

HOUSING ASSISTANCE PAYMENTS PROGRAM PRE-APPLICATION

AGENCY USE ONLY

Date: _____

Time: _____

Initials: _____

Head of Household Name: _____

Present Address: _____

City/State/Zip: _____

Phone No: _____ Alternate Phone No: _____

LIST ALL MEMBERS THAT WILL BE LIVING IN THE HOUSEHOLD

ADULTS (LEGAL NAME)	DATE OF BIRTH	Social Security #	RELATIONSHIP TO HEAD OF HOUSEHOLD	DISABLED?	FULL TIME STUDENT?	SCHOOL NAME
1.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
2.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
3.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
4.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
5.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

FOR HUD STATISTICAL PURPOSES ONLY

Check one: White Black/African American American Indian/Alaska Native Asian
 Native Hawaiian/Other Pacific Islander

Check one: Hispanic or Latino Not Hispanic or Latino

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	UNEMPLOYMENT BENEFITS	ALL OTHER INCOME
1.							
2.							
3.							
4.							

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 _____

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.							

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

Signature Head of Household

Date

TDHCA ONLY

_____ Income _____ 30% AMFI _____ 50% AMFI

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

TDHCA ONLY

_____Income

_____30% AMFI

_____50% AMFI

This intake form and instructions are provided as a step in the Texas Balance of State CoC EHV Program. Referral Partners are asked to collect the information and submit to THN via HMIS upload as part of a larger referral process. This information will be stored in HMIS and documented in each client file. Referrals to the TDHCA EHV Program in the TX BoS CoC without this form will be considered incomplete and may delay voucher issuance.

If you have any questions about this form, how to fill it out, or any of the questions it contains, please contact txbosehvp@thn.org

Intake Form Checklist Instructions

Applicant Name: Collect name of applicant applying for services for his or her household. Names and other personal identifiable information will not be reported to TDHCA on a monthly basis.

Unique Identifier: Determine a unique household ID for the household served. This unique ID should be tied directly to an application, including applicant name and eligibility documentation, in your organization's records. Unique IDs are reported to TDHCA on a monthly basis, along with general household information, income and eligibility information, and household demographics.

County/Zip Code: Collect the county and zip code where the household currently resides. *If the household currently has no permanent residence, please input either a future residence or the county and zip code where service was provided.*

Non-Duplication Certification: Clients must certify that they have not received funds or services from Texas Department of Housing and Community Affairs (TDHCA) Emergency Rental Assistance Housing Stability Services Program for the same purpose and same period of time that might produce a duplication of benefits. *Please note that receiving rental assistance from other programs or receiving different stability services is allowable.*

Acknowledgement of Housing Instability: Clients must certify that they are at risk of housing instability, are currently experiencing homelessness, or is survivor of domestic violence fleeing from abuse.

Acknowledgment of Being Financially Impacted by the Pandemic: Clients must certify that due to or during the pandemic they have been financially impacted (have experienced a reduction in income, have incurred significant costs, or have experienced other financial hardship).

Self-Attestation of Income Eligibility: Clients must report and certify their household income. **Self-attestation from a household must be certified by a caseworker, housing navigator, or other housing stability service professional.** In appropriate cases, Subrecipients may rely on an attestation from a caseworker, housing navigator, or other housing stability service professional with knowledge of a household's circumstances to certify that an applicant's household income qualifies for assistance. Households may need to provide income documentation upon request.

Household and Income Information

Are there Children in the Household under age 18? Yes/No

Are there Adult(s) in the Household over age 62? Yes/No

Is anyone in the household a person with a disability? Yes/No

Is anyone in the household a veteran? Yes/No

Gender of Applicant: Male, Female, Nonbinary, Declined to Answer

Self-identified Race of household: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, Multi-Racial/Other, Decline to Answer

Self-identified Ethnicity of household: Hispanic or Latino, Not Hispanic or Latino, Declined to Answer

First-time recipient of HSS Services: Yes/No

Gross Monthly Income: Enter the household's annual gross income in USD (\$). Use either self-reported income or documented income as applicable. If the household has no income, enter \$0.

Household Size: 1-8 Enter the number of persons in the household seeking assistance. A household is defined as any group of people that present together for assistance and identify themselves as a family or household, regardless of age or relationship or other factors.

Area Median Family Income (AMI): Calculate the household's AMI qualification using their self-reported income or other income documentation if requested, the household size, and AMI levels for your area. Confirm reported income against the applicable 80% income limit as listed here: <https://www.huduser.gov/portal/datasets/il.html> and document it on the applicant's case file. Report the household's income as 80%-51%, 50%-31%, or 30%-0%. Note that if the income exceeds 80% AMI, they are not eligible for assistance.

Does the client need to provide documentation of income to confirm attestation? Determine whether client needs to provide documentation to confirm attestation or is self-attestation sufficient to receive HSS funded services. The Housing Professional may affirm self-attestation through knowledge of client's income eligibility, through knowledge of homelessness, or through another method. A client should provide documentation of income to confirm attestation if the Housing Professional does not have knowledge of a household's circumstances. See the HSS Eligibility Flowchart for more detail.

TDHCA – Housing Stability Services Program – Intake Form Checklist

Updated 9.27.2021

Applicant Name (Head of Household): _____
Unique Identifier: _____

Zip Code: _____
County: _____

Household and Income Information:

Are there Children in the Household under age 18? _____

Gender of Applicant: _____

Are there Adult(s) in the Household over age 62? _____

Self-identified Race of household _____

Is anyone in the household a person with a disability? _____

Self-identified Ethnicity of household _____

Is anyone in the household a veteran? _____

First-time recipient of HSS Services (Yes/No) _____

Gross Monthly Income: _____ Household Size: _____

(Staff Calculate AMI – see chart)

AMI 80%-51%

AMI 50%-31%

AMI 30% - 0%

Does the client need to provide documentation of income to confirm attestation?

Yes Date of Income Verification: _____

(Additional documentation may include pay stubs for 30 days, 2020 annual income, self-certification or categorical eligibility by receiving assistance from Head Start, LIHEAP/CEAP, SNAP, SSI, TANF, Tribal TANF, Veterans Affairs Disability Pension, tenant based or Section 8 assistance.)

No I certify that the income provided is accurate.

Non-Duplication of benefits

Non-Duplication Certification: I certify I (or any household member) have not received funds or services from Texas Department of Housing and Community Affairs (TDHCA) Emergency Rental Assistance Housing Stability Services Program for the same purpose and the same time period that might produce a duplication of benefits. *Please note that receiving rental assistance from TDHCA or receiving different stability services is allowable.*

Acknowledgement of Housing Instability (select one, if applicable):

Risk of Housing Instability: I certify I (and my household) am/are at risk of experiencing homelessness or housing instability, or will need to move to an unsafe environment if I do not receive housing stability assistance.

Self-Declaration of Homelessness: I certify I (and my household) am/are currently experiencing homelessness, or are survivors of domestic violence fleeing from abuse.

Acknowledgment of Being Financially Impacted by the Pandemic

Financially Impacted by the Pandemic: I certify I (and my household) that due or during the pandemic I have been impacted financially (have experienced a reduction in income, have incurred significant costs, or have experienced other financial hardship).

Self-Attestation of Income Eligibility

Self-attestation of household income without further verification as to household income is sufficient for determining income eligibility for Housing Stability Services under ERA1. Self-attestation from a household must be certified by a caseworker, housing navigator, or other housing stability service professional. In appropriate cases, Subrecipients may rely on an attestation from a caseworker, housing navigator, or other housing stability service professional with knowledge of a household's circumstances to certify that an applicant's household income qualifies for assistance. Households may need to provide income documentation upon request.

Self-Attestation: I certify I (and my household) have an income below 80% of Average Median Income (AMI) using the HUD income limit documentation system for my county (as provided by Subrecipient staff) and am eligible for services funded by the Housing Stability Services (HSS) program.

Housing Professional Certification: I certify the household's income is below 80% of AMI and is eligible for services funded by the HSS program.

By signing below, I (the applicant and/or staff) certify that this information is correct to the best of my knowledge.

Applicant Signature: _____ Date: _____ Staff Signature: _____ Date: _____

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

EMERGENCY HOUSING VOUCHER (EHV) PROGRAM
Referral and Eligibility Documentation Form

Emergency Housing Voucher (EHV) Applicant Name: _____

Phone Number and/or Email Address: _____

Number of persons in the household: _____

Check One:

- Household without dependent children (complete one form for each adult in the household)
- Household with dependent children (complete one form for household)

The Referring Agency certifies that the above client is eligible for the Emergency Housing Voucher Program and meets the following preference (check one box):

- Homeless** – as defined in section 103(a) of the McKinney-Vento Homeless Assistance Act, which is codified in HUD’s Continuum of Care (CoC) program regulations at 24 CFR 578.3
- At risk of homelessness** – as defined in section 401(1) of the McKinney-Vento Homeless Assistance Act, which is codified in HUD’s CoC Program regulations at 24 CFR 578.3
- Fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking** (includes HUD-assisted emergency transfers)
- Recently homeless** – defined as families who have previously been classified by a member agency of the CoC as homeless but are not currently homeless as a result of homeless assistance, temporary rent assistance or some type of other assistance, and where the CoC determines that the loss of such assistance would result in a return to homeless or the family having a high risk of housing instability.

Please note: Full definitions of individuals and families eligible for an EHV are included in the following two pages.

Signature of Authorized Representative

Date

Printed Name and Title

Phone Number

Referring Agency Name

GUIDANCE FOR REFERRING AGENCIES

1. Individuals and families who are homeless

The meaning of “homeless” is as such term is defined in section 103(a) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11302(a)), which is codified in HUD’s Continuum of Care Program regulations at 24 CFR 578.3 and reads as follows:

Homeless means:

- (1) An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
 - (i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
 - (ii) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, State, or local government programs for low-income individuals); or
 - (iii) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.
- (2) An individual or family who will imminently lose their primary nighttime residence, provided that:
 - (i) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;
 - (ii) No subsequent residence has been identified; and
 - (iii) The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing.
- (3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:
 - (i) Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), section 637 of the Head Start Act (42 U.S.C. 9832), section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2), section 330(h) of the Public Health Service Act (42 U.S.C. 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)), or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);
 - (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance; (iii) Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and
 - (iii) Can be expected to continue in such status for an extended period of time because of chronic disabilities; chronic physical health or mental health conditions; substance addiction; histories of domestic violence or childhood abuse (including neglect); the presence of a child or youth with a disability; or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment.

2. Individuals or families who are at-risk of homelessness

The meaning of “at-risk of homelessness” is as such term is defined in section 401(1) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(1)), which is codified in HUD’s Continuum of Care Program regulations at 24 CFR 578.3 and reads as follows:

At risk of homelessness.

- (1) An individual or family who:
 - (i) Has an annual income below 30 percent of median family income for the area, as determined by HUD;
 - (ii) Does not have sufficient resources or support networks, e.g., family, friends, faith-based or other social networks, immediately available to prevent them from moving to an emergency shelter or another place described in paragraph (1) of the “Homeless” definition above; and
 - (i) Meets one of the following conditions:
 - (A) Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance;
 - (B) Is living in the home of another because of economic hardship;
 - (C) Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days of the date of application for assistance;
 - (D) Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by federal, State, or local government programs for low-income individuals;
 - (E) Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons, or lives in a larger housing unit in which there reside more than 1.5 people per room, as defined by the U.S. Census Bureau;
 - (F) Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or
 - (G) Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved consolidated plan.
- (2) A child or youth who does not qualify as “homeless” under this section, but qualifies as “homeless” under section 387(3) of the Runaway and Homeless Youth Act (42 U.S.C. 5732a(3)), section 637(11) of the Head Start Act (42 U.S.C. 9832(11)), section 41403(6) of the Violence

Against Women Act of 1994 (42 U.S.C. 14043e-2(6)), section 330(h)(5)(A) of the Public Health Service Act (42 U.S.C. 254b(h)(5)(A)), section 3(m) of the Food and Nutrition Act of 2008 (7 U.S.C. 2012(m)), or section 17(b)(15) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)(15)); or

- (3) A child or youth who does not qualify as “homeless” under this section, but qualifies as “homeless” under section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)), and the parent(s) or guardian(s) of that child or youth if living with her or him.

3. Individuals or families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking or human trafficking

This category is composed of any individual or family who is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking. This includes cases where a HUD-assisted tenant reasonably believes that there is a threat of imminent harm from further violence if they remain within the same dwelling unit, or in the case of sexual assault, the HUD-assisted tenant reasonably believes there is a threat of imminent harm from further violence if they remain within the same dwelling unit that they are currently occupying, or the sexual assault occurred on the premise during the 90- day period preceding the date of the request for transfer.

Domestic violence includes felony or misdemeanor crimes of violence committed by:

- a. a current or former spouse or intimate partner of the victim (the term “spouse or intimate partner of the victim” includes a person who is or has been in a social relationship of a romantic or intimate nature with the victim, as determined by the length of the relationship, the type of the relationship, and the frequency of interaction between the persons involved in the relationship),
- b. a person with whom the victim shares a child in common,
- c. a person who is cohabitating with or has cohabitated with the victim as a spouse or intimate partner,
- d. a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or
- e. any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.

Dating violence means violence committed by a person:

- a. Who is or has been in a social relationship of a romantic or intimate nature with the victim; and
- b. Where the existence of such a relationship shall be determined based on a consideration of the following factors:
 1. The length of the relationship;
 2. The type of relationship; and
 3. The frequency of interaction between the persons involved in the relationship.

Sexual assault means any nonconsensual sexual act proscribed by Federal, Tribal, or State law, including when the victim lacks capacity to consent.

Stalking means engaging in a course of conduct directed at a specific person that would cause a reasonable person to:

- (1) Fear for the person's individual safety or the safety of others; or
- (2) Suffer substantial emotional distress.

Human trafficking includes both sex and labor trafficking, as outlined in the Trafficking Victims Protection Act of 2000 (TVPA), as amended (22 U.S.C. § 7102). These are defined as:

Sex trafficking means the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act, in which the commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of 21 age; (and)

Labor trafficking means the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

4. Individuals or families who are recently homeless

This category is composed of individuals and families determined by the CoC or its designee to meet the following definition.

Recently homeless is defined as individuals and families who have previously been classified by a member agency of the CoC as homeless but are not currently homeless as a result of homeless assistance (financial assistance or services), temporary rental assistance or some type of other assistance, and where the CoC or its designee determines that the loss of such assistance would result in a return to homelessness or the family having a high risk of housing instability. Examples of households that may be defined as recently homeless by the CoC include, but are not limited to, participants in rapid rehousing, and permanent supportive housing.

Individuals and families classified as recently homeless must be referred by the CoC or its designee.