SECTION 811 PROJECT RENTAL ASSISTANCE PROGRAM APPLICATION

TDHCA Point of Contact:
811info@tdhca.state.tx.us

Instructions for completing application
Referral Agent: Please assist the applicant to complete the information below. Include information for all persons who plan to live in the Section 811 unit except where otherwise indicated.

REFERRAL AGENT INFORMATION

Contact information for the Referral Agent.

Referral Agent Name: _____
Agency: _____
Mailing Address: _____
City/State/Zip: _____
Phone #: _____ Email: _____

APPLICANT CONSENT TO RELEASE INFORMATION

As an Applicant to the Section 811 Project Rental Assistance Program, I authorize the Referral Agent named above to share the following information with the TDHCA Point of Contact and/or properties selected under Property Options and the TDHCA Point of Contact named above to share following information with properties selected under Property Options: all information used to determine income, assets, allowances, deductions, program eligibility and family composition including, but not limited to income verification including bank statements, Social Security Administration award letters; personal information including birth certificates, Social Security numbers; eligibility information including disability, criminal history, rental history. By signing this form I hereby authorize the release of the requested information.

APPLICANT INFORMATION

Head of Household Name: _____
Mailing Address: _____
City/State/Zip: _____
Phone No: _____ Alternate Phone No: _____
Email: _____ Medicaid ID No: _____

LIST ALL MEMBERS THAT WILL BE LIVING IN THE HOUSEHOLD

Will there be a live-in aide in this unit who is not a family member? *Select one* ☐ Yes ☐ No
Is the household size expected to increase, e.g. pregnancy, child in other care, etc.? *Select one* ☐ Yes ☐ No

Household Members (List Head of Household first)	DATE OF BIRTH	GENDER	SOCIAL SECURITY #	RELATIONSHIP TO HEAD OF HOUSEHOLD	SPECIAL STATUS	DISABLED?
1.		☐Male ☐Female ☐Not Disclosed		Head	☐Student ☐Veteran ☐Displaced ☐Joint Custody	☐ YES ☐ NO
2.		☐Male ☐Female ☐Not Disclosed			☐Student ☐Veteran ☐Displaced ☐Joint Custody	☐ YES ☐ NO
3.		☐Male ☐Female ☐Not Disclosed			☐Student ☐Veteran ☐Displaced ☐Joint Custody	☐ YES ☐ NO
4.		☐Male ☐Female ☐Not Disclosed			☐Student ☐Veteran ☐Displaced ☐Joint Custody	☐ YES ☐ NO
5.		☐Male ☐Female ☐Not Disclosed			☐Student ☐Veteran ☐Displaced ☐Joint Custody	☐ YES ☐ NO

Was any Household member 62 or older as of January 31, 2010, who does not have a SSN, and whose initial determination of eligibility was prior to January 31, 2010? ☐ Yes ☐ No

If yes, who and where?: _____

Important Information for Former Military Services Members. Women and men who served in any branch of the United States Armed Forces, including Army, Navy, Marines, Cost Guard, Reserves or National Guard, may be eligible for additional benefits and services. For more information please visit with the Texas Veterans Portal at https://veterans.portal.texas.gov/.

HOUSEHOLD MEMBER	LIST ALL STATES IN WHICH THE HOUSEHOLD MEMBER HAS RESIDED
1.	
2.	
3.	
4.	
5.	

TOTAL HOUSEHOLD INCOME: LIST ALL MONEY EARNED OR RECEIVED BY EVERYONE LIVING IN YOUR HOUSEHOLD.

HOUSEHOLD MEMBER	EMPLOYER	TOTAL WEEKLY WAGES	TANF	CHILD SUPPORT MONTHLY	SOCIAL SECURITY BENEFITS	IS SS INCOME DUAL ENTITLEMENT?	UNEMPLOYMENT BENEFITS	ALL OTHER INCOME
1.						☐ YES ☐ NO		
2.						☐ YES ☐ NO		
3.						☐ YES ☐ NO		
4.						☐ YES ☐ NO		
5.						☐ YES ☐ NO		

ARE YOU OR ANYONE IN YOUR HOUSEHOLD SELF EMPLOYED? ☐YES ☐ NO

Have you or any member lived in any assisted housing? ☐YES ☐ NO

If yes, list where and when _____

Do you or any member of your household owe money to a Public Housing Authority? ☐ YES ☐NO

If yes, please explain:_____

Housing Type-

☐ Nursing Facility ☐ ICF-ID ☐ Homeless ☐ Living with Family

☐ Youth Residential Treatment Center ☐ Other:_____

ASSETS: PLEASE CHECK ALL THAT APPLY

HOUSEHOLD MEMBER	CHECKING/ SAVINGS	REAL ESTATE	LIFE INSURANCE	STOCKS/ BONDS	IRA/KEOGH	MONEY MARKET	PERSONAL PROPERTY
1.	☐ $	☐ $	☐ $	☐ $	☐ $	☐ $	☐ $
2 .	☐ $	☐ $	☐ $	☐ $	☐ $	☐ $	☐ $
3 .	☐ $	☐ $	☐ $	☐ $	☐ $	☐ $	☐ $
4 .	☐ $	☐ $	☐ $	☐ $	☐ $	☐ $	☐ $
5 .	☐ $	☐ $	☐ $	☐ $	☐ $	☐ $	☐ $

TARGET POPULATION

In order to be eligible, at least one member of the applicant household must qualify for one of the three target populations. Complete the checklist below to determine whether the applicant qualifies.

Name of household member: _____

Instructions: Check one box in Column A and then check boxes in corresponding Column B to describe the household member's qualifications. Note: If there is a second member of the household who is a member of a target population, complete a new check list for that member.

Column A	**Column B**
☐ Persons with Disabilities Exiting ICF/IIDs and Nursing Facilities	Applicant must be eligible for one of the following waivers. Check at least one: ☐ STAR+PLUS Waiver Services ☐ Home and Community-based (HCS) Waiver Services ☐ Community Living and Support Services (CLASS) Waiver Services ☐ Texas Home Living (TxHmL) Waiver Services ☐ Deaf, Blind with Multiple Disabilities (DBMD) Waiver Services ☐ Medically Dependent Children Program ☐ Community First Choice ☐ Attendant Services paid through Medicaid or Title XX Applicants exiting institutions must also meet all of the following 3 requirements. Check all 3 boxes to confirm the applicant meets these. ☐ Applicant is eligible to receive services paid through Medicaid; and ☐ Applicant household[1] has income that does not exceed 300 percent of SSI or income limits established through the Medicaid Buy-In Program for Workers with Disabilities (250 percent of the federal poverty level); and ☐ Applicant meets the Nursing Facility or ICF/IID Medical Level of Care requirement.
☐ Persons with Serious Mental Illness.	Applicant must meet both of the following requirements. Check both boxes to confirm the applicant meets these requirements. ☐ Applicant is eligible for the Medicaid State Plan Services provided through HHSC Local Mental Health Authorities or Local Behavioral Health Authorities. These services include psychosocial rehabilitation and targeted case management. ☐ Applicant is eligible to receive disability-related Medicaid (e.g. Supplemental Security Income (SSI)) at the time of first occupancy.
☐ Youth Exiting Foster Care	Applicant is eligible to receive health care services through Texas Medicaid by virtue of (check one box): ☐ Being in DFPS conservatorship; or ☐ Being a youth aged 18-21 who was previously in DFPS conservatorship and receives Medicaid for Transitioning Foster Care Youth (MTFCY) (now called Former Foster Care Children Program) benefits. With very few exceptions, all children and youth in DFPS conservatorship and those youth who are eligible for MTFCY benefits receive their healthcare through the STAR Health managed care program, a comprehensive health care system that is offered statewide. Applicant must also meet the following requirement. Check the box to confirm the applicant meets this requirement. ☐ Applicant is eligible to receive disability-related Medicaid (e.g. Supplemental Security Income (SSI)) at the time of first occupancy.
_____ Signature of Appropriate Professional	_____ Title _____ Date

[1] Applicant Household are all persons who will reside in the household with the exception of any paid live-in aide.

HOUSING NEEDS

Accessibility Needs

A household member needs a unit that (check all that apply)

- ☐ Has no stairs
- ☐ Has a ramp
- ☐ Has access in unit to accommodate wheelchair
- ☐ Has access for visual disability
- ☐ Has access for hearing disability
- ☐ Other. Please describe:

CRIMINAL HISTORY

Have you or any member been evicted in the last three years from federally assisted housing for drug-related criminal activity? ☐YES ☐ NO

If yes, has the household member has successfully completed an approved, supervised drug rehabilitation program? ☐YES ☐ NO ☐ N/A

If yes, list where and when _____

If yes, do circumstances leading to the eviction no longer exist? ☐YES ☐ NO ☐ N/A

If yes, please explain:_____

Are you or any member currently engaged in illegal use of drugs or pattern of illegal use of a drug that may interfere with the health, safety, and right to peaceful enjoyment of the property by other residents? ☐YES ☐ NO

Are you or any member subject to a State sex offender lifetime registration requirement? ☐YES ☐ NO

Are you or any member currently engaged in a pattern of abuse of alcohol that may interfere with the health, safety, and right to peaceful enjoyment of the property by other residents? ☐YES ☐ NO

VOLUNTARY SERVICES STATEMENT

By signing and submitting this form, the resident understands that the receipt of services is voluntary and not required for residency in a Section 811 unit.

WARNING: TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OF THE UNITED STATES GOVERNMENT. HUD AND ANY OWNER (OR ANY EMPLOYEE OF HUD OR THE OWNER) MAY BE SUBJECT TO PENALTIES FOR UNAUTHORIZED DISCLOSURES OR IMPROPER USE OF INFORMATION COLLECTED BASED ON THE CONSENT FORM. USE OF THE INFORMATION COLLECTED BASED ON THIS ERIFICATION 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). VIOLATION OF THESE PROVISIONS ARE CITED AS VIOLATIONS OF 42 U.S.C. 408 (A) (6), (7) AND (8).

- ☐ I understand the unit I am applying for will be my only residence.
- ☐ I agree to pay the rent required by the program under which I will receive assistance.
- ☐ I have received a copy of the Resident Rights and Responsibilities Brochure.
- ☐ I have received a copy of the HUD Fact Sheet "How Your Rent is Determined".
- ☐ I have received a copy of the EIV & You Brochure.

I understand that during the property application phase, if I do not return required documents to the property in accordance with property policies regarding timely receipt of documents I may be skipped or removed from the waitlist entirely.

I do hereby swear and attest that all of the information above about me is true and correct.

_____ _____

Signature Head of Household Date