

CITY OF ROCKDALE
APPLICATION NOTICE – HOME PROGRAM

The City of Rockdale is participating in the HOME program through the Texas Department of Housing and Community Affairs. This program will allow the City to rehabilitate/reconstruct several homes for low-income persons within the city limits.

You **MAY** qualify if you:

- Are the owner and occupant of the home to be assisted; and
- Your home is located within the city limits of Rockdale; and
- Have no restrictions or encumbrances or liens that would unduly restrict the good and marketable nature of the ownership interest; and
- Are not delinquent on property taxes; and
- Have a household annual income of less than the following:

2023 I N C O M E L I M I T S B Y F A M I L Y S I Z E F O R M I L A M C O U N T Y (8 0 % A M F I)

1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
40,700	46,500	52,300	58,100	62,750	67,400	72,050	76,700

Application forms will be available at the Rockdale City Hall located at 505 W. Cameron Avenue, Rockdale, Texas. Assistance in completing the application is available and recommended. It will be provided by HOME Consultants from Langford Community Management Services, Karen Walker. Please call 512-696-4056 for help with this HOME application.

You **MUST** provide copies of the following documents in order for your application to be accepted. Please submit the following items with your application:

- A completed application packet (pick up at City Hall and complete prior to submission)
- Proof of ownership of your home (deed)
- Proof of occupancy (utility bill with copy of id or driver's license)
- Proof of paid property taxes (tax receipts showing all taxes paid or proof of an approved payment plan if taxes are owed)
- Proof of income for all occupants of the dwelling over the age of 18 (check stubs for the past 3 months or current documentation from government agencies such as the Social Security Administration)
- Proof of assets (bank statements for any checking accounts and savings accounts for the past 6 months.)

Applications will only be accepted when all required documentation is completed and submitted. Applicants will be required to give permission for the verification of all information received.

THE CITY OF ROCKDALE IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY CITY



HOME PROGRAM INTAKE APPLICATION

A. ADMINISTRATOR INFORMATION

Administrator Name : CITY OF ROCKDALE

Street Address: 505 W. CAMERON AVENUE

City/State/Zip: ROCKDALE

TX 76567

County: MILAM

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, Coast 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.

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



TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

RELEASE AND CONSENT FORM

I. THIS SECTION TO BE COMPLETED BY DEVELOPMENT

Development Name: CITY OF ROCKDALE	TDHCA/CMTS Number: 1003397
Contact Name: BARBARA HOLLY	Contact Title: CITY MANAGER
Development Address: 505 w. CAMERON AVE ROCKDALE TX 76567	Phone:
Email Address:	Fax:

II. THIS SECTION TO BE COMPLETED BY APPLICANT

Applicant/Resident Name:

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our application for participation in a Texas Department of Housing and Community Affairs (TDHCA) Affordable Housing Program. I/we authorize release of information without liability to the administrator/owner/management listed above, and/or the Texas Department of Housing and Community Affairs and/or the Department's service provider.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, student status, employment, income, assets, and medical or childcare allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation in a TDHCA Affordable Housing Program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers	Welfare Agencies	Veterans Administrations
Support and Alimony Providers	State Unemployment Agencies	Retirement Systems
Educational Institutions	Social Security Administration	Medical and Child Care Providers
Bank and other Financial	Utility Providers	Previous Landlords
Institutions Public Housing Agencies	Appraisal Districts	Insurance Carrier

III. APPLICANT CERTIFICATION

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and **will stay in effect for a year and one month** from the date signed. I/We understand I/ We have a right to review this file and correct any information that is incorrect.

Applicant/Resident Printed Name

Signature

Date

Co-Applicant/Resident Printed Name

Signature

Date

Other Adult Member Printed Name

Signature

Date

Other Adult Member Printed Name

Signature

Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF A TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.



CERTIFICATION OF PRINCIPAL RESIDENCE
Homeowner Reconstruction Assistance (HRA)

Administrator: CITY OF ROCKDALE

Contract/RSP Number: 1003397

Beneficiary Name:

Project Address:

Section 1

Homeowner's Certification of CURRENT Principal Residence

This Section is applicable only to Homeowners who **CURRENTLY** occupy the home for which assistance is being requested. If Homeowner is not currently occupying the home, refer to Section 2.

Homeowner hereby certifies:

- Homeowner owns and **currently occupies** the above-referenced Project Address as his/her principal residence as evidenced by support documents provided verifying the physical address;
- Homeowner will continuously occupy Project Address as his/her principal residence throughout the required affordability period in accordance with requirements of the HOME Investment Partnership Program (HOME);

All information he/she has provided to Administrator and Texas Department of Housing and Community Affairs (TDHCA) is true and correct, and that any discrepancies or misstatements may result in disqualification from the HOME Program.

Signature of Homeowner

Date

Signature of Homeowner

Date

Section 2

Homeowner's Certification of UNOCCUPIED Principal Residence
(If Homeowner is currently occupying the home, refer to Section 1.)

This Section is applicable only to Homeowners who ARE NOT CURRENTLY OCCUPYING the home for which assistance is being requested because the home has been determined to be un-inhabitable.

Uninhabitability must be due to disaster, condemnation by local government, or due to health and safety concerns documented by local government, within four years of submission of a reservation of funds. (10 TAC 23.31(a)(2)(C)(i)-(ii)).

Homeowner hereby certifies:

- Homeowner owns the above-referenced Project Address as his/her principal residence but is not currently occupying the home due to its un-inhabitable condition which resulted from:
 - ☐ Home was destroyed by fire or natural disaster on ____ (date);
Was destruction due to a state-declared or federally-declared disaster? ☐ Yes ☐ No
If yes, did Homeowner receive housing repair assistance from any other source (including homeowner's insurance, FEMA, SBA, etc.)? ☐ Yes ☐ No
 - ☐ Home was condemned by local government on ____ (date);
 - ☐ Home was determined by local government to be a threat to health and safety on ____ (date);

(Continued on Page 2)



CERTIFICATION OF PRINCIPAL RESIDENCE
Homeowner Reconstruction Assistance (HRA)

- As of the date the home was determined un-inhabitable, the Project Address was Homeowner's principal residence and homestead, as evidenced by the homestead exemption issued by the local taxing authority;
- Homeowner will continuously occupy the newly constructed Project Address as his/her principal residence throughout the required affordability period in accordance with requirements of the HOME Investment Partnership Program (HOME);
- Acknowledges that acceptance of HOME Program assistance will result in the attachment of a lien against Project Address in favor of Texas Department of Housing and Community Affairs (TDHCA);

All information he/she has provided to Administrator and TDHCA is true and correct, and that any discrepancies or misstatements may result in disqualification from the HOME Program.

Signature of Homeowner

Date

Signature of Homeowner

Date

Section 3
Administrator Certification

Administrator hereby certifies all documentation provided by the above-referenced Homeowner has been examined and Homeowner has been determined eligible to participate in the HOME Program.

Signature of Administrator

Date

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

