



COMBINED COMMUNITY ACTION, INC.
165 WEST AUSTIN • GIDDINGS, TEXAS 78942
979.540.2980 800.688.9065 Fax 979.542.9565
www.ccaction.com

Dear Tenant Based Rental Assistant Applicant,

The Tenant Based Rental Assistance program is a rental program designed to assist households with their housing expenses, while they focus on becoming self-sufficient. The program is able to assist families by providing assistance with security deposits and rental subsidies for up to 24 months.

To Qualify for TBRA household must be willing to:

- Participate in Self-Sufficiency plan and intensive Case Management
- Must have earnings at or below 80% of the Area Median Family Income (AMFI)
- Live in Bastrop, Fayette, Lee, Colorado, Austin, Hays, Caldwell or Travis (outside Austin city limits only) counties

The application is attached. In order for your application to be considered you must send in the following items:

- Proof of current monthly income (i.e. Social Security, SSI, Child Support, Check stubs, ect.)
- A letter describing your current situation, household needs, and your households plan if selected for the program.

Do not leave any portion of the application blank. If it does not apply to you write n/a in the blank. An incomplete application can be DENIED.

Due to the high volume of application we are receiving for the program we are unable to verify by telephone if your application was received, you will receive written notification from CCA upon receipt of your application. The status of your application can not be verified over the phone, all notice will be sent via mail.

Without including the above requested documents your application will be DENIED.

If you have any questions, please feel free to contact:

Deanna Lowrey-Green, LMSW at (800) 688-9065 or (979) 540-2997

Kelly Franke at (800) 688-9065 or (979)540-2999

Return Application and requested documents to:

Combined Community Action, Inc.

165 W. Austin St.

Giddings, Texas 78942

Fax: (979)542-9565

Email: dgreen@ccaaction.com



HOME PROGRAM INTAKE APPLICATION

A. ADMINISTRATOR INFORMATION

Administrator Name : Combined Community Action		
Street Address: 165 W Austin St		
City/State/Zip: Giddings TX 78942	County: Lee	

B. APPLICANT CONTACT INFORMATION

Applicant Name(s):	
Street Address:	
City/State/Zip:	County:
Email Address:	Home Phone: () - Cell Phone: () -

C. HOUSEHOLD COMPOSITION INFORMATION (List all members of the household)

Full Name (exactly as it appears on driver's license or other government document)	Relationship to Head of Household	Date of Birth	Gender	Student Status	Receives Income?	Check if Veteran
1.	Head of Household		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
2.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
3.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
4.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
5.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
6.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
7.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
8.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
9.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>

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

D. HOUSEHOLD COMPOSITION INFORMATION (Continued)

1. Was any household member a full-time student within the last calendar year? No Yes, who?
2. Is any household member listed above a foster child? No Yes, who?
3. Is any household member listed above a live-in attendant? No Yes, who?
4. Is any household member temporarily absent from the home? No Yes, who?
If Yes, Indicate reason for temporary absence:
5. Do you anticipate other members will join your household within the next 12 months? No Yes, explain:

E. HOUSING ASSISTANCE RECEIVED PREVIOUSLY

(List any other housing assistance provided to or received by any household member)

Was this property impacted by a disaster? No Yes, which disaster?

Source	Amount	Date Received	Reason
1. FEMA: Federal Emergency Management Agency <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, which Disaster	\$		
2. SBA: Small Business Administration <input type="checkbox"/> No <input type="checkbox"/> Yes	\$		
3. Section 8: Housing and Urban Development <input type="checkbox"/> No <input type="checkbox"/> Yes	\$		
4. TBRA: Tenant Based Rental Assistance <input type="checkbox"/> No <input type="checkbox"/> Yes	\$		
5. Homeowner Insurance <input type="checkbox"/> No <input type="checkbox"/> Yes	\$		
6. Other Describe: <input type="checkbox"/> No <input type="checkbox"/> Yes	\$		

F. CONFLICT OF INTEREST INFORMATION

1. Is anyone in the household currently serving or has anyone served within the last 12 months as an employee, agent, consultant, officer, or elected or appointed official of TDHCA, Administrator, or Development Owner? No Yes
If Yes, identify who, organization name, and role:
Is this a current role? No Yes If No, identify date role ceased:
2. Is anyone in the household related to anyone who is currently serving or who has served within the last 12 months as an employee, agent, consultant, officer, or elected or appointed official of TDHCA, Administrator, or 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:

G. DISPOSAL OF ASSETS 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, 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, who?
Do they currently own it? No If No: When was it disposed of?
 Yes If Yes: Is it being rented? No Yes
Is it sitting vacant? No Yes
Is it in the process of being sold? No Yes

H. ANNUAL INCOME OF ALL HOUSEHOLD MEMBERS

(List ALL income of household members, except for the earned income from employment by persons under the age of 18)

Identify income from any source expected during the next 12 months	Head of Household	Spouse or Co-Head	Other Adult Members	Dependents	Total
1. Salary #1 <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
2. Salary #2 <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
3. Overtime Pay <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
4. Commissions/Fees <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
5. Tips and Bonuses <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
6. Temporary Income <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
7. Income from Military <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
8. Interest/Dividends <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
9. Net Business Income <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
10. Net Rental Income <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
11. Social Security <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
12. Supplemental Security Income <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
13. Pension <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
14. Retirement income <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
15. Familial Support or Recurring Gifts <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
16. Unemployment Benefits <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
17. Worker's Compensation <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
18. Alimony <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
19. Child Support <input type="checkbox"/> No <input type="checkbox"/> Yes Circle Type: Court Awarded Voluntary Anticipated	\$	\$	\$	\$	\$
20. AFDC/TANF <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
21. Other Income Describe: <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
				Total Annual Income:	\$

I. CURRENT EMPLOYMENT INFORMATION

1. Household Member Name:		Occupation:		Work Phone: () -	
Employer Name and Address:			City:	State:	Zip Code:
Date Hired:	Salary: \$	Pay Period: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly (26) <input type="checkbox"/> Twice month(24) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other	Hours worked per week:	Fax: () -	

I. CURRENT EMPLOYMENT INFORMATION (Continued)

2. Household Member Name:			Occupation:		Work Phone: () -	
Employer Name and Address:			City:		State:	Zip Code:
Date Hired:	Salary: \$	Pay Period: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly (26) <input type="checkbox"/> Twice month(24) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other	Hours worked per week:		Fax: () -	
3. Household Member Name:			Occupation:		Work Phone: () -	
Employer Name and Address:			City:		State:	Zip Code:
Date Hired:	Salary: \$	Pay Period: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly (26) <input type="checkbox"/> Twice month(24) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other	Hours worked per week:		Fax: () -	
4. Household Member Name:			Occupation:		Work Phone: () -	
Employer Name and Address:			City:		State:	Zip Code:
Date Hired:	Salary: \$	Pay Period: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly (26) <input type="checkbox"/> Twice month(24) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other	Hours worked per week:		Fax: () -	

J. ASSETS OF ALL HOUSEHOLD MEMBERS

(When listing the cash value of any asset marked with an asterisk (*), indicate the amount you would have if you were to convert the asset to cash (i.e. sell or exchange the asset), deducting any penalties for early withdrawal, amounts used to pay off a balance, and any fees which may be assessed for the conversion.)

Identify All Asset Sources		Cash Value	Asset Income (Interest/Dividends)	Name of Financial Institution	Account Number
1. Checking Account #1	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
2. Checking Account #2	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
3. Savings Account #1	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
4. Savings Account #2	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
5. Credit Union Account(s)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
6. Stocks, Bonds, Mutual Funds*	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
7. Real Estate/Home*	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
8. Real Estate/Land*	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
9. IRA/Keogh Account(s)*	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
10. Retirement/Pension Fund(s)*	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
11. Trust Fund(s)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
12. Mortgage Note Held	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
13. Whole Life Insurance*	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
14. Personal Property Held as an Investment (gems, coins, etc.)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
15. Lump Sums Received (inheritance, capital gains, insurance, etc.)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
16. Other:	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		

K. DEMOGRAPHIC AND SPECIAL NEEDS INFORMATION: The Texas Department of Housing and Community Affairs (TDHCA) requests this information in order to comply with HUD's required reporting requirements. Although TDHCA would appreciate receiving this information, you may choose not to furnish it. 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.

 I do not wish to furnish information regarding my ethnicity, race, gender, age, and/or household composition.
Applicant
Initials

Ethnicity Codes:

A – Hispanic: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as "Latino" or "Spanish Origin" apply to this category.

B – Not Hispanic

Race Codes:

A – White

B – Black-African American

C – Asian

D – American Indian/Alaska Native

E – Native Hawaiian/Other Pacific Islander

F – American Indian/Alaska Native/White

G – Asian/White

H – Black/African American/White

I – American Indian/Alaska Native/Black-African American

J – Other Multi-Racial

Special Needs Codes:

A – Elderly

B – Person with Disabilities*

C – Person with HIV/AIDS

D – Person with Alcohol and/or Drug Addiction

E – Colonia Resident

F – VAWA/Victim of Domestic Violence

G – Homeless

H – Migrant Farm Worker

I – Public Housing Resident

J – Disaster Victim

K – Veteran

L – Wounded Warrior

M – Money Follows the Person

***Disability Definition:** 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. Does not include current, illegal use of or addiction to a controlled substance.

	Ethnicity Code	Race Code	Special Needs Code(s)
1 (Head)			
2			
3			
4			
5			
6			
7			

L. RELEASE AND SIGNATURES

Each of the undersigned Applicants for HOME Program assistance hereby certify that all of the information provided in the above Application is true and correct, and do hereby authorize the release and/or verification of mortgage loan, employment, asset, liability, and income information. All household members age 18 or older must sign Application.

 Applicant's Printed Name

 Signature

 Date

 Co-Applicant's Printed Name

 Signature

 Date

 Adult Household Member Printed Name

 Signature

 Date

 Adult Household 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.

Reasonable accommodations will be made for persons with disabilities and language assistance will be made available for persons with limited English proficiency.



TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

Street Address: 221 East 11th Street, Austin, TX 78701 Mailing Address: PO Box 13941, Austin, TX 78711
 Main Number: 512-475-3800 Toll Free: 1-800-525-0657 Email: info@tdhca.state.tx.us Web: www.tdhca.state.tx.us



