certifying on August 21st?

Date: August 11, 2024
Recipient Name: JENIFER HERMAN

CF No case was found on the Child Support

Other: _____

This document contains the most recent child support income information in the past 12 months. Tax Offset amounts are not included in the last 12 payments provided. Additional information is on the reverse side of the form.

OAG Case #:	Cause #:	OAG Case #:	Last 12 Payments	
00104	D2-XXXXXX	Registry Only	Date:	Amount:
Registry Only	The amount of court child support is \$62.00 per MONTHLY	Registry Only	07/30/2024	\$258.00
Dependent(s):		Dependent(s):	07/16/2024	\$258.00
IVAN HERMAN			07/02/2024	\$258.00
			06/19/2024	\$258.00
			06/05/2024	\$258.00
			05/27/2024	\$258.00
			05/07/2024	\$258.00
			04/29/2024	\$258.00
			04/19/2024	\$2,535.00
			04/01/2024	\$258.00
			03/16/2024	\$258.00
			03/01/2024	\$258.00

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Learning Point: Child Support/Alimony; Monthly Payments

What is the amount of child support to be included in the calculation of eligibility for this household certifying on March 1st?

Other Parent: Jason Smith

Below are the last 12 payments.

Date	Amount	Type
02/03/2024	\$147.00	Direct Deposit
01/08/2024	\$147.00	Direct Deposit
12/06/2023	\$147.00	Mailed
11/05/2023	\$147.00	Direct Deposit
10/09/2023	\$147.00	Direct Deposit
09/03/2023	\$147.00	Direct Deposit
08/02/2023	\$147.00	Direct Deposit

<https://childsupport.oag.state.tx.us> 2/18/2024

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Income: Social Security

- Count **gross amount**; prior to any deductions
 - If the deduction is a result of an overpayment it can be removed from the calculation of income
 - If the deduction is for any other reason; insurance, Medicare, etc., it cannot be removed from the calculation of income
- Include payments received by:
 - Adults
 - Adults on behalf of members under the age of 18
 - Members under the age of 18
- Exclude payments received by:
 - Live-in Aides
 - Foster Adults and Foster Children
 - Adults on behalf of Foster Persons

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Learning Point: Social Security COLA Increase

What is the amount of Social Security Income to be counted for this household with a move-in date of November 1, 2023? The Social Security Administration announced a COLA increase of 3.2% on October 12, 2023.

SOCIAL SECURITY ADMINISTRATION

Date: September 2, 2023
BNC#: 21BC06708475
REF: A, DI

MICHAEL SMITH
311 GLEN ST
PAMPA, TX 79065

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning October 2023, the full monthly Social Security benefit before any deductions is.....\$ 1587.20

We deduct \$148.50 for medical insurance premiums each month.

The regular monthly Social Security payment is.....\$ 1438.00
(We must round down to the whole dollar.)

Social Security and Supplemental Security Income (SSI) benefits for more than 71 million Americans will increase **3.2 percent in 2024**, the Social Security Administration announced today. On average, Social Security retirement benefits will increase by more than \$50 per month starting in January.

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Learning Point: Social Security for a Minor Household Member

Charles is applying with his 10 year old niece, Daisy. Daisy receives Social Security benefits due to the death of a parent. She receives \$744 per month.

How much income should be included in the calculation of eligibility for Daisy?

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Income: Monetary (Family Support) Contributions & Gifts

Any amount received from persons outside the applicant group/household must be included in income for purposes of eligibility

- Examples include:
 - Rent or utilities paid on behalf of the applicant or household
 - Cash contributions received on a regular basis
 - Financial assistance provided for the support of a child
 - Financial assistance provided to assist a student household member
- Exceptions include:
 - Groceries brought to the household
 - Contributions paid directly to a childcare provider by persons not in the applicant group or household
 - Gifts for birthdays, weddings and other major life events
 - Federal/State tenant based rental or utility assistance

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Learning Point: Monetary (Family Support) Contributions

What is the calculation of income for eligibility based on the monetary contribution letter below?

January 10, 2024

To whom it may concern,

I, Michelle Rogers, provide my friend, April Johnson, a monthly gift of \$400. This gift has no end date and is paid every month. Please feel free to contact me with any questions.

Thank you,

Michelle Rogers

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Income: Periodic Payments

Typically, these benefits are funds in which the applicant paid into over time

- Once matured, monthly benefits are paid out.

Include verifiable anticipated increases, usually referred to as Cost of Living (COLA) increases

Can be received from:

- Annuities
- Insurance Policies (i.e. Long-term Care Insurance, etc.)
- Pension or Retirement Funds
- Disability or Death Benefits

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Learning Point: Periodic Payments

What is the amount of retirement income that should be included in the determination of eligibility?

<u>7/16/2011</u>	Retirement Date	
CURRENT GROSS AMOUNT OF MONTHLY PAYMENT	EFFECTIVE DATE OF COMMENCEMENT OF PYMT FROM – THROUGH	EFFECTIVE DATE OF CURRENT PAYMENT
<u>652.84</u>	<u>07/15/11 – FOR LIFE</u>	<u>07/15/11</u>
<u>652.84</u>	Gross Total of All Monthly Payments	
<u>-NONE-</u>	Total Federal Income Tax Withheld Monthly	
<u>50.84</u>	Total Insurance Premium Withheld Monthly	
<u>602.00</u>	New Amount of All Monthly Payments	

Verify with issuer if there have been any “cost of living” increases since the origination

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Income: Retirement Accounts

Wendy is 75 years old and has retired this year. She is contributing to her IRA and, because she is over the age of 72, is receiving \$6,450.00 per quarter in required disbursements (RMD).

While the retirement account, as of January 1, 2024, is no longer considered an asset for Wendy’s household, the income must be included as regular income for the household.

Carolyn is 40 years old and has not retired. She is contributing to her 401k through her job but has had to take money out of her 401k to help her pay expenses incurred. She is taking these out as withdrawals and not loans on her 401k.

The retirement account, as of January 1, 2024, is no longer considered an asset for Carolyn’s household and the withdrawals are excluded as income for the household because they are not required disbursements.

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Income: Pension Funds – Special Rule

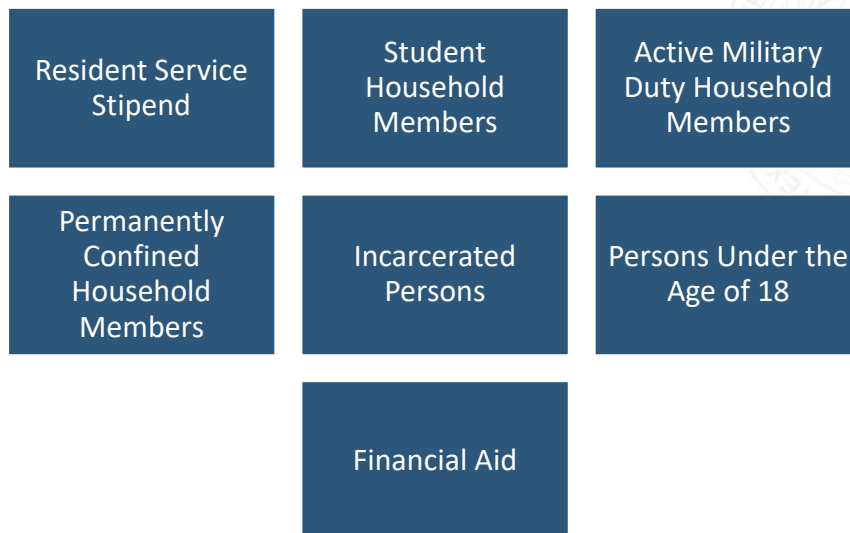
Any portion of a fund paid directly to an applicant's *former spouse* pursuant to the terms of a divorce decree, annulment or legal separation are excluded from their income

- Applies to pensions, Social Security, state, local or private pensions authorized by the Office of Personnel Management (OPM)
- If the former spouse is applying, the court ordered amount would be included in their income

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Income: Special Circumstances



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Income: Resident Service Stipend

Modest amounts of concessions or money received for performing a service for an owner or management company.

Determination of the amount to include is based on the amount of the stipend received.

Greater than \$200 per month – Include the entire amount.

\$200, or less, per month – Exclude the entire amount.

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Income: Full-Time Student Household Members; Earned Income

- If 18 years of age or older; count only a small amount of the student's earned income – a maximum of \$480 per year (to be adjusted annually by HUD) if:
 - The student is not the Head of Household, Spouse or Co-Head
 - The student is a Dependent of the household
- Student Status must be verified with the institution of education
 - Verified by the Registrar's Office
 - If the Registrar's Office will not verify you will use the Student Clearinghouse to verify
 - Full-time student status is determined by the educational institution or technical school
- All income verifications (paystubs, reports, etc.) must be gathered

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Learning Point: Full-Time Student Members; Earned Income

Andrea applies with her 19 year old daughter, Kelsey. Kelsey works part-time at Kura Sushi making \$6,230 a year.

True or false; only \$480 of Kelsey's income should be included in the calculation of income for eligibility?

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Learning Point: Full-Time Student Members; Unearned Income

Peter applies with his parents; he is a full-time student at the local college. Peter receives Social Security in the amount of \$804 per month.

True or false; only \$480 of Peter's income should be included in the calculation of income for eligibility?

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Learning Point: Full-Time Student Members; Earned Income-Minor

Samantha applies with their 16 year old child, Tayler, who is a full-time student. Tayler works part-time at Best Buy making \$4,530 a year.

True or false; only \$480 of Tayler's income should be included in the calculation of income for eligibility?

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Learning Point: Full-Time Student Members; Spouse

Trishia applies with her spouse. Trishia is a full-time student at the local college. Trishia receives earned income in the amount of \$36,000 annually.

True or false; only \$480 of Trishia's income should be included in the calculation of income for eligibility?

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Income: Household Members on Active Military Duty

Include Members on Active Military Duty in the Household Composition

- Income must be counted if the Military Member is: Head, Spouse, or Co-Head
- If the spouse or a dependent of the person on active military duty is a member of the applicant group the Military Person's income is counted

- Include
 - Regular & Special Pay
 - All Allowances
- Exclude:
 - Hostile Fire Pay
- Only acceptable form of verification is the Leave and Earnings Statement (LES)

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Learning Point: Active Military Duty Member is Head, Spouse or Co-Head

Nancy applies with her son Kendall. Nancy's application indicates that there are 3 household members and her spouse, Jerry, is away on active military duty.

Jerry's income and assets must be considered when determining income eligibility.

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Learning Point: Active Military Duty Person's Dependent

Sylvia submits an application with her husband Sam and niece Claire. Sylvia indicates that she is caring for Claire while her sister, Margie, is away on active military duty.

Margie is single and no other permanent housing is identified other than military housing. The income and assets of Margie should be included when determining eligibility.

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Learning Point: Leave and Earnings Statement (LES)

What is the calculation of eligibility based on the LES shown below?

DEFENSE FINANCE AND ACCOUNTING SERVICE MILITARY LEAVE AND EARNINGS STATEMENT										
ID	NAME (Last, First, MI)	SOC. SEC. NO.	GRADE	PAY DATE	YRS SVC	ETS	BRANCH	DSSN	PERIOD COVERED	
	Green, Derrick, A	XXX-XX-4542	E3	020115	03	100210	AF	4542	1-31 Dec 2023	
ENTITLEMENTS		DEDUCTIONS			ALLOTMENTS		SUMMARY			
Type	Amount	Type	Amount	Type	Amount	+Amt Fwd	0.00			
A	BASE PAY	2,247.30	FEDERAL TAXES	88.46	DISCRETIONARY ALT	1,521.00	+Tot Ent	4266.73		
B	BAS	294.43	FICA-SOC SECURITY	139.33	HUMANA DENTAL	11.58	-Tot Ded	1570.22		
C	BAH	1,725.00	FICA-MEDICARE	32.59			-Tot Alt	1532.58		
D			SGLI	27.00			=Net Amt	1163.93		
E			AFRH	0.50			-Cr Fwd	0.00		
F			FAMILY SGLI	5.50			=EOM Pay	1163.93		
G			TSP	112.37						
H			MID-MONTH-PAY	1164.47						
I										
TOTAL		4266.73			1570.22			1532.58		

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Income: Permanently Confined Household Member

Individuals permanently confined to a nursing home or hospital

- May not be the Head, Spouse, or Co-Head
- May continue as a member at the applicant's discretion

How to handle income depends on the Applicant, if they...

- Include as a member: Count all income
- Exclude the member: Income is not counted

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Income: Incarcerated Persons

If individual is incarcerated – do not count as a household member, but count any income the applicant group receives from the individual.

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Income: Persons under the age of 18

Emancipated Minors

- Include income if:
 - Under the age of 18, who under law, are treated as adults
 - Identified as Head, Spouse, or Co-Head

Adopted Children

- Follow same rules as Dependents
 - Adoption assistance payments in excess of \$480, annually, are not counted
 - Amount will be adjusted annually by HUD

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Income: Types of Financial Assistance Under Title IV of HEA

Federal Pell Grants

Federal early outreach and student services programs

Federal supplemental educational opportunity grants

Leveraging educational assistance partnership program

Special programs for students whose families are engaged in migrant/ seasonal farm-work

Robert C. Byrd honors scholarship program

Child care access means parents in school

Federal Family Education Loan Programs

Federal Work-Study Programs

William D. Ford Federal Direct Loan Program

Federal Perkins Loans

Higher Education Relief Opportunities for Students

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Income: Student Eligibility HAS NOT Changed

Student Eligibility is program based. The eligibility requirements for students in the program units has not been changed. You must ensure that the student eligibility for the household has been met.

All student household members must be evaluated for student financial aid as we will discuss on the following slides.

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Income: Financial Aid, Included or Excluded

Included

- Only count amount received in excess of tuition, books, fees and room & board charges
- Obtain documentation to support the amount in excess of tuition, **books & supplies**, fees and **room & board charges**

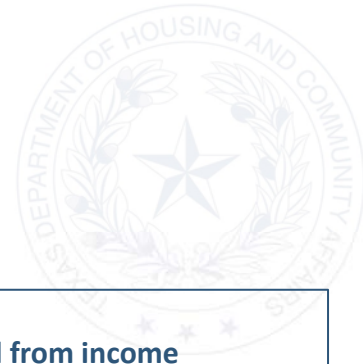
Excluded

- Applies to all student financial assistance received under Title IV of the Higher Education Act (HEA)

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Income: Financial Aid



If the household contains a student:

- **All assistance provided through Title IV HEA must be excluded from income**
- **All other assistance should be evaluated for inclusion in household income**

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Learning Point: Student Financial Assistance Example 1

Calculation of Income from Student Financial Assistance

Qualified Education Expenses:	\$12,850
Title IV HEA Assistance:	\$14,590
Other Financial Assistance:	\$5,000
Total of Financial Assistance:	\$19,590

How much total financial assistance would be used to reduce expenses?

How much should count as regular income?

All assistance provided through Title IV HEA must be excluded from income. This exclusion must be taken into account first. Anything remaining after deducting the qualified expenses is not considered income. Had a balance been left, the other financial assistance would have been applied and anything leftover would be counted as income.

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Learning Point: Student Financial Assistance Example 2

Calculation of Income from Student Financial Assistance

Qualified Education Expenses:	\$18,000
Title IV HEA Assistance:	\$14,590
Other Financial Assistance:	\$5,000
Total of Financial Assistance:	\$19,590

How much total financial assistance would be used to reduce expenses?

How much should count as regular income?

All assistance provided through Title IV HEA must be excluded from income. This exclusion must be taken into account first. Anything remaining after deducting the qualified expenses is not considered income. Since a balance was left, the other financial assistance has been applied and anything leftover will be counted as income.

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Learning Point: Student Financial Assistance Example 3

Calculation of Income from Student Financial Assistance

Qualified Education Expenses:	\$18,000
Scholarship from a local entity:	\$8,000
Persons outside the household:	\$25,000
Total of Financial Assistance:	\$33,000

How much total financial assistance would be used to reduce expenses?

How much should count as regular income?

All assistance provided through Title IV HEA must be excluded from income. This exclusion must be taken into account first. Anything remaining after deducting the qualified expenses is not considered income. Since a balance (the gift) was left, the financial assistance has been applied and anything additional will be counted as income.

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Income: Section 8 Verification

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
INCOME VERIFICATION FOR HOUSEHOLDS WITH SECTION 8 CERTIFICATES
(The Section 8 income certification/recertification date must be within 120 days of the property income verification hearing/notice date.)

To: _____ has applied for residency/is a resident of _____
(Applicant/Resident Name) (Property Name)

Address: a TDHCA Affordable Housing Program property. In the case of a tenant receiving housing assistance payments under HUD's Section 8 Existing Housing Choice Program, regulations allow that if the PHA provides a statement to the building owner declaring that the tenant's income does not exceed the applicable limit, then the owner is not required to further verify the tenant's income.

City, State: _____

Number of Household Members: _____ Move-In Recertification

Permission by: _____ 01/10/2024
(Signature of Applicant/Resident) (Date)

Please complete the section below and return this form in the enclosed self-addressed, stamped envelope. Thank you in advance for your prompt attention.

Sincerely,

THE FOLLOWING TO BE COMPLETED BY THE PUBLIC HOUSING AUTHORITY:

Based on the last income certification/recertification effective on _____, the household consists of _____ members whose combined gross annual income before any adjustments is \$ _____.
(Date) (# of members) (Gross Annual Income)

(Signature) (Date) (Phone #)

(Printed Name) (Title)

This form may not be used if the verifying Housing Authority has any ownership, management, consulting agreement, or any involvement in the property operations.

The effective date (←) shown in the circle must be within 120 days of the certification effective date.

Learning Point: Section 8 Verification

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
INCOME VERIFICATION FOR HOUSEHOLDS WITH SECTION 8 CERTIFICATES
(The Section 8 income certification/recertification date must be within 120 days of the property income verification hearing/notice date.)

To: Kara Lozano has applied for residency/is a resident of Pandora Springs
(Applicant/Resident Name) (Property Name)

Address: a TDHCA Affordable Housing Program property. In the case of a tenant receiving housing assistance payments under HUD's Section 8 Existing Housing Choice Program, regulations allow that if the PHA provides a statement to the building owner declaring that the tenant's income does not exceed the applicable limit, then the owner is not required to further verify the tenant's income.

City, State: _____

Number of Household Members: 3 Move-In Recertification

Permission by: Kara Lozano 01/10/2024
(Signature of Applicant/Resident) (Date)

Please Thank _____

THE FOLLOWING TO BE COMPLETED BY THE PUBLIC HOUSING AUTHORITY:

Based on the last income certification/recertification effective on 2/1/2023, the household consists of 3 members whose combined gross annual income before any adjustments is \$ 37,650.00.
(Date) (# of members) (Gross Annual Income)

Amy Smith 1/15/2024 512-465-3000
(Signature) (Date) (Phone #)

Amy Smith Housing Specialist
(Printed Name) (Title)

Kara is moving into Pandora Springs on February 10, 2024. The household receives Section 8. The property received the following response with regards to Kara's household annual income.

Is this an acceptable verification of income?

Income: Tips to Minimize Challenges

- All forms completed in their entirety
- Does the file “tell the story” of the household’s income
- Is everything current? (within 120 days)
- Any changes or corrections must be completed and initialed by applicants
- No correction fluid, white-out or evidence of tampering/perfecting
- Peer Review
- 3rd party or compliance file review



Smith Household Income



**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: Pollei Management	TDHCA Number: 12345
Contact Name: Cara Pollei	Contact Title: manager
Address: 221 East 11th Street, Austin, TX 78721	Phone: 512-475-3800
Email Address: cara.pollei@polleimgmt.com	Fax: 512-475-3801

II. THIS SECTION TO BE COMPLETED BY APPLICANT	
A. CONTACT INFORMATION	
Street Address: <input checked="" type="checkbox"/> Rent <input type="checkbox"/> Own <small>(as shown on driver's license or government ID)</small>	Apt #: 123
City/State/Zip: 123 Ave K, Gun Barrel City, TX 75156	County: Henderson
Current Address: <input type="checkbox"/> Rent <input type="checkbox"/> Own <small>(if different from above)</small>	Apt #:
City/State/Zip: same as above	County:
Email Address: billsmith@gmail.com	Home Phone: () Mobile Phone: ()
Emergency Contact Name: Marta Smith	Phone: () 512-475-3821

B. PREVIOUS RESIDENCY INFORMATION	
Previous Address/City/State: <input checked="" type="checkbox"/> Rent <input type="checkbox"/> Own	Cost per Month: 1,800.00
Reason For Leaving: Moving closer to family	Occupied For: 3 Yrs 0 Mos
Contact/Landlord Name: Seth Payne	Phone: 430-475-3821

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 William Smith	Head of Household	08/03/1979	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input checked="" type="checkbox"/> N/A	111-11-1111	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2 Rebecca Smith	<input type="checkbox"/> Co-Head <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult	02/23/1983	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input checked="" type="checkbox"/> N/A	222-22-2222	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3 Jeremy Smith	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Dependent <input checked="" type="checkbox"/> Other Adult	11/03/2004	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input checked="" type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A	333-33-3333	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4 Eric Smith	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Dependent <input type="checkbox"/> Other Adult	07/20/2014	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input checked="" type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A	444-44-4444	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5 Christine Jones	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Dependent <input type="checkbox"/> Other Adult	05/24/2015	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	<input checked="" type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A	unavailable	<input checked="" 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? Jeremy, Eric & Christine

Are any of the household members listed above foster children? NO YES, who? Christine Jones

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	37,440	20,450	12,480		70,370
Overtime Pay <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Commissions/Fees <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Tips and Bonuses <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Salary from 2 nd job <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Temporary Income <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Income from Military <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Interest/Dividends <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Business Net Income <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Net Rental Income <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Social Security <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Supplemental Security Income <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				8,928	8,928
Pension <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Retirement Funds <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Familial Support <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Unemployment Benefits <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Alimony <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Child Support (Circle Type) Anticipated, Voluntary, Court Ordered (regardless if pd) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
AFDC/TANF <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Educational Scholarship/Grant <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			14,000		14,000
Other: Explain: _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Total:					93,298

G. CURRENT EMPLOYMENT CONTACT INFORMATION – Household Member #1					
Household Member's Name William Smith			Occupation package handler		Work Phone 512-480-3721
Name and Street Address of Employer 123 Amazon Way			City Austin	State TX	Zip Code 78721
Date Hired 01/01/2024	Salary \$ ^{37,440} _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Yearly <input type="checkbox"/> Other _____			# of hours worked per week 40	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 Rebecca Smith			Occupation teacher's aide		Work Phone 512-202-1256
Name and Street Address of Employer 456 School District Street			City Del Valle	State Texas	Zip Code 78723
Date Hired 1/5/2024	Salary \$ ¹⁷⁰⁰ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____			# of hours worked per week 35	Last Date of Employment summers

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 Jeremy Smith			Occupation Cashier		Work Phone 512-the-depot
Name and Street Address of Employer 789 Home Depot Lane			City Austin	State TX	Zip Code 78721
Date Hired 8/20/2022	Salary \$ ^{12 per hour} _____ <input checked="" 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 20	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1200	0	Wells Fargo
Additional Checking Account(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	650	0	RBFCU
Savings Account <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	48000	2%	Wells Fargo
Additional Savings Account(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	350	1.2%	RBFCU
Pre-Paid Debit Cards <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Stocks, Bonds, Mutual Funds* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Real Estate or Home <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Trust Fund(s) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Mortgage Note Held <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Whole Life Insurance Cash Value* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Real Estate/Land* <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	28000	none	owned, no bank
Peer to Peer (PayPal, Cash App and Venmo) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Other: <u>Christine Savings Account</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8000	2%	Bank of America

*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? land, no home though
 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

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 checked="" type="checkbox"/> No (Federal Emergency Management Agency)			
SBA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Small Business Administration)			
Section 8 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Housing and Urban Development)			
TBRA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Tenant Based Rental Assistance)			
Insurance <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Homeowner)			
Other <input type="checkbox"/> Yes <input checked="" 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.

William Smith

Applicant/Resident Printed Name

Bill Smith

Signature

1/12/2024

Date

Rebecca Cruz-Smith

Co-Applicant/Resident Printed Name

Becky Cruz-Smith

Signature

1/12/2024

Date

Jeremy Smith

Adult Member Printed Name

Jeremy Smith

Signature

1/12/2024

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
CERTIFICATION OF STUDENT ELIGIBILITY (HTC/BOND/TCEP/TCAP)

Applicant/Tenant: William Smith

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) and this parent is not a dependent of another individual and 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.

Bill Smith
Signature of Applicant/Tenant

1/12/2024
Date

Rebecca Cruz-Smith
Signature of Applicant/Tenant

1/12/2024
Date

Jeremy Smith 1/12/2024

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

STUDENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY STUDENT

This Student Verification is being delivered in connection with the undersigned's eligibility for residency in the following apartment:

Property Name: Pandora Springs

I hereby grant disclosure of the information requested below from Austin Community College

Name of Educational Institution

Jeremy Smith

Signature

1/12/2024

Date

Jeremy Smith

Printed Name

123-45-6666

Student ID#

Return Form to:

Pandora Springs
pandorasprings@polleimgmt.com
Fax (512) 475-3800

THIS SECTION TO BE COMPLETED BY EDUCATIONAL INSTITUTION

The above-named individual has applied for residency or is currently residing in housing that requires verification of student status. Please provide the information requested below:

Is the above-named individual a student at this educational institution?

YES

NO

If no, please list the **last month and year** the above-named individual was a student at this educational institution: _____

If yes, please indicate this student's full-time (FT) or part-time (PT) status for each month of the current **calendar** year of 2024.
(Please circle)

January	<u>FT</u>	PT	N/A	July	<u>FT</u>	PT	N/A
February	FT	PT	N/A	August	<u>FT</u>	PT	N/A
March	FT	PT	N/A	September	<u>FT</u>	PT	N/A
April	FT	PT	N/A	October	<u>FT</u>	PT	N/A
May	FT	PT	N/A	November	<u>FT</u>	PT	N/A
June	FT	PT	N/A	December	<u>FT</u>	PT	N/A

I hereby certify that the information supplied in this section is true and complete to the best of my knowledge.

Signature: Jasmine Harris

Date: January 15, 2024

Print your name: Jasmine Harris

Tel.#: 512-936-7751

Title: Registrar Agent

Educational Institution: Austin Community College

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).

March 14, 2023

We are pleased to offer you the following financial assistance for the 23-24 AID YEAR.

Please sign and return one copy of this letter within 15 days of the date listed above. Returning students may log on to Web4 to accept aid. Unfortunately, failure to do so may result in the cancellation of your award. If you wish to decline any aid please do so by marking the line below.

DECLINE	TYPE OF AWARD	FALL	SPRING	TOTAL
_____	Federal Pell Grant	2,908.00	2,907.00	\$5,815.00

_____	TX State Tuition	1,550.00	1,550.00	\$3,100

_____	TX Cash Grant	500.00	500.00	\$1,000
_____	Fees	274.00	273.00	\$547.00

_____	Subsidized Direct Loan	1,750.00	1,750.00	\$3,500.00
_____	Unsubsidized Direct Loan	1,000.00	1,000.00	\$2,000.00

Comments:

Awards are based on full time enrollment unless otherwise indicated. Please notify us with any changes.

As a result of Stafford loan origination fees set by the Department of Education, only 99% of a federal student loan will be applied to the bill.

Your financial assistance may be modified or canceled at any time due to lack of satisfactory academic progress, verification, changes in enrollment, residency, eligibility, funding availability, or any other reason specified by federal, state or institutional regulations or policies.

By signing below I understand that I ACCEPT all aid unless otherwise indicated. I also agree to the terms and conditions of the awards, and the obligations and responsibilities incurred by utilization of these funds.

Jeremy Smith

March 14, 2023

Student Signature

Date

**TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
EMPLOYMENT VERIFICATION**

I. THIS SECTION IS TO BE COMPLETED BY ADMINISTRATOR/OWNER/MGMT & EXECUTED BY APPLICANT/RESIDENT

TO: (Name of Employer) Amazon	Date: 1/13/2024	
(Employer Address) 123 Amazon Way, Austin, TX	Phone/Fax: 512-480-3721	
RE: (Applicant/Resident Name) William Smith		
RELEASE: My signature here or on the attached "Release and Consent Form" authorizes the release and/or verification of my employment information.		
William (Bill) Smith Applicant/Resident Printed Name	<u>Bill Smith</u> Signature	1/13/2024 Date
Information The individual named directly above is an applicant/resident of a Texas Department of Housing and Community Affairs Affordable Housing Program which requires verification of income. We ask your cooperation in supplying this information to the below referenced Administrator/Owner/Management. The information provided will remain confidential and used only to determine the eligibility status and level of benefit available to the applicant/resident. Please return this completed form by mail or fax to:		
Administrator/Owner/Management Name: Pollei Management		
Address: 221 East 11th Street, Austin, TX 78721	Phone: 512-475-3800	
Email Address: cara.pollei@polleimgmt.com	Fax: 512-475-3801	
Cara Pollei Administrator/Owner/Mgmt Authorized Rep. Printed Name/Title	<u>Cara Pollei</u> Signature	1/13/2024 Date

II. THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: Bill Smith	Job Title: Package Handler
Presently Employed: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Date First Employed: 1/1/2024
Last Day of Employment: _____ or <input type="checkbox"/> Not Applicable	
Current Wages/Salary: \$ 18.00 (circle one) hourly weekly / bi-weekly / semi-monthly / monthly / yearly / other: _____	
Average # of regular hours per week: 40	Year-to-date earnings: \$ 0 through 01/13/2024
Overtime Rate: \$ n/a per hour	Average # of overtime hours per week: none, not allowed
Shift Differential Rate: \$ n/a per hour	Average # of shift differential hours per week: none
Commissions, bonuses, tips, other: \$ 0.00 (circle one) hourly / weekly / bi-weekly / semi-monthly / monthly / yearly / other: _____	
List any anticipated change in the employee's rate of pay within the next 12 months: unknown Effective date: 1/1/2025	
If the employee's work is seasonal or sporadic, please indicate the layoff period(s): Employee just started working.	
Additional remark(s): No pay checks have been cut for this employee yet.	

III. EMPLOYER AUTHORIZED REPRESENTATIVE CERTIFICATION

I certify that the above information is true and correct,

<u>Bryan Small</u> Signature of Employers Authorized Representative	Human Resources Representative's Title	January 15, 2024 Date
Bryan Small	(512) 475-2247	(512) 475-2248
Authorized Representative's Printed Name	Phone #	Fax #
Amazon Shipping, 123 Amazon Way, Austin, TX 78721		
Employer [Company] Name and Address		

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).

-----EMPLOYER INFORMATION-----

Name: Del Valle SCHOOL DISTRICT
 Address: 456 School District STREET
 Del Valle, TX 78723

-----EMPLOYEE INFORMATION-----

Name: Cruz-Smith, Rebecca
 Address: 123 Ave K
 Gun Barrel City, TX 75156

-----CHECK DETAIL INFORMATION-----

Check Date: 01/13/2024 Gross Wages: 2,272.22
 Check Number: 9000156 Net Amount: 1,954.18
 Check Type: Regular

-----TAXABLE WAGE INFORMATION-----

	FEDERAL	STATE	FICA	MEDICARE
Gross Wages:	2,272.22	2,272.22	2,272.22	2,272.22
Minus Deductions that Decrease Tax:	138.68	138.68	49.83	49.83
Plus Taxable Benefits:	0.00	0.00	0.00	0.00
Taxable Gross Wages:	2,133.54	2,133.54	2,222.39	2,222.39
YTD Taxable Gross Wages:	2,133.54	2,133.54	2,222.39	2,222.39

-----PAYS-----

DESCRIPTION	RATE	FACTOR/HOURS	CURRENT	YTD	HOURS WORKED	PERIOD END
Paraprofessional	2,072.22	1.00	2,072.22	2,072.22	1.00	01/31/2024
Special Education	200.00	1.00	200.00	200.00	1.00	01/31/2024
Total:			2,272.22	2,072.22		

-----DEDUCTIONS-----

DESCRIPTION	CURRENT	YTD	--DECREASE TAX--		
			FED	ST	F/M
AC1 HD EMP ONLY	27.00	27.00	Y	Y	Y
DENTAL EE ONLY	17.88	17.88	Y	Y	Y
MASA	7.00	7.00			
MEDICARE	15.38	15.38			
OPT CHILD LIFE	0.50	0.50			
OPT LIFE	2.10	2.10			
SAFETYNETS	8.48	8.48			
TRS INS CT	7.22	7.22			
TRS RET TX	88.85	88.85	Y	Y	
VISION EE ONLY	4.95	4.95	Y	Y	Y
W/H	0.00	0.00			
Total:	179.36	179.36			

-----BENEFITS-----

DESCRIPTION	CURRENT	YTD	----TAXABLE----		
			FED	ST	F/M
AC1HD EMP ONLY	187.50	187.50			
GRP TERM LI	0.68	.68			
MEDICARE	15.38	15.38			
TRS INS CT	8.33	8.33			
Total:	211.89	211.89			

***** End of report *****

-----EMPLOYER INFORMATION-----

Name: Del Valle SCHOOL DISTRICT
 Address: 456 School District STREET
 Del Valle, TX 78723

-----EMPLOYEE INFORMATION-----

Name: Cruz-Smith, Rebecca
 Address: 123 Ave K
 Gun Barrel City, TX 75156

-----CHECK DETAIL INFORMATION-----

Check Date: 12/13/2023 Gross Wages 2,272.22
 Check Number: 9000006 Net Amount: 1,954.18
 Check Type: Regular

-----TAXABLE WAGE INFORMATION-----

	FEDERAL	STATE	FICA	MEDICARE
Gross Wages:	2,272.22	2,272.22	2,272.22	2,272.22
Minus Deductions that Decrease Tax:	138.68	138.68	49.83	49.83
Plus Taxable Benefits:	0.00	0.00	0.00	0.00
Taxable Gross Wages:	2,133.54	2,133.54	2,222.39	2,222.39
YTD Taxable Gross Wages:	20,449.98	19,201.86	20,449.98	20,449.98

-----PAYS-----

DESCRIPTION	RATE	FACTOR/HOURS	CURRENT	YTD	HOURS WORKED	PERIOD END
Paraprofessional	2,072.22	1.00	2,072.22	18,649.98	9.00	12/31/2023
Special Education	200.00	1.00	200.00	1,800.00	9.00	12/31/2023
Total:			2,272.22	20,449.98		

-----DEDUCTIONS-----

DESCRIPTION	CURRENT	YTD	--DECREASE TAX--		
			FED	ST	F/M
AC1 HD EMP ONLY	27.00	243.00	Y	Y	Y
DENTAL EE ONLY	17.88	160.92	Y	Y	Y
MASA	7.00	63.00			
MEDICARE	15.38	138.42			
OPT CHILD LIFE	0.50	9.00			
OPT LIFE	2.10	18.90			
SAFETYNETS	8.48	76.32			
TRS INS CT	7.22	64.98			
TRS RET TX	88.85	799.65	Y	Y	
VISION EE ONLY	4.95	44.55	Y	Y	Y
W/H	0.00	0.00			
Total:	179.36	1,614.24			

-----BENEFITS-----

DESCRIPTION	CURRENT	YTD	----TAXABLE----		
			FED	ST	F/M
AC1HD EMP ONLY	187.50	1,687.50			
GRP TERM LI	0.68	6.12			
MEDICARE	15.38	138.42			
TRS INS CT	8.33	74.97			
Total:	211.89	1,907.01			

***** End of report *****

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
TELEPHONE VERIFICATION/CLARIFICATION RECORD

I. THIS SECTION TO BE COMPLETED BY DEVELOPMENT

Development Name: Pandora Springs	TDHCA Number: 12345
Name of Person Receiving Information: Cara Pollei	Title: Manager
Development Address: 221 East 11th Street, Austin, TX 78721	Phone: 512-475-3800
RE: (Applicant/Resident Name): Rebecca Smith	
The clarification record is being gathered: <input checked="" type="checkbox"/> As a source of clarification for a gathered third-party written or first-hand verification. Describe area in which clarification is being sought: _____ Source of clarification: <input checked="" type="checkbox"/> Phone Conversation <input type="checkbox"/> Person to Person <input type="checkbox"/> Other: Explain: _____ _____	
Person Contacted: Julie Staten	Title: HR
Company/Organization: Del Valle ISD	Phone/Email: 512-386-3060
Date Contacted: jstaten@dvisd.edu - 1/8/2024	Time Contacted: 2:30 pm

II. VERIFIED INFORMATION

1. Reason for Clarification: _____	Rebecca Smith is applying for our apartment community, she indicated that is not employed or paid during the summer months, is that correct? What dates are her layoff period?
2. Explanation for Clarification Given: _____	Mrs. Smith has elected to have her pay broken into 9 payments instead of 12, all school teachers and aides are off for the summer months of June, July and August. Monthly pay is only received in the 9 months of the school year.
3. Additional remark(s): _____	

III. ADMINISTRATOR, OWNER, MANAGEMENT AUTHORIZED REPRESENTATIVE CERTIFICATION

I certify that the above information is true and correct,		
<i>Julie Staten</i>	HR Representative	1/8/2024
Signature of Authorized Representative	Representative's Title	Date
Julie Staten	512-386-3060	jstaten@dvisd.edu
Authorized Representative's Printed Name	Phone #	Email

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).

Company Code Loc/Dept Number Page
 The Home Depot 987456 1 of 1
 Store # 345
 78 9 Home Depot Lane
 Austin, Texas 78 721

Earnings Statement



Period Starting: 12/16/2023
 Period Ending: 12/31/2023
 Pay Date: 01/5/2024

Taxable Filing Status: Head Of Household
 Exemptions/Allowances:
 Federal: Std W/H Table
 State: 0
 Local: 0
 Social Security Number: XXX-XX-XXXX

Tax Override:
 Federal:
 State:
 Local:

Jeremy Smith
123 Ave K
Gun Barrel City, TX 75156

<u>Earnings</u>	<u>rate</u>	<u>hours/units</u>	<u>this period</u>	<u>year to date</u>
Regular	12 .0000	66 .16	793 .92	793 .92
Holiday	12 .0000	4 .00	48 .00	48 .00

Gross Pay **\$841.92** **\$841.92**

<u>Statutory Deductions</u>	<u>this period</u>	<u>year to date</u>
Federal Income	-17 .99	17 .99
Social Security	-59 .78	59 .785
Medicare	-13 .98	13 .98

Net Pay **\$91.75**

<u>Other Benefits and Information</u>	<u>this period</u>	<u>year to date</u>
Total Hours Worked	66 .16	66 .16

<u>Deposits account number</u>	<u>transit/ABA</u>	<u>amount</u>
XXXXXXXX1111	XXXXXXXXXX	750 .17

Company Code Loc/Dept Number Page
 The Home Depot 987456 1 of 1
 Store # 345
 78 9 Home Depot Lane
 Austin, Texas 78 721

Earnings Statement



Period Starting: 12/1/2023
 Period Ending: 12/15/2023
 Pay Date: 12/20/2023

Taxable Filing Status: Head Of Household
 Exemptions/Allowances:
 Federal: Std W/H Table
 State: 0
 Local: 0
 Social Security Number: XXX-XX-XXXX

Tax Override:
 Federal:
 State:
 Local:

Jeremy Smith
123 Ave K
Gun Barrel City, TX 75156

Earnings	rate	hours/units	this period	year to date
Regular	12 .0000	38 .00	456 .00	22 ,800

Gross Pay \$456 .00 \$22 ,800

Statutory Deductions	this period	year to date
Federal Income	-7 .99	935 .48
Social Security	-38 .78	3 ,108 .56
Medicare	-3 .98	726 .96

Net Pay \$91 .75

Other Benefits and Information	this period	year to date
Total Hours Worked	38 .00	1 ,900

Deposits account number	transit/ABA	amount
XXXXXXXX1111	XXXXXXXXXX	405 .25



Social Security Administration Benefit Verification Letter

Date: December 3, 2023
BNC#: 258
REF: M

Rebecca Smith
For Christine Jones
123 Avenue K

Gun Barrel City, TX 75156

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2023, the full monthly Social Security benefit before any deductions is \$606.20.

We deduct \$0 for medical insurance premiums each month.

The regular monthly Social Security payment is \$606.00.
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the second Wednesday of each month.

Information About Past Social Security Benefits

From December 2021 to November 2023, the full monthly Social Security benefit before any deductions was \$585.70.

We deducted \$0 for medical insurance premiums each month.

The regular monthly Social Security payment was \$585.00.
(We must round down to the whole dollar.)

Type of Social Security Benefit Information

You are entitled to monthly retirement benefits.

Medicare Information

You are not entitled to hospital insurance under Medicare.

INCOME CERTIFICATION

Effective Date: February 1, 2024

Move-in Date: February 1, 2024

(MM/DD/YYYY)

Initial Certification Recertification Other* _____

*Transfer from Unit: _____

PART I – DEVELOPMENT DATA

Property Name: Pandora Springs County: Travis BIN #: TX0212345
 Address: 221 East 11th Street Unit Number: 501 # Bedrooms: 4 CMTS # 12345

PART II. HOUSEHOLD COMPOSITION

HH Mbr #	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (MM/DD/YYYY)	Student Status (circle one)	Last 4 digits of Social Security Number
1	Smith	William	HEAD	08/03/1979	FT / PT / NA	1111
2	Smith	Rebecca	Spouse	02/23/1983	FT / PT / NA	2222
3	Smith	Jeremy	Adult Dependent	11/03/2004	FT / PT / NA	3333
4	Smith	Eric	Dependent	07/20/2014	FT / PT / NA	4444
5	Jones	Christine	Foster	05/24/2015	FT / PT / NA	XXXX
6					FT / PT / NA	
7					FT / PT / NA	

PART III. GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)

HH Mbr #	(A) Employment/Wages	(B) Soc. Security/Pensions	(C) Public Assistance	(D) Other Income
1				
2				
3				
TOTALS	\$ _____	\$ _____	\$ _____	\$ _____
Add totals from (A) through (D) above				TOTAL INCOME (E): \$ _____

PART IV. INCOME FROM ASSETS

HH Mbr #	(F) Type of Asset	(G) C/D	(H) N/R	(I) Cash Value of Asset	(J) A/I	(K) Annual Income from Asset
1 & 2	Checking					
1 & 2	Savings					
4	Savings					
3	Checking					
1	Land (empty lot)					
(L) TOTAL NON-NECESSARY PERSONAL PROPERTY:				\$ _____	(M) Total Actual Income:	\$ _____
(N) TOTAL NET FAMILY ASSETS:				\$ _____	(O) Total Imputed Income:	\$ _____

(P) TOTAL INCOME FROM ASSETS [(M) + (O)]: \$ _____

(Q) Total Annual Household Income from all Sources [Add (E) + (P)]: \$ _____

HOUSEHOLD CERTIFICATION & SIGNATURES

The information on this form will be used to determine maximum income eligibility. I/we have provided for each person(s) set forth in Part II acceptable verification of current anticipated annual income. I/we agree to notify the landlord immediately upon any member of the household moving out of the unit or any new member moving in. I/we agree to notify the landlord immediately upon any member becoming a full time student.

Under penalties of perjury, I/we certify that the information presented in this Certification is true and accurate to the best of my/our knowledge and belief. 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	(Date)	Signature	(Date)
Signature	(Date)	Signature	(Date)

PART VI. DETERMINATION OF PROGRAM ELIGIBILITY

TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES:
From item (P) on page 1

Current Income Limit per Family Size:

\$70,080.00

Mark the program(s) and applicable program designation that this household satisfies of the property's occupancy requirements:

If the owner has elected the Average Income minimum set aside under §42(g), this unit is designated by the taxpayer as (please see instructions):

- | | | | | | | | | |
|---|------------------------------|------------------------------|--------------------------------|---|---|------------------------------|--------------------------------|--------------------------------|
| <input checked="" type="checkbox"/> HTC or Exchange | <input type="checkbox"/> 20% | <input type="checkbox"/> 30% | <input type="checkbox"/> 40% | <input type="checkbox"/> 50% | <input checked="" type="checkbox"/> 60% | <input type="checkbox"/> 70% | <input type="checkbox"/> 80% | <input type="checkbox"/> OI*** |
| <input type="checkbox"/> TCAP | | <input type="checkbox"/> 30% | <input type="checkbox"/> 40% | <input type="checkbox"/> 50% | <input type="checkbox"/> 60% | | <input type="checkbox"/> OI*** | |
| <input type="checkbox"/> HOME/TCAP RF | | <input type="checkbox"/> 30% | <input type="checkbox"/> 40% | <input type="checkbox"/> 50% | <input type="checkbox"/> 60% | | <input type="checkbox"/> 80% | <input type="checkbox"/> OI*** |
| <input checked="" type="checkbox"/> BOND | | <input type="checkbox"/> 30% | <input type="checkbox"/> 50% | <input checked="" type="checkbox"/> 60% | <input type="checkbox"/> 80% | | <input type="checkbox"/> OI*** | <input type="checkbox"/> ET |
| <input type="checkbox"/> THTF | | <input type="checkbox"/> ELI | <input type="checkbox"/> VLI | <input type="checkbox"/> LI | <input type="checkbox"/> OI*** | | | |
| <input type="checkbox"/> NSP | | <input type="checkbox"/> 30% | <input type="checkbox"/> 40% | <input type="checkbox"/> 50% | <input type="checkbox"/> 60% | | <input type="checkbox"/> 80% | <input type="checkbox"/> 120% |
| <input type="checkbox"/> NHTF | <input type="checkbox"/> 15% | <input type="checkbox"/> 30% | <input type="checkbox"/> OI*** | | | | | |
| <input type="checkbox"/> Other | _____ | | | | | | | |

*** Upon Recertification household was determined to be over income (OI) according to eligibility requirements of the programs marked above.

PART VII. RENT

Tenant Paid Rent: \$1,730.00

Utility Allowance: \$75.00

Rental Assistance: \$0.00

Other Non-Optional Charges and Mandatory Fees: \$20.00 (insurance)

Gross Rent For Unit (See Instructions): \$1,825.00 Applicable Rent Limit: \$2,032.00

Is the source of the Rental Assistance Federal? Yes No *If yes, identify the type of Federal Rental Assistance:*

- | | |
|---|---|
| <input type="checkbox"/> HUD Multi-Family Project-Based Rental Assistance (PBRA) | <input type="checkbox"/> HUD Housing Choice Voucher (HCV-tenant based) |
| <input type="checkbox"/> HUD Section 8 Moderate Rehabilitation | <input type="checkbox"/> HUD Project-Based Voucher (PBV) |
| <input type="checkbox"/> Public Housing Operating Subsidy | <input type="checkbox"/> USDA Section 514, 515, 521 Rental Assistance Program |
| <input type="checkbox"/> HOME Tenant Based Rental Assistance (TBRA) | <input type="checkbox"/> Section 811 Project Rental Assistance (PRA) |
| <input type="checkbox"/> HUD Rental Assistance Demonstration (RAD)-Project Based Rental Assistance (PBRA) | <input type="checkbox"/> Other Federal Rental Assistance _____ |

PART VIII. STUDENT STATUS VERIFICATION (HTC, TCAP, Exchange, and BOND only)

Are All Occupants Full-Time Students?

Yes No

If yes, enter Student Explanation* and attach documentation

Enter 1-5

*Student Explanation:

1. TANF assistance
2. Previously in state foster care system
3. Job Training Program
4. Single parent/dependent child
5. Married/joint return

SIGNATURE OF OWNER/REPRESENTATIVE

Based on the representations herein and upon the proofs and documentation required to be submitted, the individual(s) named in Part II of this Tenant Income Certification is/are eligible under the provisions of program's rules, regulations and the Land Use Restriction Agreement (if applicable), to live in a unit in this Project.

SIGNATURE OF OWNER/REPRESENTATIVE

DATE

PART IX. HOUSEHOLD DEMOGRAPHICS

Please complete for each household member. See below for Ethnicity, Race, and Other codes that characterize the household composition.

HH Mbr #	Sex – enter M or F	Ethnicity	Race <i>Enter up to 5 categories</i>	Disabled
1	M	2	2	2
2	F	1	1	2
3	M	1	1 and 2	2
4	M	1	1 and 2	1
5				
6				
7				

The Texas Department of Housing and Community Affairs (TDHCA) is required to comply with HUD’s reporting requirements; however, you are not required to provide this information. 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.

RESIDENT/APPLICANT: I do not wish to furnish information regarding ethnicity, race, sex, and disability status.
(Initials) _____

Ethnicity:	Enter each household member’s ethnicity by using one of the following coded definitions:	<ol style="list-style-type: none"> 1. Hispanic or Latino 2. Not Hispanic or Latino 3. Tenant did not respond
Race:	Enter each household member’s race by using, at least one, of the following coded definitions (<i>up to 5 categories may be selected</i>):	<ol style="list-style-type: none"> 1. White 2. Black/African American 3. American Indian/Alaska Native 4. Select from the following: <ol style="list-style-type: none"> 4a Asian India 4b Chinese 4c Filipino 4d Japanese 4e Korean 4f Vietnamese 4g Other Asian 5. Select from the following: <ol style="list-style-type: none"> 5a Native Hawaiian 5b Guamanian or Chamorro 5c Samoan 5d Other Pacific Islander 6. Other 7. Tenant did not respond
Disabled:	Check yes if any member of the household is disabled according to Fair Housing Act definition for handicap (disability): <ul style="list-style-type: none"> • 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. For a definition of “physical or mental impairment” and other terms used in this definition, please see 24 CFR 100.201, available at http://www.fairhousing.com/index.cfm?method=page.display&page=regs_fhr_100-201. • “Handicap” does not include current, illegal use of or addiction to a controlled substance. 	<ol style="list-style-type: none"> 1. Yes 2. No 3. Tenant did not respond



Cruz Household Income

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**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: Pollei Management	TDHCA Number: 12345
Contact Name: Cara Pollei	Contact Title: Manager
Address: 221 East 11th Street, Austin, TX 78721	Phone: 512-475-3821
Email Address: carapollei@polleimgmt.com	Fax: 512-475-3801

II. THIS SECTION TO BE COMPLETED BY APPLICANT	
A. CONTACT INFORMATION	
Street Address: 3456 Bowie St <small>(as shown on driver's license or government ID)</small>	<input checked="" type="checkbox"/> Rent <input type="checkbox"/> Own Apt #: 501
City/State/Zip: Austin, Texas 78721	County: USA
Current Address: 3456 Bowie St <small>(if different from above)</small>	<input checked="" type="checkbox"/> Rent <input type="checkbox"/> Own Apt #: 501
City/State/Zip: Austin, Texas 78721	County: USA
Email Address: esther.cruz@myemail.org	Home Phone: () 475-3975 Mobile Phone: ()
Emergency Contact Name: Patty Dixon (Live-in care person)	Phone: () 589-0786

B. PREVIOUS RESIDENCY INFORMATION	
Previous Address/City/State:	<input type="checkbox"/> Rent <input type="checkbox"/> Own Cost per Month: \$980.00
Reason For Leaving: location	Occupied For: __ Yrs <u>10</u> Mos
Contact/Landlord Name: Jasmine Harris, manager	Phone: 512-475-2025

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 Esther Cruz	Head of Household	10/20/1983	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input checked="" type="checkbox"/> N/A	111-11-1111	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2 Liam Cruz	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Dependent <input type="checkbox"/> Other Adult	1/10/2014	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input checked="" type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A	222-22-2222	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3 Patty Dixon	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input checked="" type="checkbox"/> Other Adult	7/3/1994	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input checked="" type="checkbox"/> N/A	n/a	<input checked="" 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? Liam

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? Patty

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$3,600				\$3,600
Overtime Pay <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Commissions/Fees <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Tips and Bonuses <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Salary from 2 nd job <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Temporary Income <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Income from Military <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Interest/Dividends <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Business Net Income <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Net Rental Income <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Social Security <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$27,084				\$27,084
Supplemental Security Income <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Pension <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Retirement Funds <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Familial Support <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Unemployment Benefits <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Alimony <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Child Support (Circle Type) Anticipated, Voluntary, Court Ordered (regardless if pd) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$2,100				\$2,100
AFDC/TANF <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Educational Scholarship/Grant <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Other: Explain: _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Total:					\$32,784

G. CURRENT EMPLOYMENT CONTACT INFORMATION – Household Member #1					
Household Member's Name Esther Cruz			Occupation nursery attendant		Work Phone unknown
Name and Street Address of Employer First Church of Austin			City Austin		State TX Zip Code 78721
Date Hired 5/1/2023	Salary \$ <u>300.00</u> <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____			# of hours worked per week 5	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1200	0	Commerce Bank
Additional Checking Account(s) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Savings Account <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10,000	2%	Commerce Bank
Additional Savings Account(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	100	2%	Commerce Bank
Pre-Paid Debit Cards <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			EC
Stocks, Bonds, Mutual Funds* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Real Estate or Home <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Trust Fund(s) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Mortgage Note Held <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Whole Life Insurance Cash Value* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Real Estate/Land* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Peer to Peer (PayPal, Cash App and Venmo) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Other: <u>cash</u> <u>EC</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	500	0	none

*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? Esther
 Provide explanation (including the type of asset, estimated value of asset, amount disposed for, and date of disposal): I sold my house to my sister for \$10,000. I needed to move fast and she needed a place to live. The house was paid for. The sale happened in February 2023

2. Has anyone in the household owned a home in the last two years? NO YES If yes, who? Esther
 Do they currently own it? NO YES If No, when was it disposed of? February 2023
 If Yes, Is it being rented? NO YES
 Is it sitting vacant? NO YES
 Is it in the process of being sold? NO YES

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 checked="" type="checkbox"/> No (Federal Emergency Management Agency)			
SBA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Small Business Administration)			
Section 8 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Housing and Urban Development)			
TBRA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Tenant Based Rental Assistance)			
Insurance <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Homeowner)			
Other <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Explain: Section 811	don't know	when I move in	My income is low and I am disabled.

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.

Esther Cruz

Applicant/Resident Printed Name

Esther Cruz

Signature

January 9, 2024

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.

Earnings		Pay Date: 1/1/2024
		Pay period begin: 12/16/2023 Pay period end: 12/31/2023
Current Total		Year to Date
Regular	\$ 150.00	\$ 150.00
Total	\$ 150.00	\$ 150.00

Earnings		Pay Date: 12/1/2023
		Pay period begin: 11/16/2023 Pay period end: 11/30/2023
Current Total		Year to Date
Regular	\$ 150.00	\$ 3,450.00
Total	\$ 150.00	\$ 3,450.00

Earnings		Pay Date: 12/15/2023
		Pay period begin: 12/1/2023 Pay period end: 12/15/2023
Current Total		Year to Date
Regular	\$ 150.00	\$ 3,600.00
Total	\$ 150.00	\$ 3,600.00

Earnings		Pay Date: 11/15/2023
		Pay period begin: 11/1/2023 Pay period end: 11/15/2023
Current Total		Year to Date
Regular	\$ 150.00	\$ 3,300.00
Total	\$ 150.00	\$ 3,300.00

SOCIAL SECURITY ADMINISTRATION

Date: December 29, 2023
BNC#: 21BC875
REF: A

ESTHER CRUZ
3456 BOWIE ST
Austin, TX 78721

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning January 2024, the full monthly
Social Security benefit before any deductions is.....\$ 2,479.90

We deduct \$148.50 for medical insurance premiums each month.

The regular monthly Social Security payment is.....\$ 2,331.00
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third Wednesday of each month.

SUSPECT SOCIAL SECURITY FRAUD?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

IF YOU HAVE QUESTIONS

We invite you to visit our web site at www.socialsecurity.gov on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local office at 866-627-6991. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
1029 CAMINO LA COSTA
AUSTIN, TX 78752



CHILD SUPPORT DIVISION



Date: December 27, 2023
 Recipient Name: Esther Cruz

CHILD SUPPORT INCOME VERIFICATION

No case was found on the Child Support

Other: _____

This document contains the most recent child support income information in the possession of the Texas Title IV-D agency. Federal Tax Offset amounts are not included in the last 12 payments provided. Additional payment records, if applicable, are provided on the reverse side of the form.

<p>OAG Case #: 001868 Registry Only</p> <p>Dependent(s): LIAM CRUZ</p>	<p>Cause #: 324-xxxx-11 The amount of court child support is 222.00 per BI-WEEKLY</p> <p style="text-align: center;">Last 12 Payments</p> <table border="0"> <thead> <tr> <th>Date:</th> <th>Amount:</th> </tr> </thead> <tbody> <tr><td>12/23/2023</td><td>\$120.00</td></tr> <tr><td>11/23/2023</td><td>\$75.00</td></tr> <tr><td>10/09/2023</td><td>\$50.00</td></tr> <tr><td>09/26/2023</td><td>\$98.00</td></tr> <tr><td>08/26/2023</td><td>\$2065.00</td></tr> <tr><td>07/13/2023</td><td>\$200.31</td></tr> <tr><td>06/28/2023</td><td>\$141.31</td></tr> <tr><td>05/08/2023</td><td>\$75.00</td></tr> <tr><td>04/01/2023</td><td>\$200.31</td></tr> <tr><td>03/17/2023</td><td>\$41.31</td></tr> <tr><td>02/17/2023</td><td>\$65.00</td></tr> <tr><td>01/03/2023</td><td>\$20.31</td></tr> </tbody> </table>	Date:	Amount:	12/23/2023	\$120.00	11/23/2023	\$75.00	10/09/2023	\$50.00	09/26/2023	\$98.00	08/26/2023	\$2065.00	07/13/2023	\$200.31	06/28/2023	\$141.31	05/08/2023	\$75.00	04/01/2023	\$200.31	03/17/2023	\$41.31	02/17/2023	\$65.00	01/03/2023	\$20.31	<p>OAG Case #: Registry Only</p> <p>Dependent(s):</p>	<p>Cause #: The amount of court child support is</p> <p style="text-align: center;">per Last 12 Payments</p> <p>Date: _____ Amount: _____</p>
Date:	Amount:																												
12/23/2023	\$120.00																												
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04/01/2023	\$200.31																												
03/17/2023	\$41.31																												
02/17/2023	\$65.00																												
01/03/2023	\$20.31																												

From Thursday, February 1, 2024
 Subtracted 120 days

Result: Wednesday, October 4, 2023

<p>OAG Case #: Registry Only</p> <p>Dependent(s):</p>	<p>Cause #: The amount of court child support is</p> <p style="text-align: center;">per Last 12 Payments</p> <p>Date: _____ Amount: _____</p>
---	---

INCOME CERTIFICATION

Initial Certification Recertification Other* _____

Effective Date: February 1, 2024
 Move-in Date: February 1, 2024
(MM/DD/YYYY)
 *Transfer from Unit: _____

PART I – DEVELOPMENT DATA

Property Name: Pandora Springs County: Travis BIN #: TX0212345
 Address: 221 East 11th Street Unit Number: 301 # Bedrooms: 3 CMTS #12345

PART II. HOUSEHOLD COMPOSITION

HH Mbr #	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (MM/DD/YYYY)	Student Status (circle one)	Last 4 digits of Social Security Number
1	Cruz	Esther	HEAD	10/20/1983	FT / PT / NA	1111
2	Cruz	Liam	Dependent	1/10/2014	FT / PT / NA	2222
3	Dixon	Patty	Live-in Aide	7/3/1994	FT / PT / NA	xxxx
4					FT / PT / NA	
5					FT / PT / NA	
6					FT / PT / NA	
7					FT / PT / NA	

PART III. GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)

HH Mbr #	(A) Employment/Wages	(B) Soc. Security/Pensions	(C) Public Assistance	(D) Other Income
1				
TOTALS	\$ _____	\$ _____	\$ _____	\$ _____
Add totals from (A) through (D) above				TOTAL INCOME (E): \$ _____

PART IV. INCOME FROM ASSETS

HH Mbr #	(F) Type of Asset	(G) C/D	(H) N/R	(I) Cash Value of Asset	(J) A/I	(K) Annual Income from Asset
1	Cash on Hand					
1	Checking Account					
1	Savings Account					
2	Savings Account					
1	Real Estate (2/2025)					
(L) TOTAL NON-NECESSARY PERSONAL PROPERTY:				\$ _____	(M) Total Actual Income:	\$ _____
(N) TOTAL NET FAMILY ASSETS:				\$ _____	(O) Total Imputed Income:	\$ _____

(P) TOTAL INCOME FROM ASSETS [(M) + (O)]: \$ _____

(Q) Total Annual Household Income from all Sources [Add (E) + (P)]: \$ _____

HOUSEHOLD CERTIFICATION & SIGNATURES

The information on this form will be used to determine maximum income eligibility. I/we have provided for each person(s) set forth in Part II acceptable verification of current anticipated annual income. I/we agree to notify the landlord immediately upon any member of the household moving out of the unit or any new member moving in. I/we agree to notify the landlord immediately upon any member becoming a full time student.

Under penalties of perjury, I/we certify that the information presented in this Certification is true and accurate to the best of my/our knowledge and belief. 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	(Date)	Signature	(Date)
Signature	(Date)	Signature	(Date)

PART VI. DETERMINATION OF PROGRAM ELIGIBILITY

TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES:
From item (P) on page 1

Current Income Limit per Family Size:
\$37,400 (HTC)
\$46,750 (HOME)

Mark the program(s) and applicable program designation that this household satisfies of the property's occupancy requirements:

If the owner has elected the Average Income minimum set aside under §42(g), this unit is designated by the taxpayer as (please see instructions):

- | | | | | | | | | |
|---|------------------------------|------------------------------|---|---|--------------------------------|------------------------------|--------------------------------|--------------------------------|
| <input checked="" type="checkbox"/> HTC or Exchange | <input type="checkbox"/> 20% | <input type="checkbox"/> 30% | <input checked="" type="checkbox"/> 40% | <input type="checkbox"/> 50% | <input type="checkbox"/> 60% | <input type="checkbox"/> 70% | <input type="checkbox"/> 80% | <input type="checkbox"/> OI*** |
| <input type="checkbox"/> TCAP | | <input type="checkbox"/> 30% | <input type="checkbox"/> 40% | <input type="checkbox"/> 50% | <input type="checkbox"/> 60% | | <input type="checkbox"/> OI*** | |
| <input checked="" type="checkbox"/> HOME/TCAP RF | | <input type="checkbox"/> 30% | <input type="checkbox"/> 40% | <input checked="" type="checkbox"/> 50% | <input type="checkbox"/> 60% | | <input type="checkbox"/> 80% | <input type="checkbox"/> OI*** |
| <input type="checkbox"/> BOND | | <input type="checkbox"/> 30% | <input type="checkbox"/> 50% | <input type="checkbox"/> 60% | <input type="checkbox"/> 80% | | <input type="checkbox"/> OI*** | <input type="checkbox"/> ET |
| <input type="checkbox"/> THTF | | <input type="checkbox"/> ELI | <input type="checkbox"/> VLI | <input type="checkbox"/> LI | <input type="checkbox"/> OI*** | | | |
| <input type="checkbox"/> NSP | | <input type="checkbox"/> 30% | <input type="checkbox"/> 40% | <input type="checkbox"/> 50% | <input type="checkbox"/> 60% | | <input type="checkbox"/> 80% | <input type="checkbox"/> 120% |
| <input type="checkbox"/> NHTF | <input type="checkbox"/> 15% | <input type="checkbox"/> 30% | <input type="checkbox"/> OI*** | | | | | |
| <input type="checkbox"/> Other | _____ | | | | | | | |

*** Upon Recertification household was determined to be over income (OI) according to eligibility requirements of the programs marked above.

PART VII. RENT

Tenant Paid Rent: \$1,015.00

Utility Allowance: \$65.00

Rental Assistance: \$0.00

Other Non-Optional Charges and Mandatory Fees: \$20.00 (insurance)

Gross Rent For Unit (See Instructions): \$1,100.00 Applicable Rent Limit: \$1,215/\$1,518

Is the source of the Rental Assistance Federal? Yes No *If yes, identify the type of Federal Rental Assistance:*

- | | |
|---|---|
| <input type="checkbox"/> HUD Multi-Family Project-Based Rental Assistance (PBRA) | <input type="checkbox"/> HUD Housing Choice Voucher (HCV-tenant based) |
| <input type="checkbox"/> HUD Section 8 Moderate Rehabilitation | <input type="checkbox"/> HUD Project-Based Voucher (PBV) |
| <input type="checkbox"/> Public Housing Operating Subsidy | <input type="checkbox"/> USDA Section 514, 515, 521 Rental Assistance Program |
| <input type="checkbox"/> HOME Tenant Based Rental Assistance (TBRA) | <input type="checkbox"/> Section 811 Project Rental Assistance (PRA) |
| <input type="checkbox"/> HUD Rental Assistance Demonstration (RAD)-Project Based Rental Assistance (PBRA) | <input type="checkbox"/> Other Federal Rental Assistance _____ |

PART VIII. STUDENT STATUS VERIFICATION (HTC, TCAP, Exchange, and BOND only)

Are All Occupants Full-Time Students?

Yes No

If yes, enter Student Explanation* and attach documentation

Enter 1-5

*Student Explanation:

1. TANF assistance
2. Previously in state foster care system
3. Job Training Program
4. Single parent/dependent child
5. Married/joint return

SIGNATURE OF OWNER/REPRESENTATIVE

Based on the representations herein and upon the proofs and documentation required to be submitted, the individual(s) named in Part II of this Tenant Income Certification is/are eligible under the provisions of program's rules, regulations and the Land Use Restriction Agreement (if applicable), to live in a unit in this Project.

SIGNATURE OF OWNER/REPRESENTATIVE

DATE

PART IX. HOUSEHOLD DEMOGRAPHICS

Please complete for each household member. See below for Ethnicity, Race, and Other codes that characterize the household composition.

HH Mbr #	Sex – enter M or F	Ethnicity	Race <i>Enter up to 5 categories</i>	Disabled
1	F	1	1	1
2	M	1	1	2
3				
4				
5				
6				
7				

The Texas Department of Housing and Community Affairs (TDHCA) is required to comply with HUD’s reporting requirements; however, you are not required to provide this information. 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.

RESIDENT/APPLICANT: I do not wish to furnish information regarding ethnicity, race, sex, and disability status.
(Initials) _____

Ethnicity:	Enter each household member’s ethnicity by using one of the following coded definitions:	<ol style="list-style-type: none"> 1. Hispanic or Latino 2. Not Hispanic or Latino 3. Tenant did not respond
Race:	Enter each household member’s race by using, at least one, of the following coded definitions (<i>up to 5 categories may be selected</i>):	<ol style="list-style-type: none"> 1. White 2. Black/African American 3. American Indian/Alaska Native 4. Select from the following: <ol style="list-style-type: none"> 4a Asian India 4b Chinese 4c Filipino 4d Japanese 4e Korean 4f Vietnamese 4g Other Asian 5. Select from the following: <ol style="list-style-type: none"> 5a Native Hawaiian 5b Guamanian or Chamorro 5c Samoan 5d Other Pacific Islander 6. Other 7. Tenant did not respond
Disabled:	Check yes if any member of the household is disabled according to Fair Housing Act definition for handicap (disability): <ul style="list-style-type: none"> • 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. For a definition of “physical or mental impairment” and other terms used in this definition, please see 24 CFR 100.201, available at http://www.fairhousing.com/index.cfm?method=page.display&pageName=reqs_fhr_100-201. • “Handicap” does not include current, illegal use of or addiction to a controlled substance. 	<ol style="list-style-type: none"> 1. Yes 2. No 3. Tenant did not respond



Assets

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Assets

Assets are items of value that may be turned into cash

- Not all items of value are considered an asset
- Items are not required to be “cashed out” at time of application

STEP 1: “ACTUAL INCOME” - The amount of income those assets are earning or could earn

STEP 2: “CASH VALUE” - The total cash value of the family’s assets

STEP 3; if required: “IMPUTED INCOME” - The amount of income for assets that do not have a determinable rate of return when the net family assets are more than \$50,000

For any assets whose actual income cannot be determined, calculate imputed income when the household’s net family assets are over \$50,000.

Do NOT calculate imputed income for assets whose income is determinable.

Do NOT calculate the imputed income based on the total cash value of the assets.

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Assets: Actual Income



Not all assets have income

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Assets: Verification Requirements

- HOTMA requires that all households have assets fully verified once during each 3 years of tenancy, households may then self-certify assets when the total is equal to or less than \$50,000. There are some exceptions to this rule:
 - HTC, Exchange, TCAP, and THTF may self-certify assets when the amount is \$50,000 or less
 - **BOND must fully verify assets at initial certification and during each 3rd year of tenancy when an income certification is completed**
 - MFDL Programs: at Initial Certification the assets must be fully verified by third party or first-hand documentation; also during the 6th year of the affordability period certifications the assets must be verified
- For 811 Program units, the assets must be fully verified by third party or first-hand documentation at Move-In and Initial Certifications and during each 3rd year certification for the household
 - All 811 households must have their assets fully verified during the first HOTMA recertification
- **All assets can be verified using one (1) statement from the financial institution**
 - When verification of assets is required, Owners are required to obtain a minimum of one statement that reflects the current balance of banking/financial accounts

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Assets: Self-Certification or Verification

Under \$50,000 Asset Certification

- The use of this form is not allowed if program or certification year requires full verification of assets
- Must be used in addition to the application screening tool to certify disposed of assets as well as assets held currently by the household
- Required, if assets are under or equal to \$50,000 during years when asset verifications are not required

Asset Verification

- Required if a household's total assets cash value is greater than \$50,000 and if program or certification year requires full verification (discussed on previous slide)
- Must be sent directly to the financial institution which holds the asset and returned directly to the development

Asset Type	Asset Name	Value	Location	Notes
1. Real Estate				
2. Personal Property				
3. Financial Assets				
4. Other Assets				

Asset Type	Asset Name	Value	Location	Notes
1. Real Estate				
2. Personal Property				
3. Financial Assets				
4. Other Assets				

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Assets: Formulas

Step 1: Determine the Actual Income from the Asset:



Step 2: Determine the Cash Value of the Asset:



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Assets: Determining Actual Income

Step 1: Determine the Actual Income from the Asset

If the combined cash value of the net family assets is \$50,000 or less for the household, **ONLY** the actual income from assets is included.

$$\$50,000 \geq \text{Total Assets}$$

Only Actual Income from Assets is included

If the combined cash value of the net family assets is greater than \$50,000, the annual income includes the actual income from assets with a determinable rate of return and the imputed income calculated on assets without a determinable rate of return using the current passbook savings rate (.40%) as established by HUD.

$$\$50,000 < \text{Total Assets}$$

For assets where the actual income is known use the actual income; for the assets without actual income use the imputed income

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Assets: Determining Cash Value

Step 2: Determine the Cash Value of an Asset

The “cash value” of an asset is the market value less reasonable expenses that would be incurred in selling or converting the asset to cash.

The cash value is the amount the household could actually receive in cash if the household converted an asset to cash.

The household is not required to convert an asset to cash.

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Assets: Actual and Imputed Income

- **Actual Income** from assets is always included in a family’s annual income, regardless of the total value of net family assets or whether the asset itself is included or excluded from net family assets, unless that income is specifically excluded by 24 CFR 5.609(b).
- **Imputed Income** must be calculated for specific assets when three conditions are met:
 - The value of net family assets exceeds \$50,000;
 - The specific asset is included in net family assets; and
 - Actual asset income cannot be calculated for the specific asset.
- All assets are categorized as either **real property** (e.g., land, a home) or **personal property**. Personal property includes tangible items, like boats, as well as intangible items, like bank accounts.
 - **Necessary** personal property is excluded from net family assets.
 - **Non-necessary** personal property with a combined value greater than \$50,000, as adjusted for inflation, is considered part of net family assets; if the combined value is \$50,000 or less then all of the non-necessary personal property is excluded from net family assets.
 - For example, a family could have **non-necessary personal property** with a combined value that does not exceed \$50,000 but also own **real property** such as a parcel of land. Even though the non-necessary personal property would be excluded from net family assets, the real property would be included in net family assets regardless of its value.

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Assets: Necessary versus Non-Necessary

Table F1: Examples of Necessary and Non-Necessary Personal Property

Necessary Personal Property	Non-Necessary Personal Property
<ul style="list-style-type: none"> Car(s)/vehicle(s) that a family relies on for transportation for personal or business use (e.g., bike, motorcycle, skateboard, scooter) Furniture, carpets, linens, kitchenware Common appliances Common electronics (e.g., radio, television, DVD player, gaming system) Clothing Personal effects that are not luxury items (e.g., toys, books) Wedding and engagement rings Jewelry used in religious/cultural celebrations and ceremonies Religious and cultural items Medical equipment and supplies Health care-related supplies Musical instruments used by the family Personal computers, phones, tablets, and related equipment Professional tools of trade of the family, for example professional books Educational materials and equipment used by the family, including equipment to accommodate persons with disabilities Equipment used for exercising (e.g., treadmill, stationary bike, kayak, paddleboard, ski equipment) 	<ul style="list-style-type: none"> Recreational car/vehicle not needed for day-to-day transportation (campers, motorhomes, travel trailers, all-terrain vehicles (ATVs)) Bank accounts or other financial investments (e.g., checking account, savings account, stocks/bonds) Recreational boat/watercraft Expensive jewelry without religious or cultural value, or which does not hold family significance Collectibles (e.g., coins/stamps) Equipment/machinery that is not used to generate income for a business Items such as gems/precious metals, antique cars, artwork, etc.

Examples of Necessary and Non-Necessary Personal Property from
Notice H 2023-10
Notice PIH 2023-27

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Assets: Always vs. Never

Assets to consider and assets always excluded from February 2024 update to **Notice H 2023-10 & Notice PIH 2023-27**

Assets to consider	Assets always excluded
<ul style="list-style-type: none"> Checking and savings accounts Stocks, bonds, mutual funds Luxury items or items that are not necessary, e.g., recreational boat, vehicles not used for regular transportation Assets disposed of for less than fair market value; for example, if you gave away a house to someone outside of the assisted family within the past two years, the value of the house would be considered an asset (except as determined by certain divorce or separation settlements) 	<ul style="list-style-type: none"> Retirement accounts (e.g., IRAs, 401k, 403b) Educational savings accounts (Section 529, Section 530, Coverdell ESA, etc.) ABLE accounts Non-revocable trusts Necessary items of personal property (items essential for the maintenance, use, and occupancy of a home or necessary for employment, education, cultural expression, or health and wellness) Federal tax refunds (must be subtracted from total net family assets)

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Assets: Tax Return Excluded on the Income Certification #1

Putting it on the Income Certification:

Checking account with no interest: \$180 Income: \$0.00 (actual)
 Savings account with 2% interest rate: \$8,000 Income: \$160.00 (actual)
 Land with no determined rate of return: \$25,000 Income: \$0 (under \$50,000)
Tax Return total for the household: (\$2,000) Excluded
 Total of Net Family Assets: \$23,000

PART IV. INCOME FROM ASSETS						
HH Mbr #	(F) Type of Asset	(G) C/D	(H) N/R	(I) Cash Value of Asset	(J) A/I	(K) Annual Income from Asset
1	Checking	C	N	\$180.00	A	\$0.00
1	Savings	C	N	\$8,000.00	A	\$160.00
1	Land/Real Estate	C	R	\$25,000.00	n/a	\$0.00
(L) TOTAL NON-NECESSARY PERSONAL PROPERTY:				\$8,180.00	(M) Total Actual Income:	\$160.00
(N) TOTAL NET FAMILY ASSETS:				\$23,000.00	(O) Total Imputed Income:	\$0.00
(P) TOTAL INCOME FROM ASSETS [(M) + (O)]:					\$160.00	

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Assets: Tax Return Excluded on the Income Certification #1

Putting it on the Income Certification:

Checking account with no interest: \$180 Income: \$0.00 (actual)
 Savings account with 2% interest rate: \$8,000 Income: \$160.00 (actual)
 Land with no determined rate of return: \$25,000 Income: \$0 (under \$50,000)
Tax Return total for the household: (\$2,000) Excluded
 Total of Net Family Assets: \$23,000

PART IV. INCOME FROM ASSETS						
HH Mbr.#	(F) Type of Asset	(G) C/D	(H) N/R	(I) Cash Value of Asset	(J) A/I	(K) Annual Income from Asset
1	Checking	C	N	\$180.00	A	\$0.00
1	Savings	C	N	\$8,000.00	A	\$160.00
1	Land/Real Estate	C	R	\$25,000.00	n/a	\$0.00
1	Tax Return Removed			(\$2,000)	n/a	n/a
(L) TOTAL NON-NECESSARY PERSONAL PROPERTY:				\$8,180.00	(M) Total Actual Income:	\$160.00
(N) TOTAL NET FAMILY ASSETS:				\$23,000.00	(O) Total Imputed Income:	\$0.00
(P) TOTAL INCOME FROM ASSETS [(M) + (O)]:					\$160.00	

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Assets: Tax Return Excluded on the Income Certification #2

Putting it on the Income Certification:

Checking account with no interest:	\$18,000	Income: \$0.00 (actual)
Savings account with 2% interest rate:	\$8,000	Income: \$160.00 (actual)
Land with no determined rate of return:	\$25,000	Income: \$0.00
Tax Return total for the household:	(\$2,000)	Excluded
Total of Net Family Assets:	\$23,000	

PART IV. INCOME FROM ASSETS						
HH Mbr #	(F) Type of Asset	(G) C/D	(H) N/R	(I) Cash Value of Asset	(J) A/I	(K) Annual Income from Asset
1	Checking	C	N	\$18,000.00	A	\$0.00
1	Savings	C	N	\$8,000.00	A	\$160.00
1	Land/Real Estate	C	R	\$25,000.00	n/a	\$0.00
(L) TOTAL NON-NECESSARY PERSONAL PROPERTY:				\$26,000.00	(M) Total Actual Income:	\$160.00
(N) TOTAL NET FAMILY ASSETS:				\$23,000.00	(O) Total Imputed Income:	\$0.00
(P) TOTAL INCOME FROM ASSETS [(M) + (O)]:						\$160.00

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Assets: Tax Return Excluded on the Income Certification #2

Putting it on the Income Certification:

Checking account with no interest:	\$18,000	Income: \$0.00 (actual)
Savings account with 2% interest rate:	\$8,000	Income: \$160.00 (actual)
Land with no determined rate of return:	\$25,000	Income: \$0.00
Tax Return total for the household:	(\$2,000)	Excluded
Total of Net Family Assets:	\$23,000	

PART IV. INCOME FROM ASSETS						
HH Mbr #	(F) Type of Asset	(G) C/D	(H) N/R	(I) Cash Value of Asset	(J) A/I	(K) Annual Income from Asset
1	Checking	C	N	\$18,000.00	A	\$0.00
1	Savings	C	N	\$8,000.00	A	\$160.00
1	Land/Real Estate	C	R	\$25,000.00	n/a	\$0.00
1	Tax Return Removed			(\$2,000.00)	n/a	n/a
(L) TOTAL NON-NECESSARY PERSONAL PROPERTY:				\$26,000.00	(M) Total Actual Income:	\$160.00
(N) TOTAL NET FAMILY ASSETS:				\$23,000.00	(O) Total Imputed Income:	\$0.00
(P) TOTAL INCOME FROM ASSETS [(M) + (O)]:						\$160.00

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Assets: Tax Return Excluded on the Income Certification #3

Putting it on the Income Certification:

Checking account with no interest:	\$18,000	Income: \$0.00 (actual)
Savings account with 2% interest rate:	\$35,000	Income: \$700.00 (actual)
Land with no determined rate of return:	\$25,000	Income: \$100.00 (imputed)
Tax Return total for the household:	(\$5,000)	Excluded
Total of Net Family Assets:	\$73,000	

PART IV. INCOME FROM ASSETS						
HH Mbr #	(F) Type of Asset	(G) C/D	(H) N/R	(I) Cash Value of Asset	(J) A/I	(K) Annual Income from Asset
1	Checking	C	N	\$18,000.00	A	\$0.00
1	Savings	C	N	\$35,000.00	A	\$700.00
1	Land/Real Estate	C	R	\$25,000.00	I	\$100.00
(L) TOTAL NON-NECESSARY PERSONAL PROPERTY:				\$53,000.00	(M) Total Actual Income:	\$700.00
(N) TOTAL NET FAMILY ASSETS:				\$73,000.00	(O) Total Imputed Income:	\$100.00
(P) TOTAL INCOME FROM ASSETS [(M) + (O)]:						\$800.00
(Q) Total Annual Household Income from all Sources [Add (E) + (P)]:						\$

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Assets: Tax Return Excluded on the Income Certification #3

Putting it on the Income Certification:

Checking account with no interest:	\$18,000	Income: \$0.00 (actual)
Savings account with 2% interest rate:	\$35,000	Income: \$700.00 (actual)
Land with no determined rate of return:	\$25,000	Income: \$100.00 (imputed)
Tax Return total for the household:	(\$5,000)	Excluded
Total of Net Family Assets:	\$73,000	

PART IV. INCOME FROM ASSETS						
HH Mbr #	(F) Type of Asset	(G) C/D	(H) N/R	(I) Cash Value of Asset	(J) A/I	(K) Annual Income from Asset
1	Checking	C	N	\$18,000.00	A	\$0.00
1	Savings	C	N	\$35,000.00	A	\$700.00
1	Land/Real Estate	C	R	\$25,000.00	I	\$100.00
1	Tax Return Removed			(\$5,000.00)	n/a	n/a
(L) TOTAL NON-NECESSARY PERSONAL PROPERTY:				\$53,000.00	(M) Total Actual Income:	\$700.00
(N) TOTAL NET FAMILY ASSETS:				\$73,000.00	(O) Total Imputed Income:	\$100.00
(P) TOTAL INCOME FROM ASSETS [(M) + (O)]:						\$800.00

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Assets: Tax Return Excluded on the Income Certification #4

Putting it on the Income Certification:

Checking account with no interest: \$1,000 Income: \$0.00 (actual)
 Savings account with 2% interest rate: \$300 Income: \$6.00 (actual)
 Land with no determined rate of return: \$75,000 Income: \$300.00 (imputed)
Tax Return total for the household: (\$5,000) Excluded
 Total of Net Family Assets: \$75,000

PART IV. INCOME FROM ASSETS						
HH Mbr #	(F) Type of Asset	(G) C/D	(H) N/R	(I) Cash Value of Asset	(J) A/I	(K) Annual Income from Asset
1	Checking	C	N	\$1,000.00	A	\$0.00
1	Savings	C	N	\$300.00	A	\$6.00
1	Land/Real Estate	C	R	\$75,000.00	I	\$300.00
(L) TOTAL NON-NECESSARY PERSONAL PROPERTY:				\$1,300.00	(M) Total Actual Income:	\$6.00
(N) TOTAL NET FAMILY ASSETS:				\$70,000.00	(O) Total Imputed Income:	\$300.00
(P) TOTAL INCOME FROM ASSETS [(M) + (O)]:					\$306.00	

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Assets: Tax Return Excluded on the Income Certification #4

Putting it on the Income Certification:

Checking account with no interest: \$1,000 Income: \$0.00 (actual)
 Savings account with 2% interest rate: \$300 Income: \$6.00 (actual)
 Land with no determined rate of return: \$75,000 Income: \$300.00 (imputed)
Tax Return total for the household: (\$5,000) Excluded
 Total of Net Family Assets: \$75,000

PART IV. INCOME FROM ASSETS						
HH Mbr #	(F) Type of Asset	(G) C/D	(H) N/R	(I) Cash Value of Asset	(J) A/I	(K) Annual Income from Asset
1	Checking	C	N	\$1,000.00	A	\$0.00
1	Savings	C	N	\$300.00	A	\$6.00
1	Land/Real Estate	C	R	\$75,000.00	I	\$300.00
1	Tax Return Removed			(\$5,000.00)	n/a	n/a
(L) TOTAL NON-NECESSARY PERSONAL PROPERTY:				\$1,300.00	(M) Total Actual Income:	\$6.00
(N) TOTAL NET FAMILY ASSETS:				\$70,000.00	(O) Total Imputed Income:	\$300.00
(P) TOTAL INCOME FROM ASSETS [(M) + (O)]:					\$306.00	

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Learning Point: Are Retirement Accounts Included?

If the household indicated on their application that they have a retirement account, should it be included in the net family assets?

- a) Yes
- b) Yes, but only if they are retirement age
- c) No, HOTMA removed this requirement
- d) Yes, but only if there is \$100,000 in the account

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Assets: Common Assets



Cash on Hand

Cash Value = Amount of cash on hand

Actual Income = Zero, cash does not generate income



Checking Account

Cash Value = Current Balance

Actual Income = Interest Income, if any



Savings Account

Cash Value = Current Balance

Actual Income = Interest Income

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Learning Point: What is an Asset?

A household has a kayak, a checking account and a parcel of land. What, if any, of these items are included as an asset for the household?

- a) Kayak and Land
- b) Checking Account only
- c) Checking Account and Land
- d) Kayak, Checking Account and Land

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Learning Point: Common Assets; Checking & Savings Accounts

How many bank statements or account statements are needed to verify any assets using first-hand documentation?

- a) Six, always six
- b) The most current
- c) Depends on the asset
- d) Twelve

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Learning Point: Common Assets; Cash on Hand

If an applicant discloses cash on their application, do we count it?

If so, how do we verify the amount of cash on hand?

- a) Cash on hand does not count, no need to verify
- b) It counts, they have to bring it in and count it for us to verify amount
- c) It counts, we take their word on the value
- d) Depends on how much cash they disclose

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Learning Point: Common Assets; Minors

When a minor in the household has an asset, does it count towards the household's net family assets?

- a) No, they are a minor, nothing counts
- b) Yes, the asset and the income from the asset are included
- c) Only when the asset is a checking account
- d) Only when the minor is 13 years old or older

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Learning Point: Common Assets; Foster Persons

When a foster person in the household has an asset, does it count towards the household's net family assets?

- a) No, income and assets from foster persons are excluded
- b) Yes, the asset and the income from the asset are included
- c) Only when the asset is a checking account
- d) Only when the foster person is 13 years old or younger

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Assets: Reasonable Costs to Convert



****This list is not exhaustive, will vary by asset****

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Assets: Investment Accounts



Stocks

Cash Value = Full Value less penalties/fees
 Actual Income = Dividend Income, if any



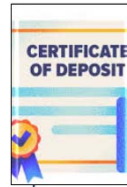
Bonds

Cash Value = Redemption Value (Current Market Price)
 Actual Income = Interest Income



Mutual Funds

Cash Value = Full Value less penalties/fees
 Actual Income = Interest or Dividend Income, if any



Certificate of Deposit (CD)

Cash Value = Full Value less penalties/fees
 Actual Income = Interest Income, if any

These types of assets typically have a withdrawal penalty.

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Learning Point: Investment Accounts; Stocks



Stocks

Cash Value = Full Value less penalties/fees
 Actual Income = Dividend Income, if any

Actual Income from the stocks:
 5 shares x \$486.5124/share = \$2,432.56 Mkt value

Market Value x Interest Rates = Actual Income

December 31, 2023	
Re: Rupert Williams	SSN: 8275
As of: December 31, 2023	
Shares	Investment
5	Netflix, Inc.
It's-A-Risk Investment applies a 6% transaction charge. The shares accrue no interest or dividends.	

Cash Value of the Stocks:

Market Value – Cost to Convert = Cash Value
 \$2,432.56 x 6% transaction charge = \$145.95 Cost to Convert

QUOTE	
NETFLIX INC (NFLX)	
486.5124	+8.1824 (+1.71%)

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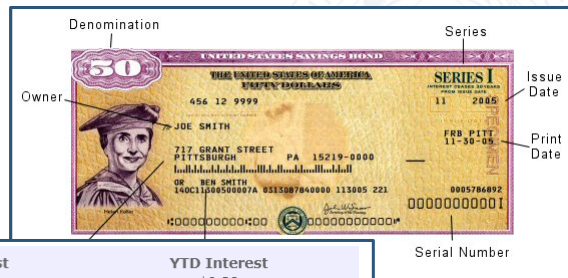
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Learning Point: Investment Accounts; Bonds



Bonds

Cash Value = Redemption Value
(Current Market Price)
Actual Income = Interest Income



Total Price	Total Value	Total Interest	YTD Interest
\$50.00	\$96.74	\$46.74	\$0.38

Bonds: 1-1 of 1

Serial #	Series	Denom	Issue Date	Next Accrual	Final Maturity	Issue Price	Interest	Interest Rate	Value	Note
NA	I	\$50	11/2005	02/2024	11/2035	\$50.00	\$46.74	4.96%	\$96.74	REMOVE

<https://www.treasurydirect.gov/BC/SBCPrice>

Bonds are purchased at a specified amount and accrue over time. There is a calculator available (link above) to determine the cash value and interest income on the asset.

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Learning Point: Investment Accounts; Certificates of Deposit (CD)



Certificate of Deposit (CD)

Cash Value = Full Value less penalties/fees
Actual Income = Interest Income, if any

Joe just invested \$5,000 in a CD at a fixed interest rate of 5% with 5 years maturity. Upon maturity, Joe's initial investment of \$5,000 will reach \$6,382. The return on the CD for the period of 5 years is \$1,382. If Joe removes the CD before maturity a penalty of 3.5% will be assessed.

Actual Income from the stocks:

\$5,000.00 Mkt value

Market Value x Interest Rates = Actual Income

Cash Value of the Stocks:

Market Value – Cost to Convert = Cash Value
\$5,000 x 3.5% penalty = \$175.00 Cost to Convert

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Assets: Retirement Accounts

Retirement accounts are no longer included in the calculation of household assets

Income from interest/dividends is not included in the calculation of income, but regular disbursements are income

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Assets: Annuities



Annuities

- Cash Value = Full Value less withdrawal penalties, taxes or tax penalties
- Actual Income = Interest Income, if any

Ask the account holder if they have the right to withdraw the balance, their answer will tell you how to handle the annuity.

- If yes, the account is an asset, even if payments are being made.
- If no, the account is not an asset.

Generally, when annuity payments are received it can no longer be converted to a lump sum of cash; in this case the payments are income but the annuity is not treated as an asset.

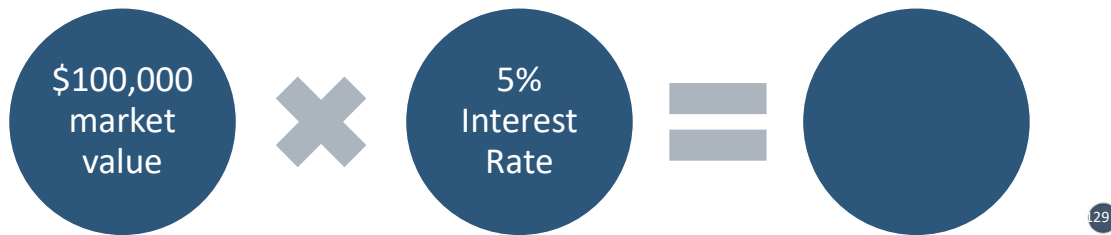
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Learning Point: Annuities; Actual Income

Earnest purchased a **\$100,000** annuity at age 65 with immediate payments of **\$614 monthly, but he is deferring these**. The annuity has a **5% interest rate** over 10 years. At age 70, the annuity will pay \$613 monthly for life. Earnest can withdraw the remainder with a **penalty of 3%**.

If Earnest applies at your development at the age of 67, what is the actual income for the asset?



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Learning Point: Annuities; Cash Value

Earnest purchased a **\$100,000** annuity at age 65 with immediate payments of **\$614 monthly**. The annuity has a **5% interest rate** over 10 years. At age 70, the annuity will pay \$613 monthly for life. Earnest can withdraw the remainder with a **penalty of 3%**.

If Earnest applies at your development at the age of 67, what is the cash value of the asset?



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Assets: Trusts



Trusts

- Cash Value = Withdrawn Amount
- Actual Income = Interest Income, if any

The property held in a trust can be cash, real property (land), personal property (jewelry) or any other liquid assets.

There are two types of trusts

1. Revocable – The creator of the trust may amend or revoke the trust, they have retained access
 2. Irrevocable – The creator has no access to the funds, they did not retain access
- If anyone in the applicant group or household has access to the trust it must be considered in the calculation of assets.

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Learning Point: Trusts

Julie has setup a trust for her grandson to receive when he reaches the age of 25. The trust is intended to help him purchase his first home. Julie has placed \$25,000 in the trust. The trust earns about \$1,000 per year, but the income is reinvested into the trust. Julie has set the trust up as irrevocable, she no longer has access to the trust and her grandson is not yet the age required to access the trust account.

Julie is applying to live at your development, how should the trust be handled for her application and certification of assets?

- a) The trust's current value and \$1,000 annual income must be included
- b) The trust's current value is included but the income is not included since it is reinvested
- c) None of the trust, income or current balance, is included since it is irrevocable
- d) We should ask Julie how much she wants to include and only count that amount

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Assets: Real Estate

Currently Owns



- **Cash Value** = Fair Market Value less unpaid principal and reasonable costs incurred to sell
- **Actual Income** = Zero (it is not earning income)

3rd Party Lives There



- **Cash Value** = Fair Market Value less unpaid principal and reasonable costs incurred to sell
- **Actual Income** = Monthly Rent minus interest, taxes, insurance and maintenance fees

Deed of Trust/Contract for Sale



- **Cash Value** = Unpaid principal portion of mortgage as of the certification effective date
- **Actual Income** = Interest portion due during the 12-month certification period

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Assets: Exemption to Real Estate

HOME Homeowner Rehabilitation Assistance (HRA) program

Real Estate exception:

- Equity in the applicant's primary residence is not considered in the calculation of assets

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Assets: Real Estate Documents

Real Estate is going to require additional documentation:

- Mortgage Statement showing unpaid principal
- Tax Statement
- Documentation to evidence current broker fees and closing costs
- Amortization Schedule
- Deed of Sale



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Assets: Real Estate – Determining Cash Value

- If a family owns real estate, it is necessary to consider the family's equity in the property as well as the expense to sell the property.
- To determine the family's equity, subtract amounts owed on the property from its market value:

Market value

- Mortgage amount owed

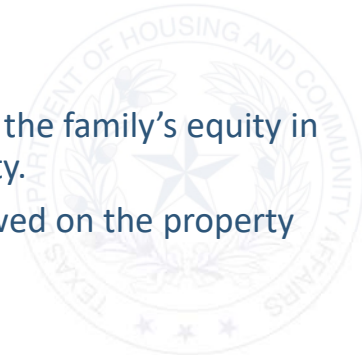
Equity in the property

- Calculate the cash value by subtracting the expense of selling the property:

Equity

- Expense of selling

Cash Value



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Learning Point: Real Estate – Determining Cash Value

- Juanita owns a home, the home is vacant at the time of her certification
- The Market value is \$150,000 and the unpaid principal is \$60,000

\$150,000
- \$60,000

- The cost to dispose of the house would be \$8,000

\$90,000
- \$8,000

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Assets: Real Estate for Rent

What to do when an applicant owns a home (real estate) and is renting it out:

- Determine the cash value of the real estate, which was covered on the previous slides
- If rental income is received from real estate it must be included as income from an asset
 - If someone indicates to you that someone else is living in the home and paying the mortgage for them, this is a rental property and the rental amount is the mortgage payment
- You may need to gather the following documents:
 - Verification of rental income to be received in the next 12 months; i.e. a lease contract
 - If there are any expenses in renting the home, the following may be deducted from rental income **if verification is obtained to support the deductions:**
 - Taxes
 - Insurance
 - Maintenance
 - Utilities
 - Mortgage Interest
 - Management Fees

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Learning Point: Real Estate – Determining Rental Income

The Lee household owns a home, which they are renting out. We have already determined that the cash value of the home is \$190,000. They have indicated that they rent the home for **\$1,700 per month**. They still pay the **taxes of \$9,250 and mortgage interest of \$5,884.97** on the home. What should the income from the asset be on the Income Certification?

Step 1: Determine the annual amount received from rental income

\$1,700 per month x 12 months =

Step 2: Determine the expenses associated with renting the home:

\$9,250 taxes + \$5,884.97 mortgage interest =

Step 3: Subtract the deductions from the rental income to determine the asset income:

\$ _____ rental income - \$ _____ verified deductions =

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Assets: Deed of Trust or Contract for Sale

Sydney signed her Certification in February 2024. She holds a Contract for Sale. Based on the relevant portions of the contract and amortization schedule (next slide) what is the actual income from the asset and what is the cash value of the asset?

CONTRACT FOR SALE OF REAL ESTATE	
This contract is made and dated December 7, 2023	
Between: Sydney Young	(from now on called "the Seller")
and	
Brandon and Melissa Lee	(from now on called "the Buyer")
Purchase price is \$100,000 and is payable by the Buyer to the Seller as follows:	
(a) By a note and mortgage from the Buyer to the Seller in the principal amount of \$100,000.	
Amount shall be payable with interest at the yearly rate of 6.25% by monthly installments of \$615.72. It shall be due in full in 30 years with full prepayment rights and day default period beginning on January 2024.	

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Assets: Deed of Trust or Contract for Sale; Actual Income

Actual Income is the interest portion due for the 12-month period following certification.

Month	Interest	Principal	Balance (Principal)
Jan-24	\$ 494.59	\$ 121.12	\$ 95,000.00
Feb-24	\$ 493.96	\$ 121.75	\$ 94,878.25
Mar-24	\$ 493.33	\$ 122.39	\$ 94,755.86
Apr-24	\$ 492.69	\$ 123.03	\$ 94,632.83
May-24	\$ 492.05	\$ 123.67	\$ 94,509.16
Jun-24	\$ 491.41	\$ 124.31	\$ 94,384.85
Jul-24	\$ 490.76	\$ 124.96	\$ 94,259.89
Aug-24	\$ 490.11	\$ 125.61	\$ 94,134.28
Sep-24	\$ 489.45	\$ 126.26	\$ 94,008.02
Oct-24	\$ 488.80	\$ 126.92	\$ 93,881.10
Nov-24	\$ 488.14	\$ 127.58	\$ 93,753.52
Dec-24	\$ 487.47	\$ 128.25	\$ 93,625.27
Jan-25	\$ 486.80	\$ 128.91	\$ 93,496.36
Feb-25	\$ 486.13	\$ 129.59	\$ 93,366.77
Mar-25	\$ 485.46	\$ 130.26	\$ 93,236.51

493.96
493.33
492.69
492.05
491.41
490.76
490.11
489.45
488.80
488.14
487.47
<u>486.80</u>
\$5,884.97



Assets: Deed of Trust or Contract for Sale; Cash Value

Cash Value is the Principal Balance at the time of the certification.

Month	Interest	Principal	Balance (Principal)
Jan-24	\$ 494.59	\$ 121.12	\$ 95,000.00
Feb-24	\$ 493.96	\$ 121.75	\$ 94,878.25
Mar-24	\$ 493.33	\$ 122.39	\$ 94,755.86
Apr-24	\$ 492.69	\$ 123.03	\$ 94,632.83
May-24	\$ 492.05	\$ 123.67	\$ 94,509.16
Jun-24	\$ 491.41	\$ 124.31	\$ 94,384.85
Jul-24	\$ 490.76	\$ 124.96	\$ 94,259.89
Aug-24	\$ 490.11	\$ 125.61	\$ 94,134.28
Sep-24	\$ 489.45	\$ 126.26	\$ 94,008.02
Oct-24	\$ 488.80	\$ 126.92	\$ 93,881.10
Nov-24	\$ 488.14	\$ 127.58	\$ 93,753.52
Dec-24	\$ 487.47	\$ 128.25	\$ 93,625.27
Jan-25	\$ 486.80	\$ 128.91	\$ 93,496.36
Feb-25	\$ 486.13	\$ 129.59	\$ 93,366.77
Mar-25	\$ 485.46	\$ 130.26	\$ 93,236.51



Assets: Cryptocurrency



Cryptocurrency

Cash Value = Current market value less penalties/fees

Actual Income = Any income earned by the asset

Cryptocurrency is held online, typically in interest-yielding accounts called Decentralized Finance platforms (DeFis). Treat cryptocurrency like a foreign currency.

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Assets: Cryptocurrencies continued

- **First**, obtain a statement, or some kind of other digital evidence such as a screenshot, from the account in which the cryptocurrency is held. Take that market value and determine the current exchange rate with US dollars.
 - The exchange rate can change frequently, use what it is at the time you're making the determination. Try using a site like <http://coindesk.com>.
- **Next**, determine the broker fee associated with converting the cryptocurrency into US dollars. That information will come from either the account in which the crypto is held, or it could come from the applicant/resident.
 - For example, a resident may say that they're not sure how to convert the Bitcoin into US dollars, but they know that CoinStar machines will do it for a fee. That fee is the cost to convert the Bitcoin to cash. Once that is established, you'll arrive at the cash value.
- **Finally**, To determine the actual yearly income, look for interest information from the DeFi platform they use to hold the cryptocurrency.
 - If they're really savvy, they may be getting interest from yielding or staking... in that case, you may have to look deeper and ask more questions. Perhaps they have a record of the asset income they've earned within the DeFi itself, or they may have an IRS Form 1099-INT.

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Learning Point: Cryptocurrency



Robinhood

NAME: Katie McDaniel
ACCOUNT NUMBER: 011120240115
ADDRESS: 123 Club Ct, Longview TX, 77891, US
PERIOD START: 2023-12-01
PERIOD END: 2023-12-31
OPENING BALANCE: \$192.5029854
CLOSING BALANCE: \$211.82007

PORTFOLIO ALLOCATION

DOGE (100%)

CRYPTOCURRENCY HELD IN ACCOUNT	QUANTITY	SYMBOL	MARKET VALUE ON 2023/10/31
Dogecoin	3102	DOGE	\$211.82

Crypto Statement 12-2023

Is there a fee? A transaction fee of 4% and a cash exchange fee of up to 11% applies to each crypto purchase. Fees may vary by location.

Coinstar
<https://coinstar.com> · Crypto At Coinstar

[Bitcoin & Coinme FAQs - Crypto At Coinstar](#)

Actual Income

Market Value x Interest Rate = Actual Income

Cash Value

Market Value – Cost to Convert = Cash Value

\$211.82 x 15% fee = \$31.77 cost to convert

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Assets: Peer-To-Peer Payment Applications



Venmo



Cash App



PayPal



Zelle

- If regular deposits are seen on these assets, the account holder should be asked to provide an explanation.
 - There are cases where these apps are used to sell homemade items and services, If the account is being used this way, the income must be included as self-employed income for the household.
- These sources of assets should be investigated. If there is a balance held in the account, it should be included as an asset on the Income Certification.
- The list above is not exhaustive, these are some of the commonly seen sources.

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Learning Point: Peer-To-Peer Payment Applications

Dawn babysits, she gets paid through Venmo

- The income she receives must be included
- If her Venmo account holds a balance it is an asset
- If the account does not have a balance it is not included as an asset

Domanik makes and sells glitter tumblers, she is paid through PayPal

- The income from the sales is income for the household
- If the PayPal account holds a balance of money then it must be included as an asset
- If the account does not have a balance it is not included as an asset

Amy's roommates pay her back for the home expenses incurred through Zelle

- Zelle is a pass-thru account only, it cannot hold money so this is not an asset
- This is not income, it is a reimbursement
- If Amy was receiving money for something like dog-sitting for her roommate, that would be income to include in the calculation of eligibility

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Assets: Disposed of for Less than Fair Market Value (FMV)



Assets disposed of for less than FMV

- Cash Value = Cash value less the disposed of amount
- Actual Income = No actual income

- Include Cash Value if:
 - Fair Market Value (FMV) of asset(s) disposed of exceeds the gross amount received by more than \$1,000
 - The Certification period is within the 2-year period following disposal
 - When 2-year period expires imputed income, if any, assigned to the reported asset(s) also expires
- Assets disposed of for less than fair market value as a result of **foreclosure, bankruptcy, divorce or separation** are *NOT* counted

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Assets: Imputed Income

- Imputed income is a percentage of the value of assets where the actual rate of return is not determinable when the net family assets are more than \$50,000 based on the **current passbook savings rate of .40%**
- *Imputed* income is determined by calculating:



2024 Passbook Rate = 0.40%
HUD will evaluate and update this annually

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Assets: Exclusions in HOTMA Do Not Impact Department Programs

HOTMA does have an asset exclusion for households that have assets totaling more than \$100,000 and for households owning real estate.

These exclusions do not apply to the Department programs because all of our programs are covered under good cause protections and income is not a good cause. The exclusions are Public Housing and Section 8 requirements that do not impact Department programs.

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Assets: Tips to Minimize Challenges

- All forms completed in their entirety
- Does the file “tell the story” of the household’s assets
- Is everything current? (within 120 days)
- Any changes or corrections must be completed and initialed by applicants
- No correction fluid, white-out or evidence of tampering/perfecting
- Peer Review
- 3rd party or compliance file review



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Smith Household Assets



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**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: Pollei Management	TDHCA Number: 12345
Contact Name: Cara Pollei	Contact Title: manager
Address: 221 East 11th Street, Austin, TX 78721	Phone: 512-475-3800
Email Address: cara.pollei@polleimgmt.com	Fax: 512-475-3801

II. THIS SECTION TO BE COMPLETED BY APPLICANT	
A. CONTACT INFORMATION	
Street Address: <input checked="" type="checkbox"/> Rent <input type="checkbox"/> Own <small>(as shown on driver's license or government ID)</small>	Apt #: 123
City/State/Zip: 123 Ave K, Gun Barrel City, TX 75156	County: Henderson
Current Address: <input type="checkbox"/> Rent <input type="checkbox"/> Own <small>(if different from above)</small>	Apt #:
City/State/Zip: same as above	County:
Email Address: billsmith@gmail.com	Home Phone: () Mobile Phone: ()
Emergency Contact Name: Marta Smith	Phone: () 512-475-3821

B. PREVIOUS RESIDENCY INFORMATION	
Previous Address/City/State: <input checked="" type="checkbox"/> Rent <input type="checkbox"/> Own	Cost per Month: 1,800.00
Reason For Leaving: Moving closer to family	Occupied For: 3 Yrs 0 Mos
Contact/Landlord Name: Seth Payne	Phone: 430-475-3821

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 William Smith	Head of Household	08/03/1979	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input checked="" type="checkbox"/> N/A	111-11-1111	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2 Rebecca Smith	<input type="checkbox"/> Co-Head <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult	02/23/1983	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input checked="" type="checkbox"/> N/A	222-22-2222	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3 Jeremy Smith	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Dependent <input checked="" type="checkbox"/> Other Adult	11/03/2004	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input checked="" type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A	333-33-3333	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4 Eric Smith	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Dependent <input type="checkbox"/> Other Adult	07/20/2014	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input checked="" type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A	444-44-4444	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5 Christine Jones	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Dependent <input type="checkbox"/> Other Adult	05/24/2015	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	<input checked="" type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A	unavailable	<input checked="" 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? Jeremy, Eric & Christine

Are any of the household members listed above foster children? NO YES, who? Christine Jones

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	37,440	20,450	12,480		70,370
Overtime Pay <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Commissions/Fees <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Tips and Bonuses <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Salary from 2 nd job <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Temporary Income <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Income from Military <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Interest/Dividends <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Business Net Income <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Net Rental Income <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Social Security <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Supplemental Security Income <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				8,928	8,928
Pension <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Retirement Funds <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Familial Support <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Unemployment Benefits <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Alimony <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Child Support (Circle Type) Anticipated, Voluntary, Court Ordered (regardless if pd) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
AFDC/TANF <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Educational Scholarship/Grant <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			14,000		14,000
Other: Explain: _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Total:					93,298

G. CURRENT EMPLOYMENT CONTACT INFORMATION – Household Member #1					
Household Member's Name William Smith			Occupation package handler		Work Phone 512-480-3721
Name and Street Address of Employer 123 Amazon Way			City Austin	State TX	Zip Code 78721
Date Hired 01/01/2024	Salary \$ ^{37,440} _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Yearly <input type="checkbox"/> Other _____			# of hours worked per week 40	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 Rebecca Smith			Occupation teacher's aide		Work Phone 512-202-1256
Name and Street Address of Employer 456 School District Street			City Del Valle	State Texas	Zip Code 78723
Date Hired 1/5/2024	Salary \$ ¹⁷⁰⁰ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____			# of hours worked per week 35	Last Date of Employment summers

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 Jeremy Smith			Occupation Cashier		Work Phone 512-the-depot
Name and Street Address of Employer 789 Home Depot Lane			City Austin	State TX	Zip Code 78721
Date Hired 8/20/2022	Salary \$ ^{12 per hour} _____ <input checked="" 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 20	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1200	0	Wells Fargo
Additional Checking Account(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	650	0	RBFCU
Savings Account <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	48000	2%	Wells Fargo
Additional Savings Account(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	350	1.2%	RBFCU
Pre-Paid Debit Cards <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Stocks, Bonds, Mutual Funds* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Real Estate or Home <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Trust Fund(s) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Mortgage Note Held <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Whole Life Insurance Cash Value* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Real Estate/Land* <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	28000	none	owned, no bank
Peer to Peer (PayPal, Cash App and Venmo) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Other: <u>Christine Savings Account</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8000	2%	Bank of America

*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? land, no home though
 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

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 checked="" type="checkbox"/> No (Federal Emergency Management Agency)			
SBA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Small Business Administration)			
Section 8 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Housing and Urban Development)			
TBRA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Tenant Based Rental Assistance)			
Insurance <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Homeowner)			
Other <input type="checkbox"/> Yes <input checked="" 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.

William Smith

Applicant/Resident Printed Name

Bill Smith

Signature

1/12/2024

Date

Rebecca Cruz-Smith

Co-Applicant/Resident Printed Name

Becky Cruz-Smith

Signature

1/12/2024

Date

Jeremy Smith

Adult Member Printed Name

Jeremy Smith

Signature

1/12/2024

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.



Balance Confirmation Services
 R4057-01N
 PO Box 40028
 Roanoke, VA 24022
 Phone: (540) 563-7323

Pandora Springs Apartments
 ATTN: Cara
 Requestor Fax: (512) 475-3801

CUSTOMER

Verification of Deposit as of: January 11, 2024 **Name(s):** William and Rebecca Smith **ID#** 8675309

Account Number: XXXXXXX1234 Last Six Statements
 Account Type: Checking/Savings Most Recent First
 Account Status: Open
 Account Holders: William and Rebecca Smith

Account Number: Account Type: Account Status: Account Holders: Current Balance: Date Opened: Current Interest Rate: Date Closed: Balance at Close:	XXXXXXX1234 Checking Open William/Rebecca Smith \$2,832.09 03/07/2003 0.00% 	Last Six Statements Most Recent First Average Balance: \$6,831.88 \$5,303.99 \$2,847.46 \$2,817.57 \$2,817.25 \$2,773.68 Interest Paid: N/A N/A N/A N/A N/A N/A
Account Number: Account Type: Account Status: Account Holders: Current Balance: Date Opened: Current Interest Rate: Date Closed: Balance at Close:	XXXXXXX5678 Savings Open William/Rebecca Smith \$48,000 03/07/2003 2.00% 	Last Six Statements Most Recent First Average Balance: \$46,000.00 \$48,000.00 \$47,781.23 \$48,817.57 \$50,817.25 \$47,773.68 Interest Paid: \$1.20 \$1.60 \$1.56 \$1.76 \$2.16 \$1.55

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
ASSET VERIFICATION FORM

I. THIS SECTION IS TO BE COMPLETED BY ADMINISTRATOR/OWNER/MGMT & EXECUTED BY APPLICANT/RESIDENT

TO: (Name of Institution) RBFCU	Date: January 13, 2024
Institution Address: Hwy 1604, San Antonio, Texas	Phone/Fax: 210-475-3800
RE: (Applicant/Resident Name) Jeremy and Eric Smith	Social Security Number: 3333/5555
<p>RELEASE: My signature here or on the attached "Release and Consent Form" authorizes the release and/or verification of my assets on deposit.</p> <p style="text-align: center;"> <u>Jeremy& Eric Smith</u> <u>see attached release</u> <u>1/12/2024</u> <small>Applicant/Resident Printed Name Signature Date</small> </p>	
<p>Information The individual named directly above is an applicant/resident of a Texas Department of Housing and Community Affairs Affordable Housing Program, which requires verification of income. We ask your cooperation in supplying this information to the below referenced Administrator/Owner/Management. The information provided will remain confidential and used only to determine the eligibility status and level of benefit available to the applicant/resident. Please return this completed form by mail or fax to:</p>	
Administrator/Owner/Management Name: Pollei Management	TDHCA Number: 12345
Address: 221 East 11th Street, Austin, TX 78721	Phone: 512-475-3800
Email Address: cara.pollei@polleimgmt.com	Fax: 512-475-3801
<p>Your prompt response is crucial and greatly appreciated,</p> <p style="text-align: center;"> <u>Cara Pollei</u> <u><i>Cara Pollei</i></u> <u>1/12/2024</u> <small>Administrator/Owner/Mgmt Authorized Rep. Printed Name/Title Signature Date</small> </p>	

II. THIS SECTION TO BE COMPLETED BY FINANCIAL INSTITUTION

A. CHECKING ACCOUNT(s)

Account Holder	Account Number	Present Balance	Interest Rate, if any
Jeremy Smith	XXXXX012	\$650.00	0

B. SAVINGS ACCOUNT(s)

Account Holder	Account Number	Present Balance	Annual Interest Rate	Withdrawal Penalty
Eric Smith	XXXXXX018	350.00	1.2%	0

C. CERTIFICATE OF DEPOSIT(s)

Account Holder	Account Number	Present Balance	Annual Interest Rate	Withdrawal Penalty

D. MUTUAL FUND / STOCK(s)

Account Holder	Account Number	Present Balance	Annual Interest Rate/ Annual Income**	Withdrawal Penalty

** Please answer this question based on the income the asset is currently generating

E. TRUST

Type of Trust: (Check one) <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
Account holder is the: (Check one) <input type="checkbox"/> Beneficiary or <input type="checkbox"/> Grantor of the Trust
Value of administered Trust Fund: \$ _____
Anticipated amount of income to be earned by Trust over the next 12 months: \$ _____ Is the Amount: (Check one) <input type="checkbox"/> Reinvested or <input type="checkbox"/> Disbursed

F. LIFE INSURANCE POLICY

Type of Policy: (Check one) <input type="checkbox"/> Term Life Insurance <input type="checkbox"/> Universal or Whole Life Insurance
Current cash value of the Life Insurance Policy: \$ _____
Income or interest the Policy will generate over next 12 months (based on current circumstances): \$ _____

G. OTHER: Type of Account

Account Holder	Account Number	Present Balance	Annual Interest Rate/Income	Withdrawal Penalty

H. AUTHORIZED REPRESENTATIVE CERTIFICATION

I certify that the above information is true and correct,

<u><i>Kara Lozano</i></u> Signature of Financial Institution Representative	<u>Banker</u> Representative's Title	<u>1/16/2024</u> Date
<u>Kara Lozano</u> Representative's Printed Name	<u>210-475-3918</u> Phone #	<u>210-475-3801</u> Fax #
<u>Randolph Brook Federal Credit Union, Hwy 1604, San Antonio, Texas</u> Financial Institution Name and Address		<u>klozano@rbfcu.net</u> Email

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).

Property Details

Account		
Property ID:	5454	Geographic ID: KBB-0-4-5
Type:	Real	Zoning:
Property Use:		Condo:
Location		
Situs Address:	E 15TH TX	
Map ID:		Mapsco:
Legal Description:	BLUEBONNET, LOT 4 (W105') & E46' LOT 5	
Abstract/Subdivision:	BLUEBONNET	
Neighborhood:	5V	
Owner		
Owner ID:	90210	
Name:	SMITH, WILLIAM	
Agent:		
Mailing Address:	209 E 15TH ST DEL VALLE, TX 78703	
% Ownership:	100.0%	
Exemptions:	For privacy reasons not all exemptions are shown online.	

Property Values

Improvement Homesite Value:	\$0 (+)
Improvement Non-Homesite Value:	\$0 (+)
Land Homesite Value:	\$0 (+)
Land Non-Homesite Value:	\$29,880 (+)
Agricultural Market Valuation:	\$0 (+)
Market Value:	\$29,880 (=)

Agricultural Value Loss: ⓘ	\$0 (-)
Appraised Value:	\$29,880 (=)
Homestead Cap Loss: ⓘ	\$0 (-)
Assessed Value:	\$29,880
Ag Use Value:	\$0

Information provided for research purposes only. Legal descriptions and acreage amounts are for appraisal district use only and should be verified prior to using for legal purpose and or documents. Please contact the Appraisal District to verify all information for accuracy.

📌 Property Taxing Jurisdiction

Owner: SMITH, WILLIAM **%Ownership:** 100.0%

Entity	Description	Tax Rate	Market Value	Taxable Value	Estimated Tax	Freeze Ceiling
CAD	Travis County CAD	0.000000	\$29,880	\$29,880	\$0.00	
CHF	CITY OF Austin	0.275000	\$29,880	\$29,880	\$82.17	
GDS	Travis COUNTY	0.541326	\$29,880	\$29,880	\$161.75	
HOS	HOSPITAL DISTRICT	0.299050	\$29,880	\$29,880	\$89.36	
JAC	Austin Community COLLEGE	0.045169	\$29,880	\$29,880	\$13.50	
SHF	Del Valle I. S. D.	0.848600	\$29,880	\$29,880	\$253.56	
WHP	WATER DISTRICT	0.004200	\$29,880	\$29,880	\$1.25	

How much are closing costs for a seller in Texas?

In Texas, the average closing costs for buyers are typically 2–6% of the home's purchase price. Sellers can expect to pay around 6–10% of the home's purchase price (including real estate agent commissions). Oct 17, 2023



INCOME CERTIFICATION

Effective Date: February 1, 2024

Move-in Date: February 1, 2024

(MM/DD/YYYY)

Initial Certification Recertification Other* _____

*Transfer from Unit: _____

PART I – DEVELOPMENT DATA

Property Name: Pandora Springs County: Travis BIN #: TX0212345
 Address: 221 East 11th Street Unit Number: 501 # Bedrooms: 4 CMTS # 12345

PART II. HOUSEHOLD COMPOSITION

HH Mbr #	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (MM/DD/YYYY)	Student Status (circle one)	Last 4 digits of Social Security Number
1	Smith	William	HEAD	08/03/1979	FT / PT / NA	1111
2	Smith	Rebecca	Spouse	02/23/1983	FT / PT / NA	2222
3	Smith	Jeremy	Adult Dependent	11/03/2004	FT / PT / NA	3333
4	Smith	Eric	Dependent	07/20/2014	FT / PT / NA	4444
5	Jones	Christine	Foster	05/24/2015	FT / PT / NA	XXXX
6					FT / PT / NA	
7					FT / PT / NA	

PART III. GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)

HH Mbr #	(A) Employment/Wages	(B) Soc. Security/Pensions	(C) Public Assistance	(D) Other Income
1				
2				
3				
TOTALS	\$ _____	\$ _____	\$ _____	\$ _____
Add totals from (A) through (D) above				TOTAL INCOME (E): \$ _____

PART IV. INCOME FROM ASSETS

HH Mbr #	(F) Type of Asset	(G) C/D	(H) N/R	(I) Cash Value of Asset	(J) A/I	(K) Annual Income from Asset
1 & 2	Checking					
1 & 2	Savings					
4	Savings					
3	Checking					
1	Land (empty lot)					
(L) TOTAL NON-NECESSARY PERSONAL PROPERTY:				\$ _____	(M) Total Actual Income:	\$ _____
(N) TOTAL NET FAMILY ASSETS:				\$ _____	(O) Total Imputed Income:	\$ _____

(P) TOTAL INCOME FROM ASSETS [(M) + (O)]: \$ _____

(Q) Total Annual Household Income from all Sources [Add (E) + (P)]: \$ _____

HOUSEHOLD CERTIFICATION & SIGNATURES

The information on this form will be used to determine maximum income eligibility. I/we have provided for each person(s) set forth in Part II acceptable verification of current anticipated annual income. I/we agree to notify the landlord immediately upon any member of the household moving out of the unit or any new member moving in. I/we agree to notify the landlord immediately upon any member becoming a full time student.

Under penalties of perjury, I/we certify that the information presented in this Certification is true and accurate to the best of my/our knowledge and belief. 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	(Date)	Signature	(Date)
Signature	(Date)	Signature	(Date)

PART VI. DETERMINATION OF PROGRAM ELIGIBILITY

TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES:
From item (P) on page 1

Current Income Limit per Family Size:

\$70,080.00

Mark the program(s) and applicable program designation that this household satisfies of the property's occupancy requirements:

If the owner has elected the Average Income minimum set aside under §42(g), this unit is designated by the taxpayer as (please see instructions):

- | | | | | | | | | |
|---|------------------------------|------------------------------|--------------------------------|---|---|------------------------------|--------------------------------|--------------------------------|
| <input checked="" type="checkbox"/> HTC or Exchange | <input type="checkbox"/> 20% | <input type="checkbox"/> 30% | <input type="checkbox"/> 40% | <input type="checkbox"/> 50% | <input checked="" type="checkbox"/> 60% | <input type="checkbox"/> 70% | <input type="checkbox"/> 80% | <input type="checkbox"/> OI*** |
| <input type="checkbox"/> TCAP | | <input type="checkbox"/> 30% | <input type="checkbox"/> 40% | <input type="checkbox"/> 50% | <input type="checkbox"/> 60% | | <input type="checkbox"/> OI*** | |
| <input type="checkbox"/> HOME/TCAP RF | | <input type="checkbox"/> 30% | <input type="checkbox"/> 40% | <input type="checkbox"/> 50% | <input type="checkbox"/> 60% | | <input type="checkbox"/> 80% | <input type="checkbox"/> OI*** |
| <input checked="" type="checkbox"/> BOND | | <input type="checkbox"/> 30% | <input type="checkbox"/> 50% | <input checked="" type="checkbox"/> 60% | <input type="checkbox"/> 80% | | <input type="checkbox"/> OI*** | <input type="checkbox"/> ET |
| <input type="checkbox"/> THTF | | <input type="checkbox"/> ELI | <input type="checkbox"/> VLI | <input type="checkbox"/> LI | <input type="checkbox"/> OI*** | | | |
| <input type="checkbox"/> NSP | | <input type="checkbox"/> 30% | <input type="checkbox"/> 40% | <input type="checkbox"/> 50% | <input type="checkbox"/> 60% | | <input type="checkbox"/> 80% | <input type="checkbox"/> 120% |
| <input type="checkbox"/> NHTF | <input type="checkbox"/> 15% | <input type="checkbox"/> 30% | <input type="checkbox"/> OI*** | | | | | |
| <input type="checkbox"/> Other | _____ | | | | | | | |

*** Upon Recertification household was determined to be over income (OI) according to eligibility requirements of the programs marked above.

PART VII. RENT

Tenant Paid Rent: \$1,730.00

Utility Allowance: \$75.00

Rental Assistance: \$0.00

Other Non-Optional Charges and Mandatory Fees: \$20.00 (insurance)

Gross Rent For Unit (See Instructions): \$1,825.00 Applicable Rent Limit: \$2,032.00

Is the source of the Rental Assistance Federal? Yes No *If yes, identify the type of Federal Rental Assistance:*

- | | |
|---|---|
| <input type="checkbox"/> HUD Multi-Family Project-Based Rental Assistance (PBRA) | <input type="checkbox"/> HUD Housing Choice Voucher (HCV-tenant based) |
| <input type="checkbox"/> HUD Section 8 Moderate Rehabilitation | <input type="checkbox"/> HUD Project-Based Voucher (PBV) |
| <input type="checkbox"/> Public Housing Operating Subsidy | <input type="checkbox"/> USDA Section 514, 515, 521 Rental Assistance Program |
| <input type="checkbox"/> HOME Tenant Based Rental Assistance (TBRA) | <input type="checkbox"/> Section 811 Project Rental Assistance (PRA) |
| <input type="checkbox"/> HUD Rental Assistance Demonstration (RAD)-Project Based Rental Assistance (PBRA) | <input type="checkbox"/> Other Federal Rental Assistance _____ |

PART VIII. STUDENT STATUS VERIFICATION (HTC, TCAP, Exchange, and BOND only)

Are All Occupants Full-Time Students?

Yes No

If yes, enter Student Explanation* and attach documentation

Enter 1-5

*Student Explanation:

1. TANF assistance
2. Previously in state foster care system
3. Job Training Program
4. Single parent/dependent child
5. Married/joint return

SIGNATURE OF OWNER/REPRESENTATIVE

Based on the representations herein and upon the proofs and documentation required to be submitted, the individual(s) named in Part II of this Tenant Income Certification is/are eligible under the provisions of program's rules, regulations and the Land Use Restriction Agreement (if applicable), to live in a unit in this Project.

SIGNATURE OF OWNER/REPRESENTATIVE

DATE

PART IX. HOUSEHOLD DEMOGRAPHICS

Please complete for each household member. See below for Ethnicity, Race, and Other codes that characterize the household composition.

HH Mbr #	Sex – enter M or F	Ethnicity	Race <i>Enter up to 5 categories</i>	Disabled
1	M	2	2	2
2	F	1	1	2
3	M	1	1 and 2	2
4	M	1	1 and 2	1
5				
6				
7				

The Texas Department of Housing and Community Affairs (TDHCA) is required to comply with HUD’s reporting requirements; however, you are not required to provide this information. 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.

RESIDENT/APPLICANT: I do not wish to furnish information regarding ethnicity, race, sex, and disability status.
(Initials) _____

Ethnicity:	Enter each household member’s ethnicity by using one of the following coded definitions:	<ol style="list-style-type: none"> Hispanic or Latino Not Hispanic or Latino Tenant did not respond
Race:	Enter each household member’s race by using, at least one, of the following coded definitions (<i>up to 5 categories may be selected</i>):	<ol style="list-style-type: none"> White Black/African American American Indian/Alaska Native Select from the following: <ol style="list-style-type: none"> Asian India Chinese Filipino Japanese Korean Vietnamese Other Asian Select from the following: <ol style="list-style-type: none"> Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander Other Tenant did not respond
Disabled:	Check yes if any member of the household is disabled according to Fair Housing Act definition for handicap (disability): <ul style="list-style-type: none"> <i>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. For a definition of “physical or mental impairment” and other terms used in this definition, please see 24 CFR 100.201, available at http://www.fairhousing.com/index.cfm?method=page.display&page=regs_fhr_100-201.</i> <i>“Handicap” does not include current, illegal use of or addiction to a controlled substance.</i> 	<ol style="list-style-type: none"> Yes No Tenant did not respond



Cruz Household Assets

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**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: Pollei Management	TDHCA Number: 12345
Contact Name: Cara Pollei	Contact Title: Manager
Address: 221 East 11th Street, Austin, TX 78721	Phone: 512-475-3821
Email Address: carapollei@polleimgmt.com	Fax: 512-475-3801

II. THIS SECTION TO BE COMPLETED BY APPLICANT	
A. CONTACT INFORMATION	
Street Address: 3456 Bowie St <small>(as shown on driver's license or government ID)</small>	<input checked="" type="checkbox"/> Rent <input type="checkbox"/> Own Apt #: 501
City/State/Zip: Austin, Texas 78721	County: USA
Current Address: 3456 Bowie St <small>(if different from above)</small>	<input checked="" type="checkbox"/> Rent <input type="checkbox"/> Own Apt #: 501
City/State/Zip: Austin, Texas 78721	County: USA
Email Address: esther.cruz@myemail.org	Home Phone: () 475-3975 Mobile Phone: ()
Emergency Contact Name: Patty Dixon (Live-in care person)	Phone: () 589-0786

B. PREVIOUS RESIDENCY INFORMATION	
Previous Address/City/State:	<input type="checkbox"/> Rent <input type="checkbox"/> Own Cost per Month: \$980.00
Reason For Leaving: location	Occupied For: __ Yrs 10 Mos
Contact/Landlord Name: Jasmine Harris, manager	Phone: 512-475-2025

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 Esther Cruz	Head of Household	10/20/1983	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input checked="" type="checkbox"/> N/A	111-11-1111	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2 Liam Cruz	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Dependent <input type="checkbox"/> Other Adult	1/10/2014	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input checked="" type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A	222-22-2222	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3 Patty Dixon	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input checked="" type="checkbox"/> Other Adult	7/3/1994	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input checked="" type="checkbox"/> N/A	n/a	<input checked="" 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? Liam

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? Patty

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$3,600				\$3,600
Overtime Pay <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Commissions/Fees <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Tips and Bonuses <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Salary from 2 nd job <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Temporary Income <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Income from Military <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Interest/Dividends <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Business Net Income <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Net Rental Income <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Social Security <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$27,084				\$27,084
Supplemental Security Income <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Pension <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Retirement Funds <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Familial Support <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Unemployment Benefits <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Alimony <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Child Support (Circle Type) Anticipated, Voluntary, Court Ordered (regardless if pd) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$2,100				\$2,100
AFDC/TANF <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Educational Scholarship/Grant <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Other: Explain: _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Total:					\$32,784

G. CURRENT EMPLOYMENT CONTACT INFORMATION – Household Member #1					
Household Member's Name Esther Cruz			Occupation nursery attendant		Work Phone unknown
Name and Street Address of Employer First Church of Austin			City Austin		State TX
			Zip Code 78721		
Date Hired 5/1/2023	Salary \$ <u>300.00</u> <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> twice a month <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____			# of hours worked per week 5	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1200	0	Commerce Bank
Additional Checking Account(s) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Savings Account <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10,000	2%	Commerce Bank
Additional Savings Account(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	100	2%	Commerce Bank
Pre-Paid Debit Cards <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			EC
Stocks, Bonds, Mutual Funds* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Real Estate or Home <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Trust Fund(s) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Mortgage Note Held <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Whole Life Insurance Cash Value* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Real Estate/Land* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Peer to Peer (PayPal, Cash App and Venmo) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Other: <u>cash</u> <u>EC</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	500	0	none

*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? Esther
 Provide explanation (including the type of asset, estimated value of asset, amount disposed for, and date of disposal): I sold my house to my sister for \$10,000. I needed to move fast and she needed a place to live. The house was paid for. The sale happened in February 2023

2. Has anyone in the household owned a home in the last two years? NO YES If yes, who? Esther
 Do they currently own it? NO YES If No, when was it disposed of? February 2023
 If Yes, Is it being rented? NO YES
 Is it sitting vacant? NO YES
 Is it in the process of being sold? NO YES

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 checked="" type="checkbox"/> No (Federal Emergency Management Agency)			
SBA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Small Business Administration)			
Section 8 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Housing and Urban Development)			
TBRA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Tenant Based Rental Assistance)			
Insurance <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Homeowner)			
Other <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Explain: Section 811	don't know	when I move in	My income is low and I am disabled.

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.

Esther Cruz

Esther Cruz

January 9, 2024

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

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: Esther Cruz Unit No.: 501

Development Name and Address: Pandora Springs

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)	\$ 10K	2 %	\$ 200	Checking Account(s)	\$ 1200	0 %	\$ 0
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	\$ 500	0 %	\$ 0				
Personal Property Held as an Investment	\$	%	\$	Explanation	_____		
Other (list):	\$ 100	2 %	\$ 2	Explanation	<u>Liam Savings Account</u>		

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)

- 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: \$ 150,000 (enter the difference between FMV and the amount you received).
- 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.
- 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 \$ 202 (enter the total of all (A*B) Annual Income in section 1 above). This amount is included in total gross annual income.

Esther Cruz
Signature of Applicant/Tenant

1/9/2024
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).



Commerce Bank

Member FDIC

1000 Walnut
Kansas City MO 64106-3686

Esther Cruz
3456 Bowie ST.
Austin, TX 78721-6789

Primary Account Number: 000009752

Bank Statement

*If you have any questions about your statement,
please call us at 816-234-2265*

Statement Date: January 5, 2024

Page Number: 1

CONNECTIONS CHECKING Account # 000009752

Account Summary Account # 000009752

Beginning Balance on December 3, 2024	\$1,200.11
Deposits & Other Credits	+3,615.08
ATM Withdrawals & Debits	-20.00
VISA Check Card Purchases & Debits	-0.00
Withdrawals & Other Debits	-1395.19
Checks Paid	-2,200.00
Ending Balance on January 5, 2024	1,200.00

Deposits & Other Credits Account # 000009752

Description	Date Credited	Amount
Deposit Ref Nbr: 130012345	05-15	\$3,615.08
Total Deposits & Other Credits		\$3,615.08

ATM Withdrawals & Debits Account # 000009752

Description	Tran Date	Date Paid	Amount
ATM Withdrawal 1000 Walnut St M119 Kansas City MO 00005678	05-18	05-19	\$20.00
Total ATM Withdrawals & Debits			\$20.00

Checks Paid Account # 000009752

Date Paid	Check Number	Amount	Reference Number
05-12	1001	75.00	00012576589
05-18	1002	30.00	00036547854
05-24	1003	200.00	00094613547

Total Checks Paid \$305.00



1000 Walnut
Kansas City MO 64106-3686

Esther Cruz
3456 Bowie ST.
Austin, TX 78721-6789

Primary Account Number: 000009752

Bank Statement

*If you have any questions about your statement,
please call us at 816-234-2265*

Statement Date: January 5, 2024

Page Number: 1

TODAYS SAVINGS Account # 000009752

Account Summary Account # 000009752

Beginning Balance on December 3, 2024	\$10,000
Deposits & Other Credits - Interest rate 2%	\$16.67
ATM Withdrawals & Debits	
VISA Check Card Purchases & Debits	
Withdrawals & Other Debits	
Checks Paid	
Ending Balance on January 5, 2024	\$10,016.67

Deposits & Other Credits Account # 000009752

Description		Date Credited	Amount
Interest Payment	Ref Nbr: 130012345	05-15	\$16.67



Commerce Bank

Member FDIC

1000 Walnut
Kansas City MO 64106-3686

Liam Cruz/Esther Cruz
3456 Bowie ST. Austin,
TX 78721-6789

Primary Account Number: 000009752

Bank Statement

*If you have any questions about your statement,
please call us at 816-234-2265*

Statement Date: January 5, 2024

Page Number: 1

TODAYS SAVINGS Account # 000009751

Account Summary Account # 000009751

Beginning Balance on December 3, 2024	\$100
Deposits & Other Credits - Interest rate 2%	
ATM Withdrawals & Debits	\$2
VISA Check Card Purchases & Debits	
Withdrawals & Other Debits	
Checks Paid	
Ending Balance on January 5, 2024	\$102.00

Deposits & Other Credits Account # 000009751

Description	Date Credited	Amount
Interest Payment	05-15	\$2

January 9, 2024

I gave my home in Dimmit, Texas to my sister, Edith Cruz, in February of 2023 before I moved to the Austin area. She paid me \$10,000 for this and I am still holding on to that money in my savings account. She does not pay me rent and there is no principal balance due on the house.

Certified as true & correct: *Esther Cruz* 1/9/2024

Property Details

Account		
Property ID:	3232	Geographic ID: KBB-0-26
Type:	Real	Zoning: W
Property Use:		Condo:
Location		
Situs Address:	135 Beach Street	
Map ID:		Mapsco:
Legal Description:	Sunset LOT 26 (E80' W106')	
Abstract/Subdivision:	SBB - SUNSET	
Neighborhood:	1	
Owner		
Owner ID:	78965	
Name:	CRUZ, EDITH	
Agent:		
Mailing Address:	135 Beach Street Dimmit, TX 79023	
% Ownership:	100.0%	
Exemptions:	HS - Homestead For privacy reasons not all exemptions are shown online.	

Property Values

Improvement Homesite Value:	\$150,140 (+)
Improvement Non-Homesite Value:	\$0 (+)
Land Homesite Value:	\$15,120 (+)
Land Non-Homesite Value:	\$0 (+)
Agricultural Market Valuation:	\$0 (+)
Market Value:	\$165,260 (=)

Agricultural Value Loss: ⓘ	\$0 (-)
Appraised Value:	\$165,260 (=)
Homestead Cap Loss: ⓘ	\$0 (-)
Assessed Value:	\$165,260
Ag Use Value:	\$0

Information provided for research purposes only. Legal descriptions and acreage amounts are for appraisal district use only and should be verified prior to using for legal purpose and or documents. Please contact the Appraisal District to verify all information for accuracy.

Property Taxing Jurisdiction

Owner: Cruz, Edith %**Ownership:** 100.0%

Entity	Description	Tax Rate	Market Value	Taxable Value	Estimated Tax	Freeze Ceiling
CAD	Castro CAD	0.000000	\$165,260	\$165,260	\$0.00	
CHF	CITY OF Dimmit	0.275000	\$165,260	\$165,260	\$454.47	
GDS	Castro COUNTY	0.541326	\$165,260	\$165,260	\$894.60	
HOS	HOSPITAL DISTRICT	0.299050	\$165,260	\$165,260	\$494.21	
JAC	AMARILLO COLLEGE	0.045169	\$165,260	\$165,260	\$74.65	
SHF	Dimmit I. S. D.	0.848600	\$165,260	\$65,260	\$553.80	
WHP	WATER DISTRICT	0.004200	\$165,260	\$165,260	\$6.94	

How much are closing costs for a seller in Texas?

In Texas, the average closing costs for buyers are typically 2–6% of the home's purchase price. Sellers can expect to pay around 6–10% of the home's purchase price (including real estate agent commissions). Oct 17, 2023



INCOME CERTIFICATION

Initial Certification Recertification Other* _____

Effective Date: February 1, 2024
 Move-in Date: February 1, 2024
(MM/DD/YYYY)
 *Transfer from Unit: _____

PART I – DEVELOPMENT DATA			
Property Name: <u>Pandora Springs</u>	County: <u>Travis</u>	BIN #: <u>TX0212345</u>	
Address: <u>221 East 11th Street</u>	Unit Number: <u>301</u>	# Bedrooms: <u>3</u>	CMTS # <u>12345</u>

PART II. HOUSEHOLD COMPOSITION						
HH Mbr #	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (MM/DD/YYYY)	Student Status (circle one)	Last 4 digits of Social Security Number
1	Cruz	Esther	HEAD	10/20/1983	FT / PT / NA	1111
2	Cruz	Liam	Dependent	1/10/2014	FT / PT / NA	2222
3	Dixon	Patty	Live-in Aide	7/3/1994	FT / PT / NA	xxxx
4					FT / PT / NA	
5					FT / PT / NA	
6					FT / PT / NA	
7					FT / PT / NA	

PART III. GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)				
HH Mbr #	(A) Employment/Wages	(B) Soc. Security/Pensions	(C) Public Assistance	(D) Other Income
1				
TOTALS	\$ _____	\$ _____	\$ _____	\$ _____
Add totals from (A) through (D) above				TOTAL INCOME (E): \$ _____

PART IV. INCOME FROM ASSETS						
HH Mbr #	(F) Type of Asset	(G) C/D	(H) N/R	(I) Cash Value of Asset	(J) A/I	(K) Annual Income from Asset
1	Cash on Hand					
1	Checking Account					
1	Savings Account					
2	Savings Account					
1	Real Estate (2/2025)					
(L) TOTAL NON-NECESSARY PERSONAL PROPERTY:				\$ _____	(M) Total Actual Income: \$ _____	
(N) TOTAL NET FAMILY ASSETS:				\$ _____	(O) Total Imputed Income: \$ _____	

(P) TOTAL INCOME FROM ASSETS [(M) + (O)]: \$ _____

(Q) Total Annual Household Income from all Sources [Add (E) + (P)]	\$ _____
---	----------

HOUSEHOLD CERTIFICATION & SIGNATURES

The information on this form will be used to determine maximum income eligibility. I/we have provided for each person(s) set forth in Part II acceptable verification of current anticipated annual income. I/we agree to notify the landlord immediately upon any member of the household moving out of the unit or any new member moving in. I/we agree to notify the landlord immediately upon any member becoming a full time student.

Under penalties of perjury, I/we certify that the information presented in this Certification is true and accurate to the best of my/our knowledge and belief. 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	(Date)	Signature	(Date)
Signature	(Date)	Signature	(Date)

PART VI. DETERMINATION OF PROGRAM ELIGIBILITY

TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES:
From item (P) on page 1

Current Income Limit per Family Size:

\$37,400 (HTC)
\$46,750 (HOME)

Mark the program(s) and applicable program designation that this household satisfies of the property's occupancy requirements:

If the owner has elected the Average Income minimum set aside under §42(g), this unit is designated by the taxpayer as (please see instructions):

- | | | | | | | | | |
|---|------------------------------|------------------------------|---|---|--------------------------------|------------------------------|--------------------------------|--------------------------------|
| <input checked="" type="checkbox"/> HTC or Exchange | <input type="checkbox"/> 20% | <input type="checkbox"/> 30% | <input checked="" type="checkbox"/> 40% | <input type="checkbox"/> 50% | <input type="checkbox"/> 60% | <input type="checkbox"/> 70% | <input type="checkbox"/> 80% | <input type="checkbox"/> OI*** |
| <input type="checkbox"/> TCAP | | <input type="checkbox"/> 30% | <input type="checkbox"/> 40% | <input type="checkbox"/> 50% | <input type="checkbox"/> 60% | | <input type="checkbox"/> OI*** | |
| <input checked="" type="checkbox"/> HOME/TCAP RF | | <input type="checkbox"/> 30% | <input type="checkbox"/> 40% | <input checked="" type="checkbox"/> 50% | <input type="checkbox"/> 60% | | <input type="checkbox"/> 80% | <input type="checkbox"/> OI*** |
| <input type="checkbox"/> BOND | | <input type="checkbox"/> 30% | <input type="checkbox"/> 50% | <input type="checkbox"/> 60% | <input type="checkbox"/> 80% | | <input type="checkbox"/> OI*** | <input type="checkbox"/> ET |
| <input type="checkbox"/> THTF | | <input type="checkbox"/> ELI | <input type="checkbox"/> VLI | <input type="checkbox"/> LI | <input type="checkbox"/> OI*** | | | |
| <input type="checkbox"/> NSP | | <input type="checkbox"/> 30% | <input type="checkbox"/> 40% | <input type="checkbox"/> 50% | <input type="checkbox"/> 60% | | <input type="checkbox"/> 80% | <input type="checkbox"/> 120% |
| <input type="checkbox"/> NHTF | <input type="checkbox"/> 15% | <input type="checkbox"/> 30% | <input type="checkbox"/> OI*** | | | | | |
| <input type="checkbox"/> Other | _____ | | | | | | | |

*** Upon Recertification household was determined to be over income (OI) according to eligibility requirements of the programs marked above.

PART VII. RENT

Tenant Paid Rent: \$1,015.00

Utility Allowance: \$65.00

Rental Assistance: \$0.00

Other Non-Optional Charges and Mandatory Fees: \$20.00 (insurance)

Gross Rent For Unit (See Instructions): \$1,100.00 Applicable Rent Limit: \$1,215/\$1,518

Is the source of the Rental Assistance Federal? Yes No *If yes, identify the type of Federal Rental Assistance:*

- | | |
|---|---|
| <input type="checkbox"/> HUD Multi-Family Project-Based Rental Assistance (PBRA) | <input type="checkbox"/> HUD Housing Choice Voucher (HCV-tenant based) |
| <input type="checkbox"/> HUD Section 8 Moderate Rehabilitation | <input type="checkbox"/> HUD Project-Based Voucher (PBV) |
| <input type="checkbox"/> Public Housing Operating Subsidy | <input type="checkbox"/> USDA Section 514, 515, 521 Rental Assistance Program |
| <input type="checkbox"/> HOME Tenant Based Rental Assistance (TBRA) | <input type="checkbox"/> Section 811 Project Rental Assistance (PRA) |
| <input type="checkbox"/> HUD Rental Assistance Demonstration (RAD)-Project Based Rental Assistance (PBRA) | <input type="checkbox"/> Other Federal Rental Assistance _____ |

PART VIII. STUDENT STATUS VERIFICATION (HTC, TCAP, Exchange, and BOND only)

Are All Occupants Full-Time Students?

Yes No

If yes, enter Student Explanation* and attach documentation

Enter 1-5

*Student Explanation:

1. TANF assistance
2. Previously in state foster care system
3. Job Training Program
4. Single parent/dependent child
5. Married/joint return

SIGNATURE OF OWNER/REPRESENTATIVE

Based on the representations herein and upon the proofs and documentation required to be submitted, the individual(s) named in Part II of this Tenant Income Certification is/are eligible under the provisions of program's rules, regulations and the Land Use Restriction Agreement (if applicable), to live in a unit in this Project.

SIGNATURE OF OWNER/REPRESENTATIVE

DATE

PART IX. HOUSEHOLD DEMOGRAPHICS


Please complete for each household member. See below for Ethnicity, Race, and Other codes that characterize the household composition.

HH Mbr #	Sex – enter M or F	Ethnicity	Race <i>Enter up to 5 categories</i>	Disabled
1	F	1	1	1
2	M	1	1	2
3				
4				
5				
6				
7				

The Texas Department of Housing and Community Affairs (TDHCA) is required to comply with HUD’s reporting requirements; however, you are not required to provide this information. 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.

RESIDENT/APPLICANT: I do not wish to furnish information regarding ethnicity, race, sex, and disability status.
(Initials) _____

Ethnicity:	Enter each household member’s ethnicity by using one of the following coded definitions:	<ol style="list-style-type: none"> 1. Hispanic or Latino 2. Not Hispanic or Latino 3. Tenant did not respond
Race:	Enter each household member’s race by using, at least one, of the following coded definitions (<i>up to 5 categories may be selected</i>):	<ol style="list-style-type: none"> 1. White 2. Black/African American 3. American Indian/Alaska Native 4. Select from the following: <ol style="list-style-type: none"> 4a Asian India 4b Chinese 4c Filipino 4d Japanese 4e Korean 4f Vietnamese 4g Other Asian 5. Select from the following: <ol style="list-style-type: none"> 5a Native Hawaiian 5b Guamanian or Chamorro 5c Samoan 5d Other Pacific Islander 6. Other 7. Tenant did not respond
Disabled:	Check yes if any member of the household is disabled according to Fair Housing Act definition for handicap (disability): <ul style="list-style-type: none"> • 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. For a definition of “physical or mental impairment” and other terms used in this definition, please see 24 CFR 100.201, available at http://www.fairhousing.com/index.cfm?method=page.display&pageName=reqs_fhr_100-201. • “Handicap” does not include current, illegal use of or addiction to a controlled substance. 	<ol style="list-style-type: none"> 1. Yes 2. No 3. Tenant did not respond



Adjusted Income

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Adjusted Income: Deductions and Purpose

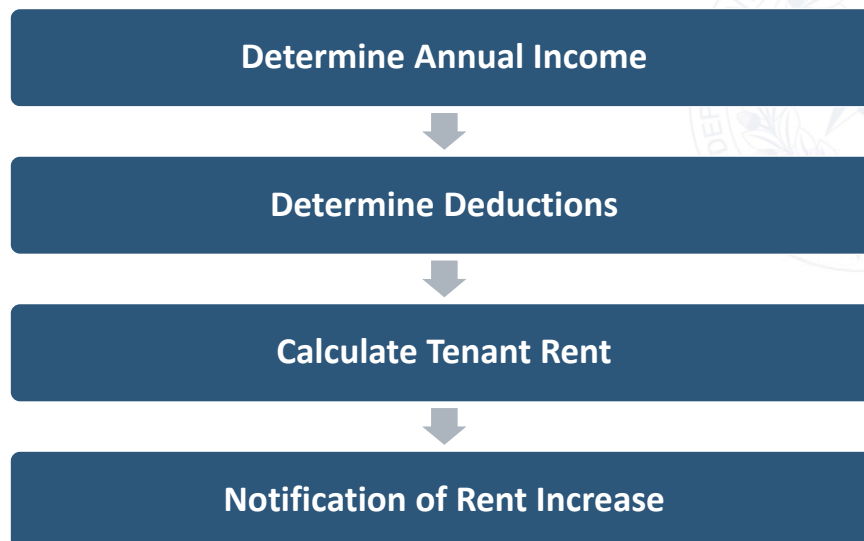
Annually, HUD will issue an Adjustment for Inflation to be used for deductions

- The HOME, TCAP-RF and HOME-ARP programs (when household goes over 80%) must use the deductions to calculate adjusted income to determine tenant rent
 - HOME-ARP will have certain households that require this at initial certification to determine tenant rent
- The 811 Program must use the deductions to determine adjusted income and tenant rent
- **Dependent Deduction** will correlate to the earned income counted for full-time students and adoption assistance
- **Child Care Deduction** has excluded foster children with HOTMA unless the child care is paid for with the household's income and not the foster care payments received from the welfare agency
- Reasonable **Attendant Care and Auxiliary Apparatus**; formerly Disabled Deduction – the 3% test is now a 10% test
- **Elderly/Disabled Deduction** has been increased to \$525
- **Unreimbursed Health and Medical Care expenses** for elderly/disabled households – the 3% test is now a 10% test

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Adjusted Income: The Process



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Adjusted Income: Screening for Deductions

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 re-certification 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 composed of a family member under the age of 18? NO YES, who? _____
 Is the household composed of a family member with a disability? NO YES, who? _____
 Is the household composed 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 composes 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	Cost Support for expenses 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 over the counter 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 16, Section 101 of the C.R.C. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency in the United States or to any agency within its jurisdiction.

TDHCA Page 1 of 1 May 2010

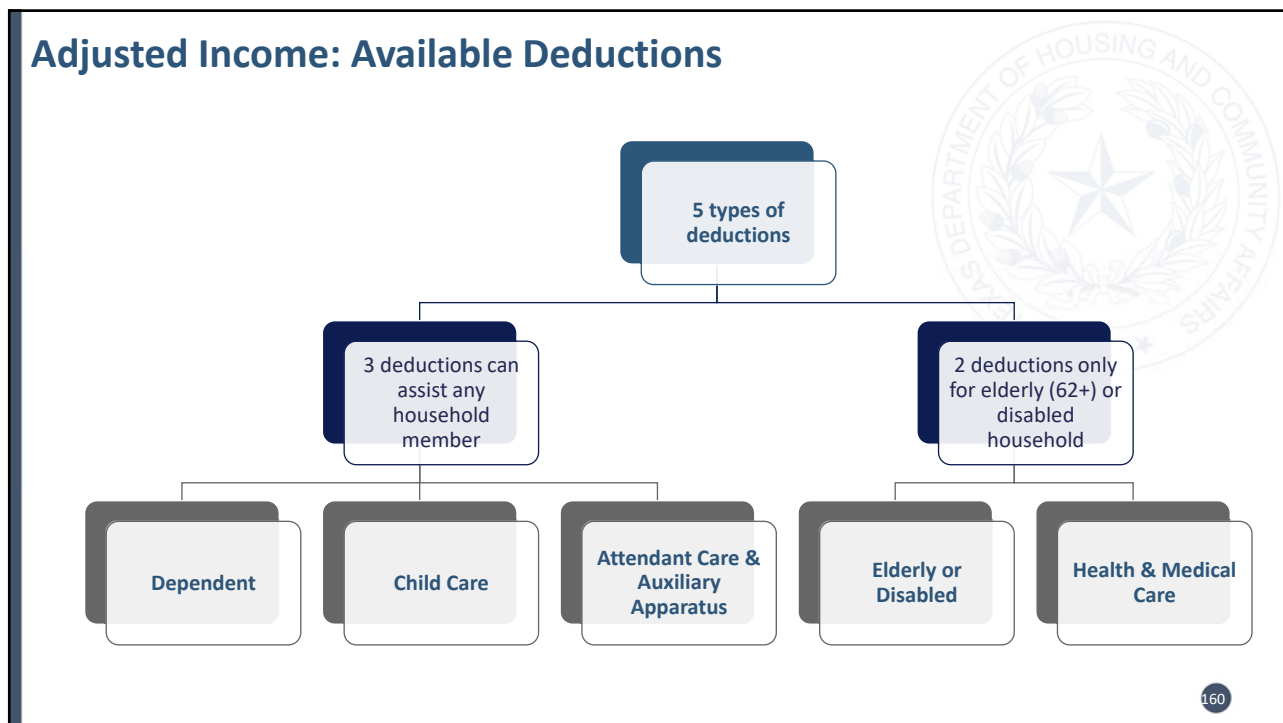
The household must be screened for deductions

TDHCA has a Supplement to the Intake Application available on the website

Developments may develop and utilize their own version of screening tool

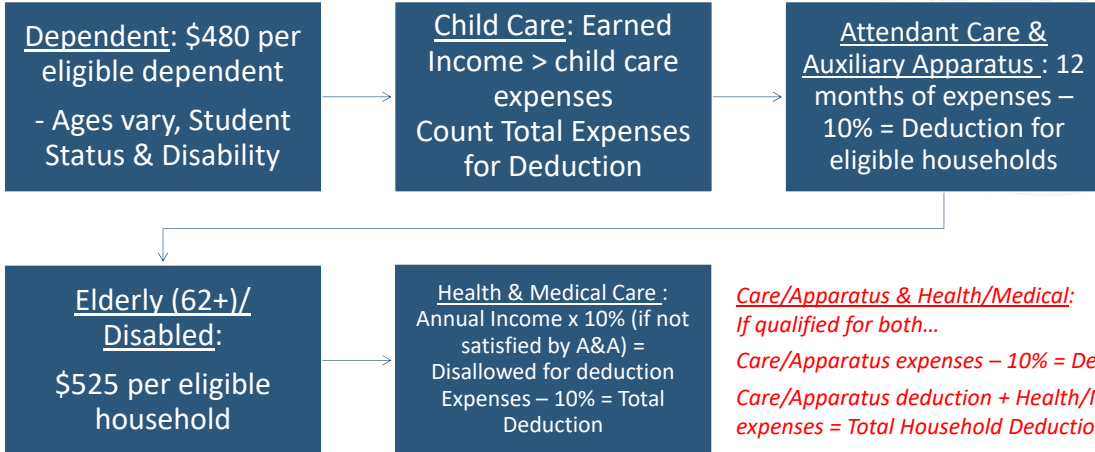
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Adjusted Income: Available Deductions



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Adjusted Income: Deductions Cheat Sheet



*Care/Apparatus & Health/Medical:
If qualified for both...
Care/Apparatus expenses – 10% = Deduction
Care/Apparatus deduction + Health/Medical expenses = Total Household Deduction*

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Cruz Household: Screening for Deductions

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

Participation in a TDRCA 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 your income at recertification or 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: Edgar Cruz

A. DEPENDENT DEDUCTION (Some household members cannot qualify for this deduction regardless of age, disability, or resident status: Head of household, spouse, or co-head of household, or person 18 or older who has not yet joined the family, or a foster child.)

1. Is the household composed of a family member under the age of 18? NO YES, who? Edgar Cruz

2. Is the household composed of a family member with disabilities? NO YES, who? Edgar Cruz

3. Is the household composed of a family member who is a full-time student? NO YES, who? Edgar Cruz

B. CHILD CARE EXPENSE DEDUCTION

1. 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) the parentally employed OR Further his/her education (student 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 occupies the household? NO YES, who? _____

4. Is the household reimbursed by an outside Agency or Individual? NO YES, who? _____

C. ATTENDANT CARE AND AUXILIARY APPARATUS EXPENSE DEDUCTION

1. Is the household paying for attendant care and/or an auxiliary apparatus? NO YES, for whom? Edgar Cruz

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: None

D. ELDERLY OR DISABLED FAMILY DEDUCTION

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

2. Is the head of household, spouse, or co-head a person with a disability? NO YES, who? Edgar Cruz

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

Identify one of the following medical expenses	Estimated Annual Costs	Can Support for expenses be provided?
Medicare <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	\$48.50 per month	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES
Doctor Co-Pays <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	\$1800.00 for the year	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES
Prescription Costs <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	\$1025.00 for the year	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES
Medical Deductible Costs <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES
Over the Counter Costs <input checked="" 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

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

4. 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: Edgar Cruz Signature: _____ Date: January 9, 2024

Warning: This is the Section 504 of the U.S. Civil Rights Act which is a federal statute to make federal title documents or mortgage transactions to see Department or Agency to the United States or to see another within its jurisdiction.

TDRCA Page 1 of 1 | Revised September 8, 2023

The Cruz household is applying for a program that requires adjusted income.

We have completed the income and asset screening portion of the process, now we need to adjust their income to determine the rent.

← The Supplement to the Intake Application tells us what we need for the next steps.

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**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: Esther Cruz

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? Liam Cruz
 Is the household comprised of a family member with disabilities? NO YES, who? Esther Cruz
 Is the household comprised of a family member who is a full-time student? NO YES, who? Liam Cruz

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) 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. ATTENDANT CARE AND AUXILIARY APPARATUS EXPENSE DEDUCTION

Is the household paying for attendant care and/or an auxiliary apparatus? NO YES, for whom? Esther Cruz
 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: Live-in Aide

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? Esther Cruz

E. HEALTH AND MEDICAL CARE EXPENSE 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 checked="" type="checkbox"/> YES	148.50 per month	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES
Doctor Co-Pays <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	\$1600.00 for the year	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES
Prescription Costs <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	\$1825.00 for the year	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES
Medical Deduction Costs <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES
Over the Counter Costs <input checked="" 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,

Esther Cruz
Applicant/Resident Printed Name

Esther Cruz
Signature

January 9, 2024
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.

SOCIAL SECURITY ADMINISTRATION

Date: December 29, 2023
BNC#: 21BC875
REF: A

ESTHER CRUZ
3456 BOWIE ST
Austin, TX 78721

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning January 2024, the full monthly
Social Security benefit before any deductions is.....\$ 2,479.90

We deduct \$148.50 for medical insurance premiums each month.

The regular monthly Social Security payment is.....\$ 2,331.00
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third Wednesday of each month.

SUSPECT SOCIAL SECURITY FRAUD?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

IF YOU HAVE QUESTIONS

We invite you to visit our web site at www.socialsecurity.gov on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local office at 866-627-6991. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
1029 CAMINO LA COSTA
AUSTIN, TX 78752



January 11, 2024

Esther Cruz
3456 Bowie St.
Austin, TX 78721

Re: Annual Statement – FY 2023

Dear Esther Cruz:

You requested a statement of the amount of co-pays and expenses incurred as a result of visits to Austin Regional Clinic locations in the calendar year 2023. Based on our records your 2023 expenses were \$1,600.00 for co-pays, lab fees and expenses that were not covered by insurance.

Please feel free to reach out to our business office if you have any further documentation needs.

Sincerely,

John Williams

John Williams, Office Manager



January 11, 2024

Esther Cruz
3456 Bowie St.
Austin, TX 78721

Re: Annual Statement – FY 2023

Dear Esther Cruz:

You requested a statement of the expenses incurred as a result of prescriptions filled through Walgreens locations in the calendar year 2023. Based on our records your 2023 expenses were \$1,825.00 for all prescriptions that were processed by Walgreens pharmacists.

Please feel free to reach out to our business office if you have any further documentation needs.

Sincerely,

Carrie Williams

Carrie Williams, Office Manager

Adjusted Income: Dependent Deduction

- Dependent Deduction of \$480 per eligible dependent in the household
- Dependents are defined as household members who are not head, spouse, co-head and are:
 - Under 18 years of age
 - A person with disabilities at any age
 - A full-time student, 18 years of age or older
 - Full-time student status is defined by the institution of higher education, with a degree or certificate program, where the student is enrolled
 - *To qualify for the deduction, verification of disability or student status is required*
- A foster child, foster adult, unborn child, a child that has not joined the household yet, or dependent of a live-in aide will never qualify for the deduction
- A household does not have to have legal custody of a dependent to receive the deduction; however, the dependent must live in the unit
- A household may not receive a double dependent deduction for one member
 - For example, a 19 year old, disabled, full-time student would not be eligible for two dependent deductions

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Cruz Household: Dependent Deduction Certification

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? Liam Cruz

Is the household comprised of a family member with disabilities? NO YES, who? Esther Cruz

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

Is the Cruz household eligible for a dependent deduction?

How much is their deduction?

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Adjusted Income: Child Care Deduction

- The Child Care Deduction is available for anticipated expenses to any household paying for child care. The deduction is available to all children under the age of 13 living in the unit ~~(including foster children)~~ when child care enables a family member to...
 - Work
 - Look for work
 - Go to school (academic or vocational)
- The household has to evidence that there is no adult family member capable of providing care during the hours care is needed
- Child care expenses cannot be reimbursed by an outside agency or individual
- Child care expenses deducted must be reasonable

Foster children are eligible for this deduction if the child care expense is paid by the household income and not a welfare stipend.

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Adjusted Income: Child Care Deduction continued

- Child care expenses are not paid to someone living in the unit
- Child care expenses cannot exceed the work income generated by the household member during the period in which care is provided
- The child care expenses are not restricted when seeking employment or attending school
- To document anticipated child care expenses, the household must:
 - Identify the child(ren) who will be cared for
 - Identify the family member who is enabled to work, look for work, and/or go to school because of the child care
 - Evidence that no other adult household member in the unit is available to care for the child
 - Identify the child care provider
 - Provide documentation of cost

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Cruz Household: Child Care Deduction

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) 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? _____

Is the Cruz household eligible for a child care deduction?

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Learning Point: Child Care Deduction

Eric and Ariel Robles work and their dependents attend an after school program. Their 10 year old and 6 year old children, Melody and Max, attend the YMCA program after school from 3pm to 6pm each day during the school year. They pay the YMCA \$14.00 an hour for the care of their children. They receive no reimbursement for the child care expenses. Eric does not work in the summer, the children spend the summer with their father and the household does not have any child care expenses during this time. Ursula is an adult in the household but is unable to watch the children due to her disability and Sebastian is a full-time adult student in the household but is unable to care for his younger siblings.

Is the Robles household eligible for a child care deduction?

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Learning Point: Child Care Deduction continued

How much is the child care deduction for the Robles household?

- Step 1: Determine Eric's annual income:

$$\begin{array}{c} \$18.00 \\ \text{an hour} \end{array} \times \begin{array}{c} 1,140 \\ \text{hours} \\ \text{annually} \end{array} = \begin{array}{c} \$20,520 \\ \text{gross} \\ \text{income} \end{array}$$

- Step 2: Determine what Eric's earned income is while his children attend after-school care:

$$\begin{array}{c} \$18 \text{ an} \\ \text{hour} \end{array} \times \begin{array}{c} 5 \text{ days} \\ \text{a week} \end{array} \times \begin{array}{c} 3 \text{ hours} \\ \text{a day} \end{array} \times \begin{array}{c} 38 \\ \text{weeks} \\ \text{a year} \end{array} = \begin{array}{c} \$10,260 \\ \text{earned} \\ \text{income} \end{array}$$

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Learning Point: Child Care Deduction completed

- Step 3: Determine the after-school child care expenses for Melody and Max:

$$\begin{array}{c} \$14.00 \\ \text{an hour} \end{array} \times \begin{array}{c} 5 \text{ days} \\ \text{a week} \end{array} \times \begin{array}{c} 3 \text{ hours} \\ \text{a day} \end{array} \times \begin{array}{c} 38 \\ \text{weeks} \end{array} = \begin{array}{c} \$7,980 \\ \text{total} \\ \text{expense} \end{array}$$

- Step 4: Determine that after-school child care expenses do not exceed Eric's earned income generated during the period in which care is provided:

\$10,260 Eric's earned income

\$7,980 total after-school child care expense

Child care does not exceed employment income

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Adjusted Income: Attendant Care & Auxiliary Apparatus Expense Deduction

- Attendant Care & Auxiliary Apparatus Expense Deduction is available for unreimbursed, anticipated costs for attendant care and/or an auxiliary apparatus
- The care or apparatus enables a household member, 18 years or older, including the disabled member to work
- The amount claimed is the difference in total expenses for attendant care and/or auxiliary apparatus that exceeds 10% of annual income and earned income of the adult household member enabled to work by the attendant care or auxiliary apparatus
 - **Households that were receiving the deduction in 2023 will utilize a hardship implementation; 5% in 2024, 7.5% in 2025 and the full 10% in 2026**
- If the disability assistance enables more than one household member to be employed, the allowance cannot exceed the combined income of both

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Attendant Care & Auxiliary Apparatus Expense Deduction Items

- Auxiliary apparatus includes items that are directly related to permitting the disabled person or other family member to work
- Includes items such as, but not limited to, the following:
 - Wheelchairs, ramps, adaptations to vehicles (one-time allowances);
 - Cost of maintenance and upkeep of an auxiliary apparatus (i.e. veterinarian and food costs of service animal)
 - Attendant care includes, but is not limited to, reasonable expenses for home medical care, nursing services, interpreters for hearing impaired persons and readers for persons with visual impairments

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Cruz Household: Care and Apparatus Expense Deduction

C. ATTENDANT CARE AND AUXILIARY APPARATUS EXPENSE DEDUCTION

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

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: Live-in Aide

Is the Cruz household eligible for a Attendant Care & Auxiliary Apparatus Expense Deduction?

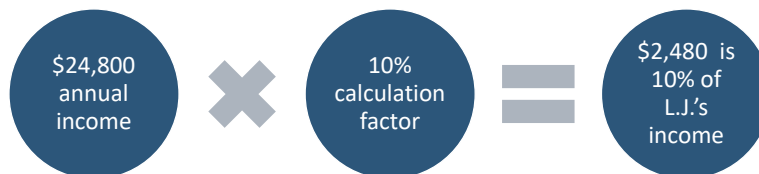
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Learning Point: Attendant Care & Auxiliary Apparatus Expense Deduction

L.J. is an individual with disabilities that works full-time and has an annual income of \$24,800. He requires a motorized wheelchair and special transportation to get to his job. The eligible disability expense is \$8,500 for his transportation to and from his job. Is L.J. eligible for a disability expense deduction? If yes, how much?

- Step 1: Determine 10% of L.J.'s employment income:



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Learning Point: Attendant Care & Auxiliary Apparatus Expense Deduction continued

- Step 2: Determine L.J.'s eligible disability deduction:



- Step 3: Ensure L.J.'s allowable deduction does not exceed his annual income:



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Adjusted Income: Elderly or Disabled Deduction

- Elderly or Disabled Deduction is a one-time \$525 deduction
 - HUD has indicated that this amount may be adjusted annually
- The deduction is available to a household if the head, spouse, or co-head (or the sole member) is at least 62 years of age or older, or is a person with disabilities
- A household is entitled to only one deduction regardless of how many household members qualify as elderly or disabled

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Cruz Household: Elderly or Disabled Deduction

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? Esther Cruz

Esther Cruz, Head of Household, is a person with disabilities.
Does this mean that the Cruz household is eligible for the
Elderly/Disabled Deduction?

How much is the deduction?

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Learning Point: Elderly or Disabled Deduction

Ted is 29 years old and a person with disabilities. Is Ted eligible for the elderly or disabled deduction on their certification? If yes, how much?

Carolyn is 62 and lives with her husband, Jeff, who is 35 and disabled. Is the household eligible for the elderly or disabled deduction on their certification? If yes, how much?

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Adjusted Income: Health & Medical Care Expense Deduction

- Health & Medical Care Expense Deduction is the portion of total medical expenses that exceeds 10% of annual income and is only permitted for households in which the head, spouse, or co-head is elderly or disabled
 - **Households that received the deduction in 2023 will utilize a hardship implementation; 5% in 2024, 7.5% in 2025 and the full 10% in 2026**
- If the household is eligible, include the unreimbursed anticipated medical expenses of ALL household members
 - Including non-elderly and dependent children
 - Foster persons are not eligible for this deduction
 - Medical expenses include medically necessary apparatus, services and medications
- Include ongoing expenses paid in the past 12 months to project the upcoming year's expenses
- Ongoing payments toward existing, unpaid medical bills are eligible for inclusion for the upcoming year
 - NOTE: Must only include the amount of payments to be made, not the total balance due

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Adjusted Income: Health & Medical Care Expense Deduction Continued

- Examples of eligible medical expenses include, but are not limited to:
 - Services of doctors and healthcare professionals
 - Services of healthcare facilities
 - Medical insurance premiums or cost of an HMO
 - Prescription/Nonprescription medicines that have been prescribed by a physician
 - Dental expenses
 - Eyeglasses
 - Hearing aids

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Cruz Household: Health & Medical Care Expense Deduction

E. HEALTH AND MEDICAL CARE EXPENSE 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 checked="" type="checkbox"/> YES	148.50 per month	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES
Doctor Co-Pays <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	\$1600.00 for the year	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES
Prescription Costs <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	\$1825.00 for the year	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES
Medical Deduction Costs <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES
Over the Counter Costs <input checked="" 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? _____

Since the Cruz household is eligible to receive the Elderly/Disabled Deduction, the household is also eligible to receive the Health and Medical Care Expense Deduction.

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Cruz Household: Health & Medical Care Expense Back-up

Information About Current Social Security Benefits

Beginning January 2024, the full monthly Social Security benefit before any deductions is \$2,479.90

We deduct \$148.50 for medical insurance premiums each month.

The regular monthly Social Security payment is \$2,331.00 (We must round down to the whole dollar.)

Dear Esther Cruz:

You requested a statement of the expenses incurred as a result of prescriptions filled through Walgreens locations in the calendar year 2023. Based on our records your 2023 expenses were \$1,825.00 for all prescriptions that were processed by Walgreens pharmacists.

Please feel free to reach out to our business office if you have any further documentation needs.

Sincerely,
Carrie Williams
Carrie Williams, Office Manager

Dear Esther Cruz:

You requested a statement of the amount of co-pays and expenses incurred as a result of visits to Austin Regional Clinic locations in the calendar year 2023. Based on our records your 2023 expenses were \$1,600.00 for co-pays, lab fees and expenses that were not covered by insurance.

Please feel free to reach out to our business office if you have any further documentation needs.

Sincerely,
John Williams
John Williams, Office Manager

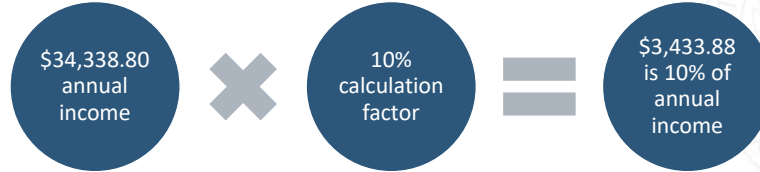
We have confirmed the information required to back-up the amounts claimed for the Health and Medical Care Expense Deduction.

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Cruz Household: Health & Medical Care Expense Deduction Calculated

- Step 1: Determine 10% of the Cruz household's annual income:



- Step 2: Determine the medical expense deduction amount:



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Adjusted Income: Medical Expense Deduction

If the household is eligible for both the Attendant Care & Auxiliary Apparatus deduction and the Health & Medical Care deduction, the following must be considered:

- Ensure that the household's 10% of income test is applied only one time
- The Attendant Care & Auxiliary Apparatus expense deduction must be calculated before the Health & Medical Care Expense deduction is determined
- The Attendant Care & Auxiliary Apparatus expense deduction is limited by the amount earned by the person enabled to work
- Expenses cannot be included in both categories (no double-dipping)

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Learning Point: Care/Apparatus & Health/Medical Expense Disability

L.J., from slides 191 & 192, has a Attendant Care & Auxiliary Apparatus expense deduction of \$6,020. In addition, L.J. also has Health & Medical Care expenses in the amount of \$1,500 that are not reimbursed by insurance. Since L.J.'s Care & Apparatus expense has already been calculated, which is required to be determined first, then the medical is just added.

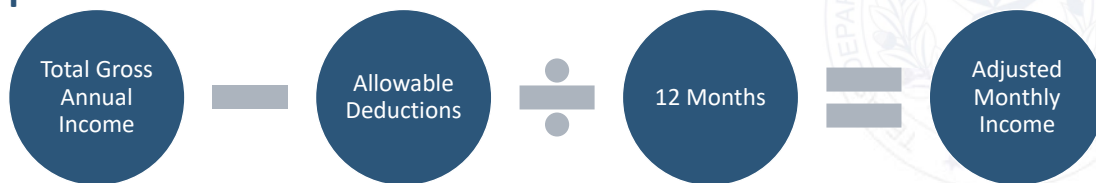


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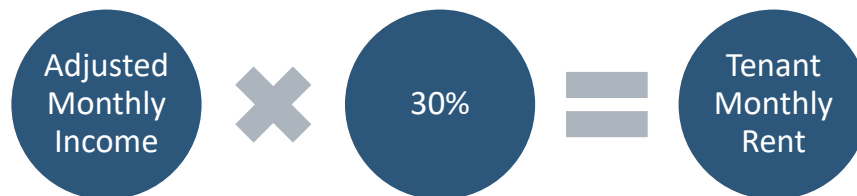
185

Adjusted Income: Calculating Rent

Step 1:



Step 2:



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Cruz Household: Calculating Rent

The Cruz household's gross annual income is \$34,338.80 and their adjusted income after deductions is \$31,560.68.

\$480 Dependent + \$525 Disabled + \$1,773.12 Health & Medical Expense = \$2,778.12 total deductions



The calculated rent is rounded to \$789 because you don't, generally, collect change in rent.

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Learning Point: Adjusted Income

Bryan, Head of Household, age 63
 Nicole, Co-Head, age 52
 Casen, Dependent, age 14, disabled – requires attendant care

Bryan's annual income	\$25,000
Nicole's annual income	+ \$23,000
Total Annual Income	\$48,000

Bryan's out-of-pocket Health & Medical Care expenses	\$2,000
Nicole's out-of-pocket Health & Medical Care expenses	\$1,000
Casen's out-of-pocket Attendant Care expenses	+ \$6,000
Total Health & Medical Care and Attendant Care expenses	\$9,000

Less 10% required deduction: **\$4,800** (\$48,000 x 10%)

Annual Income	\$48,000
Medical Deduction	\$4,200 (\$9,000 - \$4,800)
Dependent Deduction	\$480
Elderly/Disabled Ded.	\$525

Adjusted Annual Income \$42,795

To calculate rent:
 Adjusted annual income
 \$42,795
 Divided by 12 months
 \$3,566.25
 Multiplied by 30%
 \$1,069.88
Total Tenant Payment

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Adjusted Income: Send Notification of Rent Increase

A 30-day written notice is required to implement a rent increase.

Rent Increase Notification

Date: ___/___/___

RE: Change in Rent Notice

Tenant's Name: _____

Please be advised that effective ___/___/___ the monthly rent for the unit located at _____ where you are a currently a tenant, will be increase to \$_____ per month payable in advance on/or before the ___ of each month.

Sincerely,

Landlord/Property manager: _____

Signature: _____

SAMPLE LETTER FOR RENTAL INCREASE OR LEASE MODIFICATION
AS TO: OF LEASE TERM OR ADDITIONAL TERMS

_____ (Landlord/Property manager)

_____ (Tenant's Name)

_____ (Tenant's Address)

_____ (Tenant's Phone Number)

_____ (Tenant's Email Address)

The following information is provided to you for your information. It is not intended to constitute an offer of any financial product or service. It is provided for informational purposes only. It is not intended to constitute an offer of any financial product or service. It is provided for informational purposes only.

Paragraph 16 of your TAA Lease Contract outlines the procedures for any modification of the lease at the end of the lease term or renewal period. In accordance with these procedures, we wish to give you notice, prior to the end of your lease term or renewal period, that:

Your monthly rent will be changed from \$_____ to \$_____ per month at the end of your initial lease term or renewal period (whichever is applicable).

Other terms of your lease will not be changed.

All other terms of your lease will be modified to conform to the attached TAA Lease Contract, which has been completed for your convenience. This new lease is on the attached TAA Lease form, which may be different from the form used in your prior lease.

As provided in paragraph 16, the lease for the unit in which you are now living will be considered as so modified on the _____ day of _____, 20____, at the end of your lease term or renewal period. If you do not wish to accept this modification, you must provide written notice of your intent to do so, in compliance with the requirements of paragraph 16 of the TAA Lease Contract. The lease does not need to be re-executed by an owner's representative or your landlord's signature to be enforceable.

We would be happy to discuss the change with you at your convenience. We have delivered this letter to you personally or left it affixed to the inside of your front door to make sure you received it. Please stop in or call the office for an appointment. To consider the chance of [rent] rent increases, you may want to consider a 6-month, 9-month or 12-month lease.

_____ (Landlord/Property manager)

_____ (Tenant's Name)

_____ (Tenant's Address)

_____ (Tenant's Phone Number)

_____ (Tenant's Email Address)

BOOKEND 2018 | Texas Apartment Association

Final Thoughts...

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

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The Income Certification

Must Use the Department Approved Form:

- Income Certification
- Available on TDHCA Website
- Completed after all verifications are gathered
- Executed by all adult household members
- Executed by staff (Owner/Representative)
- **New form for certifications effective in 2024**

The form is titled "INCOME CERTIFICATION" and includes sections for:

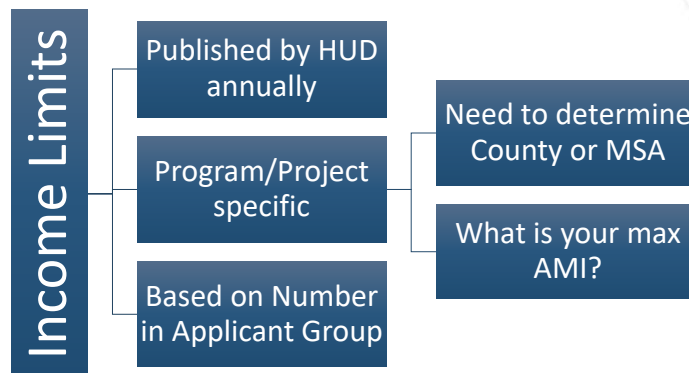
- PART I - DEVELOPMENT DATA:** Property Name, Address, Unit Number, # Bedrooms, County, City, State, ZIP, and CMTS #.
- PART II - HOUSEHOLD COMPOSITION:** A table with 7 rows for household members, including columns for Member #, Last Name, First Name & Middle Initial, Relationship to Head of Household, Date of Birth, and Disability Status.
- PART III - GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS):** A table with columns for Employment/Contract, Social Security/Pensions, Public Assistance, and Other Income.
- PART IV - INCOME FROM ASSETS:** A table with columns for Type of Asset, Cash Value of Asset, and Annual Income from Asset.
- HOUSEHOLD CERTIFICATION & SIGNATURES:** A section for signatures and dates of all household members.

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Income Limits

- Confirm Applicant is eligible under the required income limits for the program
- Current limits are on the Department's website



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Smith Household: Is the Household Eligible?

We have completed all of our calculations, now we need to see if this 4 person household is eligible for the program (HTC & BOND) requirements at 60% AMI.

(Q) Total Annual Household Income from all Sources [Add (E) + (P)]

\$60,441.75

Income	1	2	3	4	5	6	7	8
20	17640	20160	22680	25200	27220	29240	31260	33280
30	26460	30240	34020	37800	40830	43860	46890	49920
40	35280	40320	45360	50400	54440	58480	62520	66560
50	44100	50400	56700	63000	68050	73100	78150	83200
60	52920	60480	68040	75600	81660	87720	93780	99840
70	61740	70560	79380	88200	95270	102340	109410	116480
80	70560	80640	90720	100800	108880	116960	125040	133120

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Cruz Household: Is the Household Eligible?

We have completed all of our calculations, now we need to see if this 2 person household is eligible for the programs at **40% AMI for Housing Tax Credit** and 50% for the HOME program.

(Q) Total Annual Household Income from all Sources [Add (E) + (P)]

\$35,100.11

Income	1	2	3	4	5	6	7	8
20	17640	20160	22680	25200	27220	29240	31260	33280
30	26460	30240	34020	37800	40830	43860	46890	49920
40	35280	40320	45360	50400	54440	58480	62520	66560
50	44100	50400	56700	63000	68050	73100	78150	83200
60	52920	60480	68040	75600	81660	87720	93780	99840
70	61740	70560	79380	88200	95270	102340	109410	116480
80	70560	80640	90720	100800	108880	116960	125040	133120

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Cruz Household: Is the Household Eligible?

We have completed all of our calculations, now we need to see if this 2 person household is eligible for the programs at 40% AMI for Housing Tax Credit and **50% for the HOME program.**

(Q) Total Annual Household Income from all Sources [Add (E) + (P)] **\$35,100.11**

Income	1	2	3	4	5	6	7	8
30	26500	30250	34050	37800	40850	43850	46900	49900
40	35280	40320	45360	50400	54440	58480	62520	66560
50	44100	50400	56700	63000	68050	73100	78150	83200
60	52920	60480	68040	75600	81660	87720	93780	99840
80	68500	78250	88050	97800	105650	113450	121300	129100

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Tips to Minimize Challenges – Reminder

- All forms completed in their entirety
- Does the tenant file tell a story that a monitor can follow?
- Is everything current? (within 120 days)
- Any changes or corrections should be completed and initialed by applicants
- No correction fluid, white-out or evidence of tampering/perfecting
- Peer Review
- 3rd party or compliance file review

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One Final Question...

When should you have started, or should you start, calculating income using the HOTMA Guidance?

- a) February 14, 2025
- b) September 29, 2024
- c) January 1, 2024
- d) February 2, 2023

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Putting it All Together – File Order

The Department has provided the checklists for use in tenant files as a guide.

Your program may have additional requirements, you will want to insure that your files contain all of the required items and, if applicable, are in the appropriate order.

<https://www.tdhca.texas.gov/compliance-forms>

<https://www.tdhca.texas.gov/tenant-based-rental-assistance-forms-library>

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THANK YOU!

Income Determination Training

THIS TRAINING INCLUDES THE INCOME AND ASSET CALCULATION PROCESSES USED FOR THE PROGRAMS MONITORED BY THE DEPARTMENT'S COMPLIANCE DIVISION. ADDITIONALLY, THIS TRAINING COVERS THE PROCESS FOR ADJUSTED INCOME AND OTHER PROGRAM ITEMS THAT ARE APPLICABLE TO SOME PROGRAMS, BUT NOT ALL.

ANY FOLLOW-UP QUESTIONS SHOULD BE DIRECTED TO A MEMBER OF THE COMPLIANCE STAFF.

