

DSHS HOPWA Program: Sample File Timeline



DSHS HOPWA Program Enrollment

Household Composition and Annual Eligibility Period

Client Name and/or ID Number:	Bruce Wayne (12345) (Sample)		
Housing Case Manager Name:	Blade Berkman		
Household Size:	4	Number of Adults:	4
Annual Eligibility Start Date:	09/08/24	Annual Eligibility End Date:	09/07/25

File Structure Checklist

Eligibility Documentation

Project Sponsors confirm household eligibility before eligibility certification and recertification dates.

- Proof of HIV seropositivity for at least one household member ?
This documentation must predate the initial eligibility certification date.
- Proof of income for all household members aged 18 years old or older ?
This documentation must be complete and cover the 30 days immediately preceding the eligibility certification or recertification date.
- Proof of current residency for all household members aged 18 years old or older ?
This documentation must be current as of the eligibility certification or recertification date.

Program Enrollment

- Form A Self-Declaration of Income and Required Attachments (If applicable) ?
- Form B Self-Declaration of Residency (If applicable) ?
- Form C Household Income Eligibility Worksheet ?
- Form D HOPWA Program Agreement ?
- Form E Demographic and Statistical Data ?
- Form F Consent to Release and/or Obtain Confidential Information (Or Project Sponsor's preferred form) ?
- Form G Housing Quality Standards Certification and Required Attachments (One for each assisted unit) ?

Services

TBRA and/or TSH

- Form H Rent Standard and Rent Reasonableness Examination and Required Attachments ?
- Form I Rental Assistance Worksheet and Required Attachments ?
- Form J Housing Choice Voucher/Other Affordable Housing Waiver (If applicable) ?
- VAWA Lease Addendum (One for each assisted lease) ?
- Utility Reimbursement Notifications (If applicable) ?

STRMU and/or STSH

- Form K1 STRMU Tracking Worksheet and Required Attachments ?
- Form K2 STSH Tracking Worksheet ?

PHP

- Form L PHP Intent to Lease Worksheet ?

Housing Case Management

- Form M Budget Worksheet (Or Project Sponsor's preferred form) ?
- Form N Housing Plan (Or Project Sponsor's preferred form) ?
- Case notes ?

Interim Recertifications

- Form O Interim Recertification Worksheet and Required Attachments (If applicable) ?

Supporting Documentation

- Check Request Vouchers ?
- Leases, mortgages, utility bills, ledgers, etc. paid for (Documentation must be current and predate service dates) ?
- Owner IRS Form W-9(s) ?
- VAWA Written Request for Documentation, Documentation, and/or Emergency Transfer Form (If applicable) ?

Outcome Data and Program Disenrollment

- Form P Service Outcome Assessment and Program Disenrollment Worksheet ?
- Termination Letter (If applicable) ?

Proof of HIV

Proof of HIV seropositivity for at least one household member

NOTE: The DSHS HOPWA Program manual outlines acceptable forms of documentation. This documentation must predate the initial eligibility certification date.

Proof of Income

Proof of income for all household members aged 18 years old or older

NOTE: The DSHS HOPWA Determining Household Annual Income Guide outlines acceptable forms of documentation, whose income counts, and income inclusions and exclusions. This documentation must be complete and cover the 30 days immediately preceding the eligibility certification or recertification date.

Proof of Residency

Proof of current residency for all household members aged 18 years old or older

NOTE: The DSHS HOPWA Program Manual outlines acceptable forms of documentation. The household must reside in the Project Sponsor's HSDA. This documentation must be current as of the eligibility certification or recertification date.

Self-Declaration of Income

Form A

Complete Form A for each adult household member who does not have income or cannot obtain third-party proof of income.

Client Name and/or ID Number: Bruce Wayne (12345) (Sample)

Housing Case Manager Name: Blade Berkman

Income Certification

I, Richard Grayson, am applying for housing assistance services.

To determine eligibility for the program, I understand that my household must provide income documentation for all household members aged 18 years old or older. I also understand that this documentation must be complete and cover the 30 days immediately preceding the eligibility certification or recertification date.

Income includes, but is not limited to:

- 1 Gross wages, salaries, overtime pay, commissions, fees, tips, bonuses, and other compensation for personal services
- 2 Net income from operation of a business or from rental or real personal property
- 3 Interest, dividends, and other net income of any kind for real personal property
- 4 Full amount of periodic payments received from Social Security, annuities, insurance policies, retirement funds, pensions, disability/death benefits, and other similar types of periodic receipts except as provided in line 14 of Annual Income Exclusions
- 5 Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation, and severance pay except as provided in line 3 of Annual Income Exclusions
- 6 Temporary Assistance for Needy Families (TANF), including amounts designated for shelter and utilities
- 7 Alimony, child support payments, and regular contributions from organizations or from persons not residing in the dwelling
- 8 All regular pay, special pay, and allowances of a member of the Armed Forces except as provided in line 7 of Annual Income Exclusions

I certify I received the following income in the last 30 days, but cannot obtain third-party proof. ?

Please explain why you cannot obtain income documentation:

Tip

Income Source	Pay Frequency	Annual Income
		\$0.00
		\$0.00
		\$0.00

..... OR

I certify I received income in the last 30 days, but I do not anticipate receiving income from any source in the near future. ?

Attach documentation of this household member's income. This documentation must be complete and cover the 30 days immediately preceding the eligibility certification or recertification date. Annualization of this household member's income source(s) will equal \$0.00.

..... OR

I certify I have not received income in the last 30 days. I do not anticipate receiving income from any source in the near future. ?

The Program Fraud Civil Remedies Act makes it unlawful to provide false information to the government when applying for federal public benefit programs. I understand that the program prefers third-party verification of income and allows self-declaration only when I do not have income or cannot obtain third-party proof of income. If I misrepresent or fail to disclose information requested by this form, the service provider may disqualify me from participation in the program. I will immediately report any changes in income to my housing case manager.

Household Member Signature: Richard Grayson

Date: 09/08/24

Self-Declaration of Residency

Form B

Complete Form B for each adult household member who does not have a fixed address or cannot obtain third-party proof of residency.

Client Name and/or ID Number: Bruce Wayne (12345) (Sample)
Housing Case Manager Name: Blade Berkman

Residency Certification

I, Barbara Gordon, am applying for housing assistance services.

To determine eligibility for the program, I understand that my household must provide residency documentation for all household members aged 18 years old or older. I also understand that this documentation must be current as of the eligibility certification or recertification date and that my household must reside within the service provider's Service Delivery Area.

I certify I have a fixed address, but cannot obtain third-party proof. ?

Please explain why you cannot obtain residency documentation: Tip

I live at 123 Wayne Manor Drive, Gotham City, Texas 12345, Travis County, but I am not an authorized occupant on the lease.

Physical address:

123 Wayne Manor Drive, Gotham City, Texas 12345, Travis

Mailing address (if different):

..... OR

I certify I do not have a fixed address and am homeless. I cannot provide documentation of residency. ?

Physical address/location I stayed last night:

Mailing address (if different):

CATEGORY 1

I lack a fixed, regular, and adequate nighttime residence:

- I sleep in a place not meant for human habitation (including a car, park, abandoned building, transit station, airport, or camping ground); or
- I live in a temporary shelter (including congregate shelters, transitional housing, and hotels or motels); or
- I exited an institution where I resided for 90 days or less and resided in an emergency shelter or place not meant for human habitation immediately beforehand.

CATEGORY 2

I will imminently lose my primary nighttime residence within 14 days:

- I have not identified a subsequent residence; and
- I lack the resources or support networks needed to obtain other permanent housing.

CATEGORY 3

I am an unaccompanied youth under 25 years of age, or my household includes children and youth. I do not otherwise qualify as homeless under this definition, but:

- I am homeless as defined under other federal laws; and
- I lacked permanent housing during the last 60 days; and
- I experienced persistent instability as measured by two or more moves during the last 60 days; and
- I expect to continue in such status for an extended period of time due to special needs or barriers.

CATEGORY 4

I am experiencing trauma or a lack of safety related to, or fleeing or attempting to flee, domestic violence, dating violence, sexual assault, or stalking:

- I have no other safe residence; and
- I lack the resources or support networks needed to obtain other permanent housing.

The Program Fraud Civil Remedies Act makes it unlawful to provide false information to the government when applying for federal public benefit programs. I understand that the program prefers third-party verification of residency and allows self-declaration only when I do not have a fixed address or cannot obtain third-party proof of residency. If I misrepresent or fail to disclose information requested by this form, the service provider may disqualify me from participation in the program. I will immediately report any changes in residency to my housing case manager.

Household Member Signature: Barbara Gordon

Date: 09/08/24

Household Income Eligibility Worksheet

Form C

Complete Form C before initial eligibility certifications and annual eligibility recertifications. Complete Form C if household eligibility factors have changed.

To meet income eligibility for the DSHS HOPWA Program, household annual income cannot exceed 80% of Area Median Income per the household's county of residence. Collect proof of income for all household members aged 18 years old or older. This documentation must be complete and cover the 30 days immediately preceding the eligibility certification or recertification date. Project Sponsors annualize household income from all sources anticipated during the 12-month period following the determination date (payment data multiplied by the number of payment periods per year for all sources). The **Determining Household Annual Income Guide** outlines acceptable forms of documentation, whose income counts, income inclusions and exclusions, and calculation guidance.

Client Name and/or ID Number:	Bruce Wayne (12345) (Sample)	Date:	09/08/24
Housing Case Manager Name:	Blade Berkman	Household Size:	4
Address:	123 Wayne Manor Drive, Gotham City, Texas 12345, Travis County	County:	Travis

Screening

Does the household receive income from any of the sources of income described in lines 1 through 8 below? Yes

Household Annual Income

- | | |
|--|--------------------|
| 1 The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services. | \$8,984.65 |
| 2 The net income from the operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation of assets used in a business or profession may be deducted, based on straight line depreciation, as provided in Internal Revenue Service regulations. Any withdrawal of cash or assets from the operation of a business or profession will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested in the operation by the household. | \$0.00 |
| 3 Interest, dividends, and other net income of any kind from real or personal property. Expenditures for amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation is permitted only as authorized in line 2 above. Any withdrawal of cash or assets from an investment will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested by the household. Where the household has net assets in excess of \$5,000, annual income shall include the greater of the actual income derived from all net assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD. | \$1,034.78 |
| 4 The full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts, including a lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount (except as provided in line 14 of Annual Income Exclusions). | \$10,272.00 |
| 5 Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay (except as provided in line 3 of Annual Income Exclusions). | \$0.00 |
| 6 Welfare assistance payments.
<i>(i) Welfare assistance payments made under Temporary Assistance for Needy Families (TANF) are included in annual income only to the extent such payments qualify as assistance under the TANF program definition at 45 CFR §260.31 and are not otherwise excluded under Annual Income Exclusions. (ii) If the welfare assistance payment includes an amount specifically designated for shelter and utilities that is subject to adjustment by the welfare assistance agency in accordance with the actual cost of shelter and utilities, the amount of welfare assistance income to be included as income shall consist of the amount of the allowance or grant exclusive of the amount specifically designated for shelter or utilities plus the maximum amount that the welfare assistance agency could in fact allow the household for shelter and utilities. If the household's welfare assistance is ratably reduced from the standard of need by applying a percentage, the amount calculated under this paragraph shall be the amount resulting from one application of the percentage.</i> | \$0.00 |
| 7 Periodic and determinable allowances, such as alimony and child support payments, and regular contributions or gifts received from organizations or from persons not residing in the dwelling. | \$0.00 |
| 8 All regular pay, special pay and allowances of a member of the Armed Forces (except as provided in line 7 of Annual Income Exclusions). | \$0.00 |
| 9 Household Annual Income (Sum of lines 1-8) | \$20,291.42 |
| 10 Enter 80% of <u>Area Median Income</u> per the household's county of residence for this household size | \$97,800.00 |

If Line 9 is greater than Line 10, then ineligible.

Enter the fiscal year of the Area Median Income table:

County of residence has been verified via [U.S. Postal Service](#) or other confirmation tool:

2024
Yes

Eligible

Eligible. Household annual income is 0 - 30 percent of Area Median Income.

Line 1

Earnings	Source 1	Source 2	Source 3	Source 4
Household member name	Alfred Pennyworth	Alfred Pennyworth		
Is member 18 or older?	Yes	Yes		
Is member a full-time dependent student?	No	No		
Income source	Butler	Gardener		
Pay frequency	Bi-weekly (every other week)	Daily/Day Labor		
If "daily/day labor," average work days per week		2		
Combined earnings of paystubs	\$688.69	\$232.00	\$0.00	\$0.00
Number of paystubs	3	8	0	0
Average earnings per paystub	\$229.56	\$29.00	\$0.00	\$0.00
Pay frequency multiplier	26.00	52.00	0.00	0.00
Annualization	\$5,968.65	\$3,016.00	\$0.00	\$0.00

Lump sum bonuses	Source 1	Source 2	Source 3	Source 4
Household member name				
Is member 18 or older?				
Is member a full-time dependent student?				
Income source				
Pay frequency				
If "other," average number of bonuses per year				
Average amount received per bonus	\$0.00	\$0.00	\$0.00	\$0.00
Pay frequency multiplier	0.00	0.00	0.00	0.00
Annualization	\$0.00	\$0.00	\$0.00	\$0.00

Line 3

Note: Do not duplicate information from Line 4.

Total earnings or other income	\$1,034.78	<i>Annual asset income will be the greater of the actual or imputed income.</i>		Total cash value of assets	\$55,679.00
Total periodic payments	\$0.00			Passbook rate:	0.06%
Total periodic withdrawals	\$0.00			Imputed income:	\$33.41
Bank accounts		Source 1	Source 2	Source 3	
Household member name					
Asset type					
Asset value		\$0.00	\$0.00	\$0.00	\$0.00
Annual interest rate		0.00%	0.00%	0.00%	0.00%
Can asset be converted to cash?					
Annualization		\$0.00	\$0.00	\$0.00	\$0.00
Real Estate		Source 1	Source 2	Source 3	
Household member name					
Asset source					
Asset value		\$0.00	\$0.00	\$0.00	\$0.00
Outstanding mortgage		\$0.00	\$0.00	\$0.00	\$0.00
Cost to sell (broker fees, closing, inspections, etc.)		\$0.00	\$0.00	\$0.00	\$0.00
Is asset producing periodic payments (rent, etc.)?					
If receiving periodic payments, current pay frequency					
If "other," current payments per year					
If receiving periodic payments, current payment amount					
If receiving periodic payments, <u>annual</u> maintenance costs					
Annualization		\$0.00	\$0.00	\$0.00	\$0.00
Other assets		Source 1	Source 2	Source 3	
Household member name		Bruce Wayne			
Asset source		Revocable trust fund			
Asset value		\$58,985.00	\$0.00	\$0.00	\$0.00
Annual interest rate/growth estimate		1.50%	0.00%	0.00%	0.00%
Annual other income (dividends, etc.)		\$150.00	\$0.00	\$0.00	\$0.00
Can member access annual earnings?		Yes			
Can asset be converted to cash?		Yes			
If "yes," estimated tax penalty		\$2,654.00			
If "yes," estimated other penalties		\$652.00			
Is asset periodically making payments or being withdrawn?		No			
If "yes," has the total amount received exceeded the amount initially invested?					
If receiving periodic payments, current pay frequency					
If "other," current payments per year					
If receiving periodic payments, current payment amount					
If making periodic withdrawals, withdrawal frequency					
If "other," current withdrawals per year					
If making periodic withdrawals, current withdrawal amount					
Annualization		\$1,034.78	\$0.00	\$0.00	\$0.00

Line 4

Note: Do not duplicate information from Line 3.

Periodic Payments	Source 1	Source 2	Source 3	Source 4
Household member name	Barbara Gordon			
Income source	Social Security: Disability			
Pay frequency	Monthly			
If "other," current payments per year				
Amount received per payment	\$856.00	\$0.00	\$0.00	\$0.00
Lump-sum for pay delay (<i>not</i> deferral)	\$0.00	\$0.00	\$0.00	\$0.00
Pay frequency multiplier	12.00	0.00	0.00	0.00
Annualization	\$10,272.00	\$0.00	\$0.00	\$0.00

HOPWA Program Agreement

Form D

Complete Form D before initial eligibility certifications and annual eligibility recertifications.

The DSHS HOPWA Program helps eligible persons living with HIV and their households establish or maintain affordable and stable housing, reduce their risk of homelessness, and improve their access to health care and supportive services. DSHS authorizes the following services, funded by grants from the U.S. Department of Housing and Urban Development (HUD):

- Tenant-Based Rental Assistance
- Short-Term Supportive Housing
- Permanent Housing Placement
- Short-Term Rent, Mortgage, and Utility
- Transitional Supportive Housing
- Housing Case Management

Client Name and/or ID Number: Bruce Wayne (12345) (Sample)

Housing Case Manager Name: Blade Berkman

Eligibility

- At least one of your household members must live with HIV.
- Your household annual income cannot exceed 80% of area median income per your county of residence.
- Your household must reside in the Project Sponsor's HIV Service Delivery Area.

Additional Service Requirements

- To receive Tenant-Based Rental Assistance (TBRA) services
 - o Your household can be housed or [homeless](#);
 - o Your gross rent cannot exceed the lower of the rent standard or reasonable rent; and
 - o Your lease must name at least one household member and include a Violence Against Women Act Lease Addendum.
- To receive Short-Term Rent, Mortgage, or Utility (STRMU) services
 - o Your household must already have housing;
 - o Your household must provide proof of a recent short-term emergency event that jeopardizes housing stability;
 - o Your current lease, mortgage, or utility bill must name at least one household member; and
 - o Your household can receive only 21 weeks of assistance in a 52-week period (local Caps may apply).
- To receive Short-Term Supportive Housing (STSH) services
 - o Your household must be homeless;
 - o Your household can receive only 60 days of facility-based assistance in a six-month period (local Caps may apply).
- To receive Transitional Supportive Housing (TSH) services
 - o Your household must be homeless/[at risk of homelessness](#);
 - o Your gross rent cannot exceed the lower of the rent standard or reasonable rent;
 - o Your lease must name at least one household member and include a Violence Against Women Act Lease Addendum;
 - o Your household can receive only 24 months of facility-based assistance (local Caps may apply).
- To receive Permanent Housing Placement (PHP) services
 - o Your household can be housed or homeless;
 - o Your household must locate housing; and
 - o The PHP Intent to Lease worksheet must name at least one household member in order to pay initial move-in costs.
- To receive any form of housing assistance services
 - o You must provide demographic data for your household;
 - o Your housing must meet all Housing Quality Standards; and
 - o The Project Sponsor must obtain the owner's Internal Revenue Service Form W-9 before paying rent.

Rights

- To receive services in a non-discriminatory manner without regard to race; color; religion; sex; national origin; disability; familial status; actual or perceived sexual orientation, gender identity, or marital status; or whether you have survived domestic violence, dating violence, sexual assault, or stalking.
- To have your records and communications kept confidential.
- To receive information about the terms and expectations of your housing and any consequences for refusing to comply with them.
- To receive information about program policies and procedures and any consequences for refusing to comply with them.
- To use Project Sponsor grievance procedures and/or file a [fair housing complaint](#) with HUD if your rights have been violated.

Responsibilities

- Provide true and complete eligibility information and engage in honest and regular communication with your case manager.
- Report changes in income, residency, or household composition to your case manager immediately.
- Heed the terms of your lease and pay housing costs on time.
- Maintain the safety and sanitation of your housing.
- Apply for a Housing Choice Voucher and other affordable housing programs, renew applications as required, and accept assistance as offered if you receive rental assistance.
- Collaborate with your case manager to develop and comply with a comprehensive housing plan to achieve permanent sustainable housing and adhere to medical care.

Participation Acknowledgement

I have read and understand the HOPWA Program Agreement. I understand that my household must meet basic eligibility requirements to participate in the program and I voluntarily consent to enroll in the program. I understand that financial assistance may vary from one household to another. I understand that services depend on my needs, funding availability, agency capacity, and adherence to my housing plan. To gain housing stability, I agree to consider ways of increasing income and decreasing non-essential expenses. I understand that non-compliance with the responsibilities listed above may result in termination of services.

I received the provider's termination and grievance policies or I know the location of these policies. If yes, client initials: _____

BW

Client Signature: Bruce Wayne (Sample)

Date: 09/08/24

Demographic and Statistical Data

Form E

Complete Form E before initial eligibility certifications and annual eligibility recertifications. Complete Form E if household composition has changed.

Client Name and/or ID Number: <u>Bruce Wayne (12345) (Sample)</u>	Date: <u>09/08/24</u>
Phone and/or Email: <u>512-123-4567, bruce@batcave.com</u>	Household Size: <u>4</u>
Emergency Contact Information: <u>Alfred Pennyworth, 512-234-5678, alfred@batcave.com</u>	Date of Birth: <u>02/19/63</u>
Mother's Maiden Name: <u>Kane</u>	Pronouns: <u>He Him</u>

Eligible Individual

Prior Living Situation: <u>Rented room, apartment, or house</u>	
<u>Homeless</u> Individuals: <u>Not applicable</u>	AMI Range: <u>0-30% (extremely low)</u>
Age Range: <u>51 years and older</u>	Gender: <u>Cisgender Male</u>
Race: <u>White</u>	Ethnicity: <u>Non-Hispanic/Latinx</u>

Additional Beneficiaries

#	Name	Date of Birth	Mother's Maiden Name	Relationship
1	Alfred Pennyworth	06/09/55	Odell	Butler (basically family)
2	Barbara Gordon	09/23/87	Kean	Friend
3	Richard Grayson	03/21/93	Lloyd	Legal ward
4				
5				
6				
7				
8				

#	HIV Status	Gender	Race	Ethnicity
1	Living without HIV	Cisgender Male	White	Non-Hispanic/Latinx
2	Living without HIV	Cisgender Female	White	Non-Hispanic/Latinx
3	Living without HIV	Cisgender Male	White	Non-Hispanic/Latinx
4				
5				
6				
7				
8				

Data validation complete. See tab 2 for aggregate additional beneficiary data.

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, Air Force, Coast Guard, Reserves, or National Guard may be eligible for additional benefits and services. For more information, please visit the [Texas Veterans Portal](#).

Demographic and Statistical Data Summary

Form E

Complete Form E before initial eligibility certifications and annual eligibility recertifications. Complete Form E if household composition has changed.

Eligible Individual

Race	Age and Gender																				Ethnicity					
	Cis Male				Cis Female				Trans Male				Trans Female				Gender Non-Binary				Not Disclosed				Hispanic/Latinx	Non-Hispanic/Latinx
	Under 18	18 to 30 years	31 to 50 years	51 years and older	Under 18	18 to 30 years	31 to 50 years	51 years and older	Under 18	18 to 30 years	31 to 50 years	51 years and older	Under 18	18 to 30 years	31 to 50 years	51 years and older	Under 18	18 to 30 years	31 to 50 years	51 years and older	Under 18	18 to 30 years	31 to 50 years	51 years and older		
American Indian/Alaskan Native	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
American Indian/Alaskan Native + Black/African American	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
American Indian/Alaskan Native + White	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Asian + White	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Black/African American	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Black/African American + White	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Native Hawaiian/Other Pacific Islander	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Multi-Racial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
White	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1

Additional Beneficiaries

Race	Age and Gender																				Ethnicity					
	Cis Male				Cis Female				Trans Male				Trans Female				Gender Non-Binary				Not Disclosed				Hispanic/Latinx	Non-Hispanic/Latinx
	Under 18	18 to 30 years	31 to 50 years	51 years and older	Under 18	18 to 30 years	31 to 50 years	51 years and older	Under 18	18 to 30 years	31 to 50 years	51 years and older	Under 18	18 to 30 years	31 to 50 years	51 years and older	Under 18	18 to 30 years	31 to 50 years	51 years and older	Under 18	18 to 30 years	31 to 50 years	51 years and older		
American Indian/Alaskan Native	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
American Indian/Alaskan Native + Black/African American	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
American Indian/Alaskan Native + White	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Asian + White	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Black/African American	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Black/African American + White	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Native Hawaiian/Other Pacific Islander	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Multi-Racial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
White	0	0	1	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3

HIV Status	
Living with HIV	0
Living without HIV	3

Consent to Release and/or Obtain Confidential Information

Form F

Complete Form F before initial eligibility certifications and annual eligibility recertifications. Complete Form F prior to exchanging confidential information.

Client Name and/or ID Number: Bruce Wayne (12345) (Sample)

Date: 09/08/24

Housing Case Manager Name: Blade Berkman

I, Bruce Wayne, authorize Project Gotham

to release and/or obtain the following confidential information to/from Harvey Dent (property representative)

The specified information is limited to:

Tip

Harvey Dent: Housing Assistance Information

The purpose/need for disclosure:

Tip

Harvey Dent: Obtain owner's W-9 and coordinate housing assistance payments

My signature below authorizes the disclosure of specified information between the parties noted above. I can cancel my authorization in writing at any time. My cancellation will not affect any disclosures already made prior to my notice of cancellation.

This consent expires on 09/07/25 or upon program disenrollment.

Household Member Signature: Bruce Wayne (Sample)

Date: 09/08/24

Housing Quality Standards Certification

Form G

Complete Form G before assisting a unit and annual eligibility recertifications. Complete Form G if household residency has changed.

Assisted housing, including shared housing arrangements, must meet safety and sanitation standards and comply with applicable state and local housing codes, licensing provisions, and any other structural or operational requirements. Assisted housing must also meet all Habitability Standards, Lead Safe Housing Rules, Fire Safety Requirements, and Carbon Monoxide Safety Requirements. Housing assisted by TBRA or FBHA require inspections. Housing assisted by STRMU or PHP do not require inspections, but households must certify their housing meets all standards and requirements. Mark each standard as A for approved or D for deficient.

Client Name and/or ID Number: Bruce Wayne (12345) (Sample)
Housing Case Manager Name: Blade Berkman
Proposed Address: 123 Wayne Manor Drive, Gotham City, Texas 12345, Travis County
Property Contact: Harvey Dent, 222-222-2222

Habitability Standards and Additional Requirements

- A 1 **Structure and materials:** The structures must be structurally sound so as not to pose any threat to the health and safety of the occupants and so as to protect the residents from hazards.
- A 2 **Access:** The housing must be accessible and capable of being utilized without unauthorized use of other private properties. Structures must provide alternate means of egress in case of fire.
- A 3 **Space and security:** Each resident must be afforded adequate space and security for themselves and their belongings. An acceptable place to sleep must be provided for each resident.
- A 4 **Interior air quality:** Every room or space must be provided with natural or mechanical ventilation. Structures must be free of pollutants in the air at levels that threaten the health of residents.
- A 5 **Thermal environment:** The housing must have adequate heating and/or cooling facilities in proper operating condition.
- A 6 **Water supply:** The water supply must be free from contamination at levels that threaten the health of individuals.
- A 7 **Illumination and electricity:** The housing must have adequate natural or artificial illumination to permit normal indoor activities and to support the health and safety of residents. Sufficient electrical sources must be provided to permit use of essential electrical appliances while assuring safety from fire.
- A 8 **Food preparation and refuse disposal:** All food preparation areas must contain suitable space and equipment to store, prepare, and serve food in a sanitary manner.
- A 9 **Sanitary condition:** The housing and any equipment must be maintained in sanitary condition.
- A 10 **Lead-based paint:** Unless otherwise [exempt](#), if the structure was built prior to 1978, a child under the age of six is [expected to reside](#) in the unit, and the property has a [deteriorated paint](#) surface inside or outside the structure, the property cannot be approved until the surface is [appropriately controlled](#) and [cleared](#). If a child under the age of six has an [elevated blood lead level](#), see the DSHS HOPWA Program Manual, Appendix B for additional instructions.
 - a Enter the year the housing was built or most recently rehabilitated. _____ Y
 - b Will a child under the age of six or pregnant person reside in the housing? Y / N Is the housing exempt
 - c Does the household own and reside in the housing? Y / N from lead-based paint
 - d Does or will the household lease or sublease the housing from an owner? Y / N requirements?
 - e Do you expect the housing assistance to continue for more than 100 cumulative day: Y / N
 - I have provided a ["Protect Your Family from Lead in Your Home"](#) pamphlet to the household. ?
 - I have retained a ["Disclosure of information on Lead-Based Paint and/or Lead-Based Paint Hazards"](#) ([English](#) | [Spanish](#)) in the household's record. If the lease agreement already included a disclosure, then I have attached a copy. If it did not, then the lessor and lessee have completed the disclosure, provided a copy to me, and I have attached it. ?
 - I have [visually assessed](#) the housing and the owner has completed applicable [hazard reduction requirements](#). ?
- A 11 **Smoke detection:** The housing must contain a smoke detector; both inside and outside of sleeping areas; on each level.
- A 12 **Carbon monoxide detection:** If equipped with combustion appliances or an attached garage, the housing must contain a carbon monoxide detector; outside each sleeping area; inside sleeping areas with combustion appliances; on each level. Combustion appliances burn fuel for heating, cooking, or decorating (e.g., furnace, range, fireplace, etc.).

Certification

- I am not a HUD certified inspector. I **have** inspected the housing above to the best of my ability for the following activity(ies):
 - TBRA STRMU* FBHA PHP**/** *Pre-1978 & yes to b & e **TBRA or FBHA & PHP
- I have found that this housing **meets** all standards. I have found that this housing **does not meet** all standards.
- OR
- I **have not** inspected the housing above, but the household has confirmed that it **meets** all standards for the following activity(ies):
 - STRMU PHP

Housing Case Manager Signature: Blade Berkman Date: 09/08/24

Housing Quality Standards Certification is complete. The proposed unit is approved.

Rent Standard and Rent Reasonableness Examination

Form H

Complete Form H before rental assistance starts and annual eligibility recertifications. Complete Form H if household residency, composition, or rent have changed.

The gross rent of TBRA- or TSH-assisted units cannot exceed the rent standard. Also, the gross rent must reasonably relate to the gross rents charged for comparable unassisted units in the private market and cannot exceed the gross rents charged for comparable unassisted units owned by the same owner. Complete this form for initial examinations and annual and interim reexaminations.

Client Name and/or ID Number: Bruce Wayne (12345) (Sample) **Date:** 11/20/24
Housing Case Manager Name: Blade Berkman

Screening

1 Select the type of rental assistance.	<u>TBRA</u>
2 Is this a new or current TBRA-assisted household?	<u>New</u>
3 Select the type of TBRA rent standard and rent reasonableness examination or reexamination.	<u>Initial</u>
4 Enter the zip code of the proposed unit.	<u>78752</u>
5 Select the county of the proposed unit.	<u>Travis</u>
6 Will this be a shared housing arrangement?	<u>No</u>
7 Was this previously a shared housing arrangement?	<u>Not applicable</u>
8 Select the number of bedrooms in the proposed unit.	<u>3 Bedrooms</u>
9 How many bedrooms will the household use?	<u>Not applicable</u>
10 Enter the number of household members.	<u>4</u>
11 Per the TBRA Occupancy Standards, the household currently qualifies for the following number of bedrooms:	<u>2 to 3</u>
12 Will you grant an exception to the TBRA Occupancy Standards?	<u>No</u>
13 Based on your assessment of the household's current needs, select the unit size you will authorize.	<u>3 Bedrooms</u>
14 Has the authorized unit size changed since the most recent initial examination/annual reexamination?	<u>Not applicable</u>
15 Select the previously authorized unit size you used to approve the current unit.	<u>Not applicable</u>

Rent Standard

16 Will you use Fair Market Rent (FMR) or a community-wide exception rent as your rent standard?	<u>Exception</u>
17 Enter the fiscal year of the current rent standard table.	<u>2024</u>
18 Enter the current rent standard for a 3-bedroom unit in 78752.	<u>\$2,782.00</u>
19 Enter the current rent standard for a ()-bedroom unit in 78752.	<u>Not applicable</u> <u>\$0.00</u>
20 Enter the effective rent standard for the current unit.	<u>\$2,782.00</u>
21 Enter the previously effective rent standard you used to approve the current unit.	<u>Not applicable</u> <u>\$0.00</u>
22 Will you increase the rent standard by up to 10 percent?	<u>No</u>

Rent Reasonableness

23 Assess the proposed unit.	
a Address:	<u>456 Martha Avenue, Gotham City, Texas 78752</u>
b Enter the total rent for the proposed unit.	<u>\$2,219.00</u>
i Enter the household's share of the total rent for the proposed unit.	<u>Not applicable</u> <u>\$0.00</u>
ii Enter the roommate's share of the total rent for the proposed unit.	<u>Not applicable</u> <u>\$0.00</u>
c Will the household require a utility allowance?	<u>Yes</u>
d Enter the applicable 3-bedroom utility allowance for the proposed unit.	<u>\$101.00</u>
24 Compare the proposed unit to other similar 3-bedroom units.	
a Comparison unit 1	
i Address:	<u>7581 Chevy Chase Drive, Austin, TX 78752</u>
ii Enter the total unit rent for comparison unit 1.	<u>\$2,207.00</u>
iii Would the household require a utility allowance?	<u>Yes</u>
iv Enter the applicable 3-bedroom utility allowance for comparison unit 1.	<u>\$288.00</u>
b Comparison unit 2	
i Address:	<u>1044 Camino La Costa, Austin, TX 78752</u>
ii Enter the total unit rent for comparison unit 2.	<u>\$1,850.00</u>
iii Would the household require a utility allowance?	<u>Yes</u>
iv Enter the applicable 3-bedroom utility allowance for comparison unit 2.	<u>\$311.00</u>
25 Enter the average gross rent of the comparison units.	<u>\$2,328.00</u>

Notes

For future reexaminations, the effective rent standard is \$2,782.

Tip

Looking good! Proceed to page 2.

Rent Standard and Rent Reasonableness Examination

Form H

Rent Standard

100% of the 2024 Community-Wide Exception Rent Standard for a 3-bedroom unit in 78752* **

\$2,782.00

**The DSHS HOPWA Program uses a HUD-approved community-wide exception rent based on documented local housing costs and the housing needs of low-income PLWH in Texas. Project Sponsors use 1) 130 percent of the Small Area Fair Market Rent (SAFMR) where available, or 2) 130 percent of the FMR where not. **On a unit by unit basis, Project Sponsors may increase the rent standard by up to 10% for up to 20% of the units that receive rental assistance.*

Rent Reasonableness

Criteria	Proposed Unit	Comparison Unit 1	Comparison Unit 2
Address <i>Attach comparison unit values</i>	456 Martha Avenue, Gotham City, Texas 78752	7581 Chevy Chase Drive, Austin, TX 78752	1044 Camino La Costa, Austin, TX 78752
Number of Bedrooms	3	3	3
Square Feet	1,896	1,510	1,229
Type of Unit/Construction	Apartment	Apartment	Apartment
Housing Condition	Adequate	Adequate	Adequate
Location/Accessibility	Bus stop on block, wheelchair-accessible for Barbara	Bus stop on block, wheelchair-accessible for Barbara	Bus stop on block, wheelchair-accessible for Barbara
Amenities <i>Unit, Property, Community</i>	Standard appliances, pool, community room, grill	Standard appliances, pool, fitness center	Standard appliances, pool, patio and barbecue area
Age in Years	48	2	7
Utilities Paid by Owner <i>Select the types paid by the owner or another source</i>	<input type="checkbox"/> Heating <input type="checkbox"/> Cooking <input type="checkbox"/> Other Electric <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Water heating <input checked="" type="checkbox"/> Water <input checked="" type="checkbox"/> Sewer <input checked="" type="checkbox"/> Trash Collection <input type="checkbox"/> Other	<input type="checkbox"/> Heating <input type="checkbox"/> Cooking <input type="checkbox"/> Other Electric <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Water heating <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Trash Collection <input type="checkbox"/> Other	<input type="checkbox"/> Heating <input type="checkbox"/> Cooking <input type="checkbox"/> Other Electric <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Water heating <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Trash Collection <input type="checkbox"/> Other
Utilities Paid by Household <i>Select the types paid by the household and enter a monthly allowance for each</i>	<input checked="" type="checkbox"/> Heating <i>Electric</i> \$13 <input checked="" type="checkbox"/> Cooking <i>Electric</i> \$8 <input checked="" type="checkbox"/> Other Electric \$40 <input checked="" type="checkbox"/> Air Conditioning \$24 <input checked="" type="checkbox"/> Water heating <i>Electric</i> \$16 <input type="checkbox"/> Water \$0 <input type="checkbox"/> Sewer \$0 <input type="checkbox"/> Trash Collection \$0 <input type="checkbox"/> Range/Microwave \$0 <input type="checkbox"/> Refrigerator \$0 <input type="checkbox"/> Other \$0	<input checked="" type="checkbox"/> Heating <i>Electric</i> \$13 <input checked="" type="checkbox"/> Cooking <i>Electric</i> \$8 <input checked="" type="checkbox"/> Other Electric \$40 <input checked="" type="checkbox"/> Air Conditioning \$24 <input checked="" type="checkbox"/> Water heating <i>Electric</i> \$16 <input checked="" type="checkbox"/> Water \$52 <input checked="" type="checkbox"/> Sewer \$103 <input checked="" type="checkbox"/> Trash Collection \$32 <input type="checkbox"/> Range/Microwave \$0 <input type="checkbox"/> Refrigerator \$0 <input type="checkbox"/> Other \$0	<input checked="" type="checkbox"/> Heating <i>Electric</i> \$13 <input checked="" type="checkbox"/> Cooking <i>Gas</i> \$8 <input checked="" type="checkbox"/> Other Electric \$40 <input checked="" type="checkbox"/> Air Conditioning \$24 <input checked="" type="checkbox"/> Water heating <i>Electric</i> \$16 <input checked="" type="checkbox"/> Water \$52 <input checked="" type="checkbox"/> Sewer \$103 <input checked="" type="checkbox"/> Trash Collection \$32 <input type="checkbox"/> Range/Microwave \$0 <input type="checkbox"/> Refrigerator \$0 <input checked="" type="checkbox"/> Other \$23
Unit Rent	\$2,219.00	\$2,207.00	\$1,850.00
Utility Allowance <i>Attach utility schedule</i>	\$101.00	\$288.00	\$311.00
Gross Rent <i>Unit Rent + Utility Allowance</i>	\$2,320.00	\$2,495.00	\$2,161.00

Average gross rent of the comparison units (Sum of comparison units 1 & 2 divided by 2)

\$2,328.00

Certification

Enter the lower of the rent standard or reasonable rent for the unit

\$2,328.00

The gross rent of the proposed unit is at or below the lower of the rent standard or reasonable rent. The proposed unit is approved. Please attach documentation of the comparison unit values, the utility schedule, and any other relevant documentation.

Utility Allowance Schedule

See Public Reporting and Instructions on back.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval
No. 25577-0169
exp.7/31/2022

The following allowances are used to determine the total cost of tenant-furnished utilities and appliances.

Date (mm/dd/yyyy):

Locality:

Housing Authority of the City of Austin, TX

Unit Type: **Multi-Family (Elevator)**

Utility or Service:

0 BR

1 BR

2 BR

3 BR

4 BR

5 BR

Monthly Dollar Allowances

Heating

a. Natural Gas	\$16.00	\$19.00	\$21.00	\$23.00	\$25.00	\$27.00
b. Bottle Gas/Propane						
c. Electric	\$7.00	\$9.00	\$11.00	\$13.00	\$15.00	\$17.00
d. Oil						

Cooking

a. Natural Gas	\$4.00	\$4.00	\$7.00	\$8.00	\$11.00	\$12.00
b. Bottle Gas/Propane						
c. Electric	\$4.00	\$4.00	\$7.00	\$8.00	\$10.00	\$12.00

Other Electric & Cooling

Other Electric (Lights & Appliances) <i>(Includes Monthly Charge)</i>	\$24.00	\$27.00	\$34.00	\$40.00	\$47.00	\$53.00
Air Conditioning	\$12.00	\$14.00	\$19.00	\$24.00	\$29.00	\$35.00

Water Heating

a. Natural Gas	\$8.00	\$9.00	\$13.00	\$17.00	\$21.00	\$25.00
b. Bottle Gas/Propane						
c. Electric	\$9.00	\$10.00	\$13.00	\$16.00	\$19.00	\$21.00
d. Oil						

Water, Sewer, Trash Collection

Water	\$37.00	\$38.00	\$45.00	\$52.00	\$59.00	\$66.00
Sewer	\$75.00	\$76.00	\$90.00	\$103.00	\$116.00	\$130.00
Trash Collection	\$30.00	\$30.00	\$30.00	\$32.00	\$32.00	\$37.00

Tenant-supplied Appliances

Range / Microwave Tenant-supplied	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00
Refrigerator Tenant-supplied	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00

Other--specify: Monthly Charges

Natural Gas Charge \$22.61	\$23.00	\$23.00	\$23.00	\$23.00	\$23.00	\$23.00
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Actual Family Allowances

To be used by the family to compute allowance. Complete below for the actual unit rented.

Name of Family	Utility or Service	per month cost
	Heating	\$
Address of Unit	Cooking	\$
	Other Electric	\$
Number of Bedrooms	Air Conditioning	\$
	Water Heating	\$
	Water	\$
	Sewer	\$
	Trash Collection	\$
	Range / Microwave	\$
	Refrigerator	\$
Total	Other	\$
	Other	\$



Texas / Travis County / Austin / Chevy Chase

Today

Chevy Chase



7581 Chevy Chase Dr, Austin, TX 78752



Highland

★★★★☆ 4.0 (18 reviews) ✓ Verified Listing

Monthly Rent \$1,146 - \$9,092	Bedrooms 1 - 3 bd	Bathrooms 1 - 2.5 ba	Square Feet 603 - 1,510 sq ft
--	-----------------------------	--------------------------------	---

Move-in Special

Enjoy 2 WEEKS FREE on select apartment homes, when you lease our wonderful apartment home if you apply by 7/31/23. Call us for offer details and to schedule your personalized tour!

Pricing & Floor Plans

C2
\$2,207 - \$9,092
 3 beds, 2 baths, 1,510 sq ft

[Tour This Floor Plan](#) [Floor Plan](#)

[Show Floor Plan Details](#) ▾

1 Available Unit

Unit	Price	Sq Ft	Availability
08-102	\$2,207	1,510	Jul. 24

[Show Unavailable Floor Plans \(1\)](#)

About Chevy Chase

Situated in the up-and-coming Highland neighborhood, Chevy Chase Apartments is an urban oasis that offers 1-, 2-, and 3-bedroom apartments for rent in North Austin, Texas. Located with easy access to major highways I-35 and 183, as well as local thoroughfares Airport Blvd, and N Lamar Blvd, your favorite Austin spot is only minutes away. Whether you're commuting to downtown or UT Austin or spending the day with friends at one of our two sparkling swimming pools, our community is the perfect starting point for your next adventure.

Chevy Chase is an apartment community located in [Travis County](#) and the [78752](#) ZIP Code. This area is served by the [Austin Independent](#) attendance zone. 

Unique Features

- 24 Hour Emergency Maintenance
- Billiard and Social Lounge
- Ceiling Fans
- Fireplace
- High-Speed Internet Access
- On-site Clothes Care Facilities
- Patio/Balcony
- Pet Friendly
- Two Sparkling Swimming Pools
- Vaulted Ceilings*
- Vinyl Flooring*
- Walk-In Closets

Amenities

Package Service
 Laundry Facilities
 Controlled Access
 Maintenance on site
 Property Manager on Site
 Renters Insurance Program
 Online Services
 Planned Social Activities
 Lounge
 Gated
 Grill
 Fitness Center
 Pool
 Playground
 Tennis Court
 24 Hour Emergency Maintenance
 Billiard and Social Lounge
 Ceiling Fans
 Fireplace
 High-Speed Internet Access
 On-site Clothes Care Facilities
 Patio/Balcony
 Pet Friendly
 Two Sparkling Swimming Pools
 Vaulted Ceilings*
 Vinyl Flooring*
 Walk-In Closets
 High Speed Internet Access
 Washer/Dryer Hookup
 Air Conditioning
 Heating
 Ceiling Fans
 Cable Ready
 Tub/Shower
 Fireplace
 Dishwasher
 Disposal
 Ice Maker
 Kitchen
 Range
 Carpet
 Vinyl Flooring
 Dining Room
 Den
 Walk-In Closets
 Loft Layout
 Window Coverings
 Balcony
 Patio

Expenses

Recurring
 Cat Rent \$35
 Dog Rent \$35

One-Time
Admin Fee \$175
Application Fee \$75
Cat Fee \$400
Dog Fee \$400

Office Hours

Monday	10am - 6pm
Tuesday	10am - 6pm
Wednesday	10am - 6pm
Thursday	10am - 6pm
Friday	10am - 6pm
Saturday	10am - 5pm
Sunday	Closed

737-210-3104

Education

Colleges & Universities

Distance

University of Texas at Austin	Drive: 8 min	4.8 mi
Austin C.C., Northridge Campus	Drive: 11 min	5.5 mi
Austin C.C., Rio Grande Campus	Drive: 10 min	6.3 mi
Austin C.C., Eastview Campus	Drive: 12 min	6.3 mi

Chevy Chase is within 8 minutes or 4.8 miles from University of Texas at Austin. It is also near Austin C.C., Northridge Campus and Austin C.C., Eastview Campus.

Schools

Public Schools

Private Schools

Brown Elementary School
Public Elementary School
Grades PK-5
240 Students
Attendance Zone

3
Out of 10

Webb Middle School
Public Middle School
Grades 6-8
681 Students
Attendance Zone

2
Out of 10

Lanier High School
Public High School

3

Grades 9-12
1,549 Students

Out of 10

 Attendance Zone

School data provided by [GreatSchools](#) 

Somewhat Walkable **54**
Walk Score® Out of 100

You might be able to get out and walk when living in this area. Some errands can be accomplished on foot, but for others you'll need a car.

Some Transit **49**
Transit Score® Out of 100

You'll likely want a car when living in this area since it has few transit options.

Somewhat Bikeable **46**
Bike Score® Out of 100

You might be able to find places to ride your bike in this area, but you'll most likely want your car for most errands.

Active **69**
Soundscore™ Out of 100

Traffic: Busy | Airport: Calm | Businesses: Calm

Scores provided by [Walk Score](#)  and [HowLoud](#) 

[Report an Issue](#) / [Print](#) / [Get Directions](#)



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 Equal Housing Opportunity

Texas / Travis County / Austin / Mackenzie Pointe Apartments

2 Weeks Ago

Mackenzie Pointe Apartments



1044 Camino La Costa, Austin, TX 78752

St Johns



★★★★☆ 4.0 (7 reviews) ▾

Verified Listing

Monthly Rent \$1,080 - \$1,850	Bedrooms 1 - 3 bd	Bathrooms 1 - 2 ba	Square Feet 563 - 1,229 sq ft
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Pricing & Floor Plans

C1

\$1,850

3 beds, 2 baths, 1,229 sq ft

6-12 Month Lease, Not Available

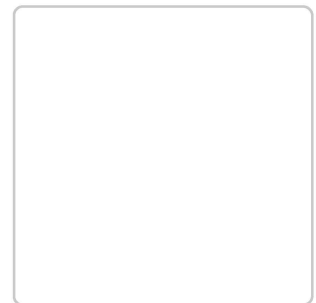
Floor Plan

Hide Floor Plan Details ^

Highlights

- High Speed Internet Access
- Washer/Dryer Hookup
- Air Conditioning
- Heating
- Ceiling Fans
- Smoke Free
- Cable Ready
- Storage Units
- Tub/Shower
- Fireplace
- Framed Mirrors

Kitchen Features & Appliances



- Dishwasher
- Disposal
- Kitchen
- Microwave
- Oven
- Range
- Refrigerator
- Freezer

Floor Plan Details

- Balcony
- Patio
- Carpet
- Vinyl Flooring
- Dining Room
- Den
- Sunroom
- Vaulted Ceiling
- Bay Window
- Walk-In Closets
- Window Coverings

[Hide Unavailable Floor Plans](#)

About Mackenzie Pointe Apartments

Mackenzie Pointe welcomes you to an ideally located community where you can relax by your resort style pool, and still be only minutes away from Austin's finest entertainment and dining. Enjoy a tranquil escape from the hectic pace of the city, neighboring ACC Highland, less than a 5 minute drive to The Linc (Easy Tiger Bakery, Vivo TexMex, Austin Film Society) and the Mueller Shopping District. Mackenzie Pointe is positioned with instant access to IH-35, HWY 290, HWY 183, and only a 10 to 15 minute drive to University of Texas & downtown Austin. Stop by today and meet the helpful leasing team dedicated to finding the perfect home for you and your lifestyle needs.

Mackenzie Pointe Apartments is an apartment community located in [Travis County](#) and the [78752](#) ZIP Code. This area is served by the [Austin Independent](#) attendance zone.

Unique Features

- 5 Minute Bike Ride To Acc & The Link
- College Of Health Care Professionals
- Walking Distance To
- Close Proximity To Cap. Metro Bus Stops
- Dog Park

Amenities

Wi-Fi at Pool and Clubhouse
Laundry Facilities
Controlled Access
Maintenance on site
Property Manager on Site
Recycling
Online Services
Pet Play Area
Public Transportation
Clubhouse
Storage Space
Gated
Fenced Lot

- Sundeck
- Cabana
- Grill
- Dog Park
- Fitness Center
- Spa
- Pool
- 5 Minute Bike Ride To Acc & The Link
- Close Proximity To Cap. Metro Bus Stops
- College Of Health Care Professionals
- Dog Park
- Walking Distance To
- High Speed Internet Access
- Washer/Dryer Hookup
- Air Conditioning
- Heating
- Ceiling Fans
- Smoke Free
- Cable Ready
- Storage Units
- Tub/Shower
- Fireplace
- Framed Mirrors
- Dishwasher
- Disposal
- Kitchen
- Microwave
- Oven
- Range
- Refrigerator
- Freezer
- Carpet
- Vinyl Flooring
- Dining Room
- Den
- Sunroom
- Vaulted Ceiling
- Bay Window
- Walk-In Closets
- Window Coverings
- Balcony
- Patio

Expenses

Recurring

- Cat Rent \$15
- Dog Rent \$15

One-Time

- Admin Fee \$150
- Application Fee \$50
- Cat Fee \$200
- Cat Deposit \$200
- Dog Fee \$200
- Dog Deposit \$200

Office Hours

Monday	8:30am - 5:30pm
Tuesday	8:30am - 5:30pm
Wednesday	8:30am - 5:30pm
Thursday	8:30am - 5:30pm
Friday	8:30am - 5:30pm
Saturday	10am - 4pm
Sunday	Closed

737-377-6570

Education

Colleges & Universities

Distance

University of Texas at Austin	Drive: 8 min	4.0 mi
Austin C.C., Rio Grande Campus	Drive: 10 min	5.5 mi
Austin C.C., Eastview Campus	Drive: 11 min	5.7 mi
Austin C.C., Northridge Campus	Drive: 13 min	6.7 mi

Mackenzie Pointe Apartments is within 8 minutes or 4.0 miles from University of Texas at Austin. It is also near Austin C.C., Eastview Campus and Austin C.C., Rio Grande Campus.

Schools

Public Schools

Private Schools

Reilly Elementary School

Public Elementary School

Grades PK-5
218 Students**7**

Out of 10

 Attendance Zone**Webb Middle School**

Public Middle School

Grades 6-8
681 Students**2**

Out of 10

 Attendance Zone**Reagan High School**

Public High School

Grades 9-12
1,122 Students**4**

Out of 10

 Attendance ZoneSchool data provided by [GreatSchools](#) **Somewhat Walkable****60**Walk Score[®]

Out of 100

Some Transit**44**Transit Score[®]

Out of 100

You'll likely want a car when living in this area since it has few transit options.

You might be able to get out and walk when living in this area. Some errands can be accomplished on foot, but for others you'll need a car.

Bikeable

62

Bike Score®

Out of 100

While there's some bike infrastructure in this area, you'll still need a car for many errands.

Active

71

Soundscore™

Out of 100

Traffic:
Busy

Airport:
Calm

Businesses:
Active

Scores provided by [Walk Score](#) and [HowLoud](#)

[Report an Issue](#) / [Print](#) / [Get Directions](#)



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Equal Housing Opportunity

Rental Assistance Worksheet

Form I

Complete Form I before rental assistance starts and annual eligibility recertifications. Complete Form I if household eligibility factors or rent have changed.

Households receiving TBRA or TSH services must pay as rent, including utilities, an amount equaling the higher of 1) 30% of the household's monthly adjusted income as described in 24 CFR §5.611, 2) 10% of the household's monthly income, or 3) the household's monthly welfare payments from a public agency designated to meet housing costs. The **Determining Household Annual Adjusted Income Guide** outlines acceptable forms of deduction verification and deduction calculation guidance.

Client Name and/or ID Number: Bruce Wayne (12345) (Sample) Date: 11/20/24
 Housing Case Manager Name: Blade Berkman Effective Date: 12/01/24
 Address: 456 Martha Avenue, Gotham City, Texas 78752

Section 1: Household Annual and Monthly Income

1 HOUSEHOLD ANNUAL INCOME (Form C, Line 9) \$20,291.42
2 HOUSEHOLD MONTHLY INCOME (Line 1 divided by 12) \$1,690.95

Section 2: Deductions

Project Sponsors must attach documentation of all deductions claimed by the household. The program requires third-party verification.

3 \$480 FOR EACH DEPENDENT 1 \$480.00
Dependents include household members aged 17 years old or younger, persons living with disabilities, or full-time students, but not the head of household, co-head, spouse, sole member, foster children, or foster adults.
 Number of Dependents

4 \$400 FOR ELDERLY OR DISABLED HOUSEHOLDS Yes \$400.00
Provide this deduction to any household whose head, co-head, spouse, or sole member ages 62 years old or older or lives with a disability. This deduction applies to households when the head, co-head, spouse, or sole member lives with HIV, but does not apply to households that meet eligibility only because a minor lives with HIV.
 Meets Criteria?

5 UNREIMBURSED MEDICAL EXPENSES \$1,173.26
Enter the household's anticipated annual unreimbursed medical expenses over the next 12 months, to the extent the sum exceeds 3% of household annual income. The attendant care and auxiliary apparatus deduction cannot exceed the earned income of household members aged 18 years old or older enabled to work because of such attendant care or auxiliary apparatus. Attendant care expenses paid to another household member do not qualify for this deduction.
 Line 5e

a Unreimbursed health and medical care expenses of elderly or disabled households \$1,782.00
 b Unreimbursed reasonable attendant care and auxiliary apparatus expenses for elderly or disabled members that enable any member, including elderly or disabled members, to work. \$0.00
 c Total unreimbursed medical expenses (Sum of Lines 5a & 5b) \$1,782.00
 d 3% of household annual income (Line 1 x 0.3) \$608.74
 e Allowable medical expense deduction (Line 5c minus 5d) \$1,173.26
If the result equals a negative number, enter \$0.

6 UNREIMBURSED CHILDCARE EXPENSES \$0.00
Enter the household's anticipated annual unreimbursed childcare expenses for children aged 12 years old or younger that enable a household member to work or further education over the next 12 months. The childcare deduction cannot exceed the earned income of household members aged 18 years old or older enabled to work because of such childcare. Childcare expenses paid to another household member do not qualify for this deduction.

Section 3: Household Monthly Adjusted Income

7 HOUSEHOLD MONTHLY ADJUSTED INCOME \$1,519.85
 a Household annual income (Line 1) \$20,291.42 Line 7d
 b Total deductions (Sum of Lines 3, 4, 5, & 6) \$2,053.26
 c Household annual adjusted income (Line 7a minus 7b) \$18,238.16
If the result equals a negative number, enter \$0.
 d Household monthly adjusted income (Line 7c divided by 12) \$1,519.85

Rental Assistance Worksheet

Form I

Section 4: Household Monthly Rent Payment

8 HOUSEHOLD MONTHLY RENT PAYMENT TO THE OWNER

\$354.00
Line 8f

a 30% of household monthly adjusted income (Line 7d x 0.30)	\$455.95	
b 10% of household monthly income (Line 2 x 0.10)	\$169.10	
c Household monthly welfare payments designated for housing costs	\$0.00	
d Household rent payment (Greater of Lines 8a, 8b, or 8c)	\$455.95	
e Utility allowance (Form H)	\$101.00	
<i>Households must receive a utility allowance if they pay a separate utility vendor in addition to rent and utilities paid to the owner. If the allowance is greater than Line 8d, the adjusted household rent payment equals \$0 and the Project Sponsor pays the difference ("utility reimbursement") to the utility vendor.</i>		
f Household rent payment to owner less utility allowance (Lines 8d minus 8e)	\$354.95	
<i>If the result equals a negative number, enter \$0.</i>		

Section 5: Project Sponsor Monthly Rent Payment

9 PROJECT SPONSOR MONTHLY RENT PAYMENT TO THE OWNER

\$1,865.00
Line 9c

a Unit rent to the owner per the current lease agreement (Form H)	\$2,219.00	
b Household rent payment to the owner (Line 8f)	\$354.00	
c Project Sponsor rent payment to the owner (Line 9a minus 9b)	\$1,865.00	
<i>If Line 9c equals \$0 or less, the household does not qualify for rental assistance services.</i>		

10 PROJECT SPONSOR MONTHLY UTILITY REIMBURSEMENT PAYMENT TO THE UTILITY VENDOR

\$0.00
Line 10d

If Line 8e is greater than 8d, the Project Sponsor pays the difference ("utility reimbursement") to the utility vendor. If Line 8e is not greater than line 8d, enter \$0.

a Household rent payment (Line 8d)	\$455.95	
b Utility allowance (Line 8e)	\$101.00	
c Utility allowance balance (Line 10b minus 10a)	\$0.00	
<i>If result equals a negative number, enter \$0.</i>		

Section 6: Prorated First and/or Last Month's Rent

Will rental assistance pay the first month's rent?	Yes	Will rental assistance pay the last month's rent?	Not sure yet
a Will the owner prorate the rent?	No	a Will the owner prorate the rent?	<i>Not applicable</i>
b Enter the move-in date. <i>Not applicable</i>		b Enter the move-out date. <i>Not applicable</i>	
c Enter the prorated rent. <i>Not applicable</i>	\$0.00	c Enter the prorated rent. <i>Not applicable</i>	\$0.00
d Number of prorated days assisted	0	d Number of prorated days assisted	0
e Household prorated rent	\$0.00	e Household prorated rent	\$0.00
f Project Sponsor prorated rent	\$0.00	f Project Sponsor prorated rent	\$0.00
g Project Sponsor prorated utility reimbursement	\$0.00	g Project Sponsor prorated utility reimbursement	\$0.00

Section 7: Violence Against Women Act (VAWA) Lease Addendum Confirmation

To receive TBRA or TSH services, a household's lease must include a VAWA Lease Addendum. If it does not, a Project Sponsor cannot approve the unit for TBRA or TSH services. I have retained a copy of the VAWA Lease Addendum for this assisted unit in the household's record. If the lease agreement already included an addendum, then I have attached a copy. If it did not, then the lessor and lessee have completed the addendum, provided a copy to me, and I have attached it.

Yes

The household pays the monthly rent payment on Line 8. The Project Sponsor pays the remaining portion of monthly rent and applicable utility reimbursement on Lines 9 and 10 respectively. If prorating the first and/or last month's rent, please see Section 6 for additional instructions. Please attach supporting documentation for all deductions.

Documentation of Deduction Values

Project Gotham

VIOLENCE AGAINST WOMEN ACT: LEASE ADDENDUM

Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation. Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

Client Name: Bruce Wayne (Sample)

First, Middle, Last

Property Address: 456 Martha Avenue, Gotham City, Texas 78752, Travis County

Street and Unit, City, State, Zip, County

Property Contact: Harvey Dent, 222-222-2222

Owner/Representative Name, Contact Information

Purpose of the Addendum

In accordance with U.S. Department of Housing and Urban Development (HUD) regulations at 24 Code of Federal Regulations (CFR) Part 5, Subpart L, Project Gotham ("Program") must amend the lease of the above referenced unit to include the provisions of the Violence Against Women Reauthorization Act of 2013 (VAWA). This Addendum incorporates eviction prohibitions, lease construction provisions, and the confidentiality of documentation submitted by survivors of domestic violence, dating violence, sexual assault, or stalking requesting emergency transfers and of each survivor's housing location.

Conflicts with Other Provisions of the Lease

In case of any conflict between the provisions of this Addendum and other sections of the Lease, the provisions of the Addendum shall prevail.

Term of the Addendum

The effective date of this Addendum is: 12/20/24

This Addendum shall continue to be in effect until the Lease is terminated.

VAWA PROTECTIONS

Prohibited Basis for Denial or Termination of Assistance or Eviction

An applicant or beneficiary of the Program may not be denied admission to, denied assistance under, terminated from participation in, or evicted from the unit on the basis or as a direct result of the fact that the applicant or beneficiary is or has been a survivor of domestic violence, dating violence, sexual assault, or stalking, if the applicant or beneficiary otherwise qualifies for admission, assistance, participation, or occupancy. If a survivor requests protections, they must submit the request to the Program. The Program will work with the owner to facilitate protections on the survivor's behalf.

A beneficiary of the Program may not be denied assistance or occupancy rights solely on the basis of criminal activity directly relating to domestic violence, dating violence, sexual assault, or stalking if:

1. The criminal activity is perpetrated by a household member, guest, or other person under the control of the household; and
2. A beneficiary is the survivor or threatened survivor of such domestic violence, dating violence, sexual assault, or stalking.

Construction of Lease Terms and Terms of Assistance

An incident of actual or threatened domestic violence, dating violence, sexual assault, or stalking shall not be construed as:

1. A serious or repeated violation of an executed lease by the survivor or threatened survivor of such incident; or
2. Good cause for terminating the assistance, tenancy, or occupancy rights under the Program of the survivor or threatened survivor of such incident.

Confidentiality

All information provided to the owner or the Program concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of the owner or the Program cannot have access to these details unless to grant or deny VAWA protections to the survivor, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is:

1. Consented to by the survivor in writing in a time-limited release;
2. Required for use in an eviction proceeding or hearing regarding termination of assistance; or
3. Otherwise required by applicable law.

Notification Requirements

The Program must provide the VAWA Notice of Occupancy Rights and Certification Form to households when the household is provided rental assistance, with any notification of termination of rental assistance, and during annual recertifications. Owners must provide the VAWA Notice of Occupancy Rights and Certification Form with any notification of eviction they provide to the household. The VAWA Notice of Occupancy Rights explains the VAWA protections and any limitations on those protections.

Lease Bifurcation

Owners may bifurcate a lease in order to evict an accused perpetrator without regard to whether the accused perpetrator is a signatory to the lease and without evicting or otherwise penalizing a survivor or other beneficiaries. If an owner will bifurcate a lease, they must do so in accordance with Federal, State, or local law for lease termination.

Emergency Transfers

The survivor may terminate the lease without penalty if the survivor has met the requirements for emergency transfer per the VAWA Emergency Transfer Plan. The Plan may require a survivor requesting emergency transfer to submit documentation as specified under 24 CFR §5.2007 to the Program. The criteria for emergency transfer are:

1. *The individual is a survivor of domestic violence, dating violence, sexual assault, or stalking.* If the Program does not already have documentation that the individual is a survivor of domestic violence, dating violence, sexual assault, or stalking, the Program may ask the individual for such documentation, as described under 24 CFR §5.2007.
2. *The individual expressly requests the emergency transfer.* The Program may choose to require that the individual submits a form, or may accept another written or oral request.

AND

3. Either:

- a. *The individual reasonably believes they are threatened with imminent harm from further violence if they remain in their current unit.* This means the individual has a reason to fear that if they do not receive a transfer they would suffer violence in the very near future.

OR

- b. *The individual is a survivor of sexual assault and the assault occurred on the premises during the 90-calendar-day period before the individual requested a transfer.* If the individual is a survivor of sexual assault, then in addition to qualifying for an emergency transfer because the individual reasonably believed they were threatened with imminent harm from further violence if they remained in their unit, they may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which they are seeking their transfer, and that assault happened within the 90-calendar-day period before they expressly requested the transfer.

Limitations of VAWA Protections

VAWA does not limit the authority of owners or the Program, when notified of a court order, to comply with a court order with respect to:

1. The rights of access or control of property, including civil protection orders issued to protect a survivor of domestic violence, dating violence, sexual assault, or stalking.
2. The distribution or possession of property among beneficiaries.

VAWA does not limit the authority of owners or the Program to evict or terminate assistance to a household for any violation not premised on an act of domestic violence, dating violence, sexual assault, or stalking that is in question against beneficiaries. However, owners or the Program must not subject a beneficiary, who is or has been a survivor of domestic violence, dating violence, sexual assault, or stalking, or is affiliated with a beneficiary who is or has been a survivor of domestic violence, dating violence, sexual assault or stalking, to a more demanding standard than other beneficiaries in determining whether to evict or terminate assistance.

VAWA does not limit the authority of owners or the Program to terminate assistance to or evict a household if the owner or Program can demonstrate an actual and imminent threat to other households or those employed at or providing service to property of the owner or Program would be present if that beneficiary or household is not evicted or terminated from assistance. In this context, words, gestures, actions, or other indicators will be considered an “actual and imminent threat” if they meet the standards provided in the definition of “actual and imminent threat” in 24 CFR §5.2003.

Any eviction or termination of assistance should be utilized by owners or the Program only when there are no other actions that could be taken to reduce or eliminate the threat, including, but not limited to, transferring the survivor to a different unit, barring the accused perpetrator from the property, contacting law enforcement to increase police presence or develop other plans to keep the property safe, or seeking other legal remedies to prevent the accused perpetrator from acting on a threat. Restrictions predicated on public safety cannot be based on stereotypes, but must be tailored to particularized concerns about individual beneficiaries.

BW

If yes, client initials

I received the VAWA Notice of Occupancy Rights, VAWA Certification Form, and VAWA Emergency Transfer Plan or I know the location of these documents.

Client Name: Bruce Wayne (12345) (Sample)

Client Signature: _____ Date: 11/20/24

Owner/Representative Name: Harvey Dent

Owner/Representative Signature: _____ Date: 11/20/24

Housing Choice Voucher/Other Affordable Housing Waiver

Form J

Complete Form J for households receiving rental assistance if accepting ongoing housing assistance from another program would unduly burden the household.

TBRA and TSH households that fail to apply for the Housing Choice Voucher Program (HCVP) and other affordable housing programs, renew applications as required, and accept assistance as offered may face termination from the program. In special circumstances where accepting assistance from the HCVP or other affordable housing programs would place an undue burden on the client, Project Sponsors may request a waiver to the policy using Form J: Housing Choice Voucher/Other Affordable Housing Waiver. Project Sponsors submit Form J to their Administrative Agency (AA) for approval and AAs may approve each waiver on a case-by-case basis. Special circumstances include but are not limited to:

- Client would have to move away from support systems important to their care or welfare;
- Client would have to move, but is too sick at the time to do so; or
- Client cannot find a suitable residence that will accept a voucher from the HCVP.

Client Name and/or ID Number: Bruce Wayne (12345) (Sample)

Housing Case Manager Name: Blade Berkman

On behalf of the above client and their household, we request a waiver for the following reasons:

Tip

Bane broke Bruce's back on 01/20/25 and he will not be ambulatory for many months. The Gotham Housing Authority has notified Bruce's household that they are next on the HCVP waitlist, but Bruce cannot accept assistance from the HCVP at this time because he cannot move and doing so would constitute an undue burden.

Project Manager Name: Renee Montoya

Project Manager Signature: _____

Date: 01/21/25

Administrative Agency Use Only

Approved Denied

AA Representative Name: James Gordon

AA Representative Signature: _____

Date: 01/21/25

STRMU Tracking Worksheet

Form K1

Client Name and/or ID Number: Bruce Wayne (12345) (Sample)
Housing Case Manager Name: Blade Berkman

Payment Cap: \$2,500.00
Time Cap: 100

Briefly describe each emergency and explain how it prevents or will prevent the household from paying housing costs. Attach documentation of each emergency. Tip

Alfred went to the hospital after falling down the Batcave stairs and breaking his leg. According to a note from his doctor, he will need to take a two-month medical leave of absence from his work as 1) a butler, 2) a gardener, and 3) the Dark Knight's personal assistant. Due to an unforeseen loss of income, the household will need short-term rental and utility assistance to pay a portion of their debts/dues.

Instructions: Columns 1 and 2 indicate the month and respective number of days. Enter the calendar year of the month paid with STRMU in Column 3. Enter the actual rent and the amount of STRMU expended on that month's rent in Columns 4 and 5. Enter the actual mortgage and the amount of STRMU expended on that month's mortgage in Columns 6 and 7. Enter the actual utility dues and the amount of STRMU expended on that month's utility dues in Columns 8 and 11. Enter the utility bill metering period start and end dates in Columns 9 and 10. Add other types of utility bills to page 2. Column 20 calculates the number of days assisted.

Notes: (1) STRMU may assist with up to 21 weeks of accrued costs. If the Project Sponsor uses an annual payment and/or time cap, the total STRMU assistance cannot exceed the cap. If a household reaches a cap, the assistance attributes to the entire 21-week limit. The 21-week limit always supersedes an established cap. (2) If paying late fees, add them to the respective "Actual" column and month row. (3) Enter utility bills in the month the metering period started and enter the full amount due for that metering period in the respective month. Do not manually split utility metering periods between two months. (4) For debts, obtain a ledger from the owner/utility vendor to correctly attribute debts to the correct days. (5) Form K1 uses a 147-day tracking methodology, which converts the 21-week limit to 147 calendar days and counts the unduplicated days of accrued costs paid by STRMU.

1	2	3	4	5	6	7	8	9	10	11	20
Month	Days	Year	Actual Rent	STRMU Payment	Actual Mortgage	STRMU Payment	Actual Utilities 1	Metering Start Date 1	Metering End Date 1	STRMU Payment 1	Days Assisted
		?	?	?	?	?	?	?	?	?	
							<i>Type of utility bill:</i>		<i>Electric</i>		
January	31										0
February	28										0
March	31										0
April	30										0
May	31										0
June	30										0
July	31										0
August	31	2024					\$112.01	08/25/24	09/25/24	\$112.01	7
September	30	2024	\$2,085.00	\$850.00			\$105.35	09/25/24	10/25/24	\$50.00	30
October	31	2024	\$1,835.00	\$600.00			\$114.67	10/25/24	11/25/24	\$50.00	31
November	30	2024	\$1,835.00	\$360.00							30
December	31										0
Total	365			\$1,810.00		\$0.00				\$212.01	98

Summary

STRMU Reporting Category:	d. More than one type	52-week period start date:	08/25/24
TOTAL STRMU EXPENDED:	\$2,185.01	52-week period end date:	08/24/25
		Next 52-week period cannot start until:	08/25/25
		TOTAL DAYS ASSISTED:	98

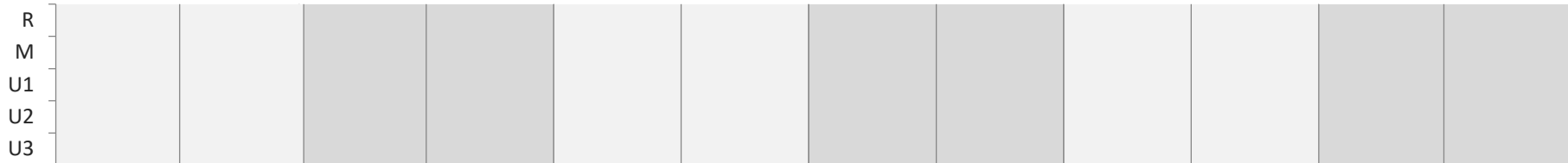
STRMU Tracking Worksheet

Form K1

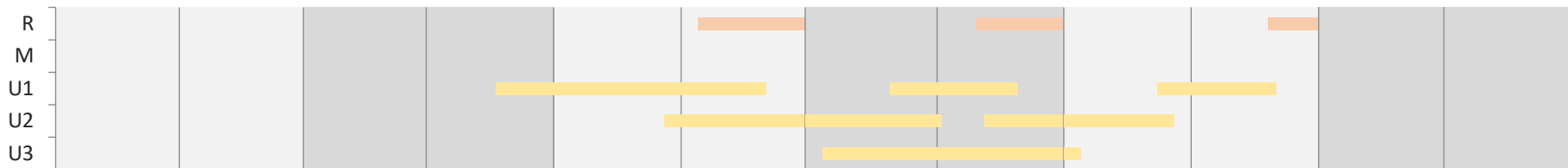
Additional Utility Bills: If the Project Sponsor will provide STRMU assistance for more than one type of utility bill, enter up to two additional utility bills under Utilities 2 and 3.

1	2	3	12	13	14	15	16	17	18	19	20	
Month	Days	Year	Actual Utilities 2	Metering Start Date 2	Metering End Date 2	STRMU Payment 2	Actual Utilities 3	Metering Start Date 3	Metering End Date 3	STRMU Payment 3	Days Assisted	
			<i>Type of utility bill:</i>			<i>Gas</i>			<i>Water</i>			
January	31										0	
February	28										0	
March	31										0	
April	30										0	
May	31										0	
June	30										0	
July	31										0	
August	31										7	
September	30	2024	\$68.00	09/14/24	10/16/24	\$68.00					30	
October	31	2024	\$64.00	10/16/24	11/13/24	\$50.00	\$45.00	10/03/24	11/02/24	\$45.00	31	
November	30										30	
December	31										0	
Total	365						\$118.00				\$45.00	98

January February March April May June



July August September October November December



**Documentation of the Emergency Situation and
Evidence of Need**

PHP Intent to Lease Worksheet

Form L

Complete Form L for owners/representatives that intend to lease to the household.

Our program intends to help this household access, secure, and establish a permanent residence, maintained either on their own or with the help of ongoing rental assistance. Eligible housing assistance costs include expenses associated with placement in housing*:

- Application fee
- Administrative fee
- Security deposit**
- First month's rent**
- Last month's rent**

Client Name: Bruce Wayne (Sample)

Proposed Address: 456 Martha Avenue, Gotham City, Texas 78752, Travis County

Property Contact: Harvey Dent, 222-222-2222

Proposed monthly rent: \$2,219.00 **Proposed move-in date:** 12/01/24

Submission Instructions

This worksheet serves as a supporting document that verifies initial move-in costs. Owners/Representatives must complete and return this worksheet to the housing case manager below so that the program may coordinate a payment to the owner.

Housing Case Manager Name: Blade Berkman

Contact Information: P: 512-578-6985 | F: 512-989-4008 | E: blade@projectgotham.org

Move-In Costs

a Application fee:	<u>\$25.00</u>	
b Administrative fee:	<u>\$0.00</u>	
c Other fees and costs:	<u>\$150.00</u>	Specify: <u>One-time fee</u>
d Security deposit:	<u>\$2,219.00</u>	
e First month's rent or prorated rent*:	<u>\$2,219.00</u>	From: <u>12/01/24</u> To: <u>12/31/24</u>
f Last month's rent or prorated rent*:	<u>\$0.00</u>	From: _____ To: _____
g Total:	<u>\$4,613.00</u>	

Payment Information

Make check payable to*:** Gotham Properties

Mail check to*:** 789 Arkham Boulevard, Gotham City, Texas 12345, Travis County

Owner/Representative Name: Harvey Dent

Owner/Representative Signature: _____ **Date:** 11/20/24

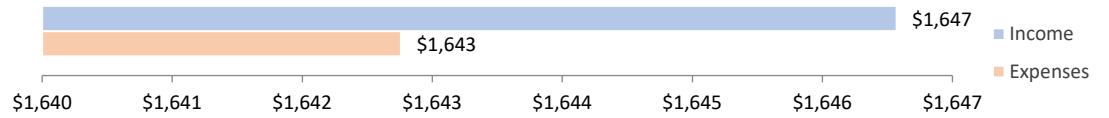
* Eligible PHP housing assistance costs include: Application fees charged by owners/representatives; administrative fees charged in lieu of or in addition to a security deposit and other initial move-in costs (sometimes structured as refundable or non-refundable); realtor or broker fees; related credit, rental, and criminal background checks; rental insurance (limited to a single payment for the first month of coverage or limited to a single initial payment for multiple months of coverage); utility deposits, hookup fees, and processing fees paid directly to the utility vendor; first and/or last month's rent or prorated rent (if required for occupancy and the household will not receive ongoing rental assistance, whether via this program or another program); and security deposits required for lease approval and occupancy. PHP can also assist with rental and utility arrears (including accumulated late fees, eviction costs, and related monetary penalties) if these debts present a barrier to obtaining permanent housing or establishing utility services in a new unit.

** The total amount of PHP assistance provided to a household for the 1) security deposit, 2) first month's rent, 3) last month's rent, and/or 4) rental arrears (paid to the same owner) cannot exceed the value of two months' rent for the new unit. The PHP two-month rent cap applies to assistance for rental costs (including the security deposit). The cap does not apply to assistance for non-rental costs, such as fees, inquires, and insurance. Also, the cap does not apply to assistance for utility deposits, utility hookup fees, and utility arrears. If an owner or utility vendor fully or partially refund a security or utility deposit when the assisted household leaves a unit, they must return it to the program. The program maintains a record of all deposits and makes a good faith effort to recover program funds upon the household's departure from the unit.

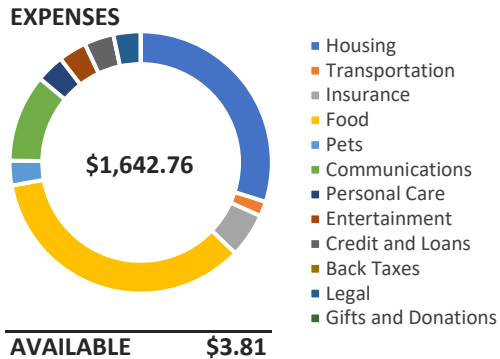
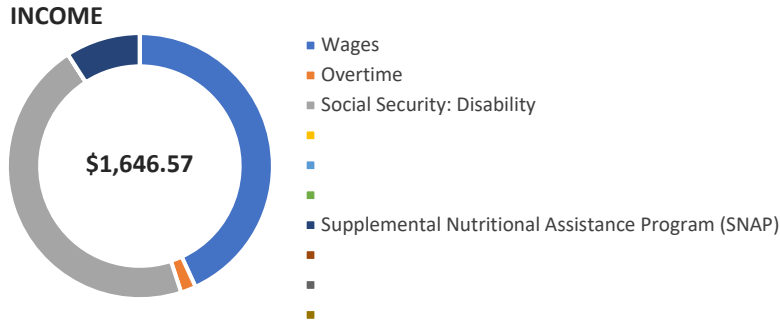
*** Payment information must match the individual's or company's Internal Revenue Service (IRS) Form W-9.

Client Name and/or ID Number: Bruce Wayne (12345) (Sample)
Housing Case Manager Name: Blade Berkman
Budget Worksheet Date: 11/25/24
Budget Period: 01/01/25 to 01/31/25

Budget Worksheet Form M



HOUSEHOLD INCOME	
Included in Income Eligibility Determination	Net Amount
Wages	\$710.12
Overtime	\$30.45
Social Security: Disability	\$756.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
Excluded from Income Eligibility Determination	Net Amount
Supplemental Nutritional Assistance Program (SNAP)	\$150.00
	\$0.00
	\$0.00
	\$0.00



AVAILABLE \$3.81

HOUSEHOLD EXPENSES					
Category	Actual Spent	Rank	Category	Actual Spent	Rank
Housing			Personal Care		
Rent or Mortgage	\$365.76	1. Need	Medical/Copayments	\$0.00	
Electricity	\$125.00	1. Need	Hair/nails	\$32.00	2. Want
Gas	\$0.00		Clothing	\$25.00	3. Cut
Water, sewer, waste	\$0.00		Child Care	\$0.00	
Maintenance or repairs	\$0.00		Organizational dues	\$0.00	
Other:	\$0.00		Other: x Tuition/Books	\$0.00	
Transportation			Entertainment		
Vehicle payment	\$0.00		DVDs/CDs	\$0.00	
Bus pass/taxi fare	\$30.00	1. Need	Cable/Subscriptions	\$15.00	2. Want
Fuel	\$0.00		Movies/Concerts	\$10.00	2. Want
Maintenance or repairs	\$0.00		Sports	\$0.00	
Other:	\$0.00		Alcohol/Tobacco	\$32.00	2. Want
Insurance			Other: x Savings	\$0.00	
Renter's/Home Owner's	\$15.00	1. Need	Credit and Loans		
Health	\$30.00	1. Need	Payday	\$60.00	1. Need
Life	\$45.00	2. Want	Credit Card	\$0.00	
Vehicle	\$0.00		Other: x Student loan	\$0.00	
Other:	\$0.00		Back Taxes		
Food			Federal	\$0.00	
Groceries	\$520.00	1. Need	State	\$0.00	
Dining out	\$40.00	2. Want	Local	\$0.00	
Convenience	\$15.00	3. Cut	Other:	\$0.00	
Other:	\$0.00		Legal		
Pets			Attorney	\$0.00	
Food	\$30.00	1. Need	Alimony	\$0.00	
Veterinary	\$20.00	2. Want	Child Support	\$0.00	
Grooming	\$0.00		Liens or Judgements	\$0.00	
Other:	\$0.00		Probation/Parole	\$55.00	1. Need
Communications			Other:	\$0.00	
Cell Phone	\$119.00	1. Need	Gifts and Donations		
Internet	\$59.00	1. Need	Gifts and donations	\$0.00	
Other: x Home phone	\$0.00		Other: x Charity	\$0.00	

Housing Plan

Form N

Client Name and/or ID Number: Bruce Wayne (12345) (Sample)
Housing Case Manager Name: Blade Berkman

Housing Plan Date: 09/08/24
Program: HOPWA

Tip

Primary housing barriers:	Plan to increase household income:	Plan to decrease household expenses:
1 No or limited forms of identification	1 Return to work after leave of absence	1 Apply for other housing assistance programs
2 Eviction history	2 Increase employment hours	2 Apply for other affordable housing programs
3 Medically unable to work	3	3 Reduce "Wanted" expenses (see budget)
4 Debts: Rent, Mortgage, and/or Utility	4	4 Eliminate "Cut" expenses (see budget)
5	5	5

1 Needs Assessment Date: <u>09/08/24</u>	Need: Housing Assistance Services	Subneed: Short Term Rent, Mortgage, and Utility
Housing Plan Goal: → → →	Stabilize housing with STRMU services. Household has paid part of September and will need part of October.	
Tasks:	Priority	Assigned to
1 Pay \$850 for September rental debt and late fees	High	Blade
2 Pay \$112.01 for September electric	High	Blade
3 Pay \$600 for October rent + \$118 on electric/gas	High	Blade
4		
5		

2 Needs Assessment Date: <u>09/08/24</u>	Need: Supportive Services	Subneed: Housing Case Management
Housing Plan Goal: → → →	Maintain access and adherence to medical care and return to work after medical leave of absence.	
Tasks:	Priority	Assigned to
1 Call Blade weekly to update on housing status	High	Bruce
2 Reschedule missed doctor appointment	Medium	Bruce
3 Meet with health program to renew current coverage	Medium	Bruce
4 Provide medical documentation for return to work	High	Bruce
5 Ask employer for 4 extra hours of work per week	Low	Bruce

3 Needs Assessment Date: <u>10/22/24</u>	Need: Housing Assistance Services	Subneed: Short Term Rent, Mortgage, and Utility
Housing Plan Goal: → → →	Stabilize housing with final STRMU services. Transition to TBRA services.	
Tasks:	Priority	Assigned to
1 Pay \$360 for November rent	High	Blade
2 Pay \$145 for November electric/gas/water	High	Blade
3		
4		
5		

Housing Plan

Form N

Client Name and/or ID Number: Bruce Wayne (12345) (Sample)
Housing Case Manager Name: Blade Berkman

Housing Plan Date: 11/05/24
Program: HOPWA

Tip

Primary housing barriers:	Plan to increase household income:	Plan to decrease household expenses:
1 No or limited forms of identification	1 Find full-time employment	1 Apply for other housing assistance programs
2 Eviction history	2 Find part-time employment	2 Reduce "Wanted" expenses (see budget)
3 Insufficient or no income	3 Vocational/Job training	3 Apply for ADAP
4	4	4
5	5	5

1 Needs Assessment Date: <u>11/05/24</u>	Need: Housing Assistance Services	Subneed: Permanent Housing Placement
Housing Plan Goal: → → →	Obtain housing that meets TBRA requirements. Assist with application fee, one-time fee, and security deposit.	
Tasks:	Priority	Assigned to
1 Make appointment with apartment locator	Medium	Bruce
2 Find at least three units on Craigslist/other sites	High	Bruce
3 Inform Blade of desired unit and owner contact info	High	Bruce
4 Owner completes Form L, Blade coordinates payment	High	Blade
5 Sign lease with owner and provide copy to Blade	High	Bruce

2 Needs Assessment Date: <u>11/05/24</u>	Need: Supportive Services	Subneed: Housing Case Management
Housing Plan Goal: → → →	Maintain access and adherence to medical care. Obtain and maintain housing.	
Tasks:	Priority	Assigned to
1 Call Blade weekly to update on unit search	High	Bruce
2 Attend upcoming doctor appointment	High	Bruce
3 After move-in, call Blade monthly to touch base	Low	Bruce
4 After move-in, report changes in circumstances	Low	Bruce
5 Inform Blade of anything that could affect stability	Medium	Bruce

3 Needs Assessment Date: <u>11/20/24</u>	Need: Housing Assistance Services	Subneed: Tenant-Based Rental Assistance
Housing Plan Goal: → → →	Start TBRA services, effective the first month of the lease.	
Tasks:	Priority	Assigned to
1 Rent Standard/Rent Reasonableness Certification	High	Blade
2 Complete Form I, inform Bruce of his portion	Medium	Blade
3 Contact owner and inform of subsidy and start date	High	Blade
4 Initiate payments effective 12/01/24	High	Blade
5		

Case Notes

Interim Recertification Worksheet

Form O

Complete Form O if household income, residency, and/or composition have changed and the household will remain in the program.

Client Name and/or ID Number: Bruce Wayne (12345) (Sample)

Housing Case Manager Name: Blade Berkman

Change in Household Income

- 1 Has the household experienced a change in income of \$200 or more per month? No
- 2 Has the household requested an interim recertification for a change in income? No
- a If "yes" to either, date of change: Not applicable
- b If "yes" to either, did household annual income increase, decrease, or stay the same overall? Not applicable
- c If "yes" to either, is household annual income still under 80% of AMI per their county of residence? Not applicable

Household Member	Income Source	Pay Frequency	New Annual Income
------------------	---------------	---------------	-------------------

Attach documentation of the change in income. This documentation must be complete and cover the 30 days immediately preceding the interim recertification date. If household annual income exceeds 80 percent of AMI, the household no longer meets the program eligibility criteria. Complete and attach Form I for TBRA or TSH households and Form C for all households.

Change in Household Residency

- 3 Has the household experienced a change in residency? Yes
- a If "yes," date of change: 12/01/24
- b If "yes," is household annual income still under 80% of AMI per their county of residence? Yes
- c If "yes," does the household still reside in the provider's Service Delivery Area (SDA)? Yes

New Physical Address

456 Martha Avenue, Gotham City, Texas 78752, Travis County

Attach documentation of the change in residency. This documentation must be current as of the interim recertification date. If the household relocates outside of the provider's SDA, program services will end immediately and the household may seek services from the provider in their new SDA. If household annual income exceeds 80% of AMI, the household no longer meets the program eligibility criteria. Complete and attach Forms H and I for TBRA or TSH households and Forms C and G for all households.

Change in Household Composition

- 4 Has the household experienced a change in composition? No
- a If "yes," date of change: Not applicable
- b If "yes," did the number of household members increase, decrease, or stay the same overall? Not applicable
- c If "yes," is household annual income still under 80% of AMI per their county of residence? Not applicable
- d If "yes," does the household still include an eligible individual? Not applicable
- i If "no," does the household qualify for the provider's grace period? Not applicable

Household Member	New Membership Status
------------------	-----------------------

Attach eligibility documents for all new household members aged 18 years old or older. If the household does not include an eligible individual, the household no longer meets the program eligibility criteria unless the household qualifies for the provider's grace period. If household annual income exceeds 80% of AMI, the household no longer meets the program eligibility criteria. Complete and attach Forms H and I for TBRA or TSH households and Forms C and E for all households.

The Program Fraud Civil Remedies Act makes it unlawful to provide false information to the government when applying for federal public benefit programs. If I misrepresent or fail to disclose information requested by this form, the service provider may disqualify me from participation in the program. I will immediately report any changes in my eligibility factors to my housing case manager.

Household Member Signature: Bruce Wayne (Sample)

Date: 12/15/24

Interim eligibility recertification is complete.

Attach documentation of the changes in household income, residency, and/or composition. Complete and attach all required forms.

Eligible

Household Income Eligibility Worksheet

Form C

Complete Form C before initial eligibility certifications and annual eligibility recertifications. Complete Form C if household eligibility factors have changed.

To meet income eligibility for the DSHS HOPWA Program, household annual income cannot exceed 80% of Area Median Income per the household's county of residence. Collect proof of income for all household members aged 18 years old or older. This documentation must be complete and cover the 30 days immediately preceding the eligibility certification or recertification date. Project Sponsors annualize household income from all sources anticipated during the 12-month period following the determination date (payment data multiplied by the number of payment periods per year for all sources). The **Determining Household Annual Income Guide** outlines acceptable forms of documentation, whose income counts, income inclusions and exclusions, and calculation guidance.

Client Name and/or ID Number:	Bruce Wayne (12345) (Sample)	Date:	12/15/24
Housing Case Manager Name:	Blade Berkman	Household Size:	4
Address:	456 Martha Avenue, Gotham City, Texas 78752, Travis County	County:	Travis

Screening

Does the household receive income from any of the sources of income described in lines 1 through 8 below? Yes

Household Annual Income

- | | |
|--|--------------------|
| 1 The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services. | \$8,984.65 |
| 2 The net income from the operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation of assets used in a business or profession may be deducted, based on straight line depreciation, as provided in Internal Revenue Service regulations. Any withdrawal of cash or assets from the operation of a business or profession will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested in the operation by the household. | \$0.00 |
| 3 Interest, dividends, and other net income of any kind from real or personal property. Expenditures for amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation is permitted only as authorized in line 2 above. Any withdrawal of cash or assets from an investment will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested by the household. Where the household has net assets in excess of \$5,000, annual income shall include the greater of the actual income derived from all net assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD. | \$1,034.78 |
| 4 The full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts, including a lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount (except as provided in line 14 of Annual Income Exclusions). | \$10,272.00 |
| 5 Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay (except as provided in line 3 of Annual Income Exclusions). | \$0.00 |
| 6 Welfare assistance payments.
<i>(i) Welfare assistance payments made under Temporary Assistance for Needy Families (TANF) are included in annual income only to the extent such payments qualify as assistance under the TANF program definition at 45 CFR §260.31 and are not otherwise excluded under Annual Income Exclusions. (ii) If the welfare assistance payment includes an amount specifically designated for shelter and utilities that is subject to adjustment by the welfare assistance agency in accordance with the actual cost of shelter and utilities, the amount of welfare assistance income to be included as income shall consist of the amount of the allowance or grant exclusive of the amount specifically designated for shelter or utilities plus the maximum amount that the welfare assistance agency could in fact allow the household for shelter and utilities. If the household's welfare assistance is ratably reduced from the standard of need by applying a percentage, the amount calculated under this paragraph shall be the amount resulting from one application of the percentage.</i> | \$0.00 |
| 7 Periodic and determinable allowances, such as alimony and child support payments, and regular contributions or gifts received from organizations or from persons not residing in the dwelling. | \$0.00 |
| 8 All regular pay, special pay and allowances of a member of the Armed Forces (except as provided in line 7 of Annual Income Exclusions). | \$0.00 |
| 9 Household Annual Income (Sum of lines 1-8) | \$20,291.42 |
| 10 Enter 80% of Area Median Income per the household's county of residence for this household size | \$97,800.00 |

If Line 9 is greater than Line 10, then ineligible.

Enter the fiscal year of the Area Median Income table:

County of residence has been verified via [U.S. Postal Service](#) or other confirmation tool:

2024
Yes

Eligible

Eligible. Household annual income is 0 - 30 percent of Area Median Income.

Line 1

Earnings	Source 1	Source 2	Source 3	Source 4
Household member name	Alfred Pennyworth	Alfred Pennyworth		
Is member 18 or older?	Yes	Yes		
Is member a full-time dependent student?	No	No		
Income source	Butler	Gardener		
Pay frequency	Bi-weekly (every other week)	Daily/Day Labor		
If "daily/day labor," average work days per week		2		
Combined earnings of paystubs	\$688.69	\$232.00	\$0.00	\$0.00
Number of paystubs	3	8	0	0
Average earnings per paystub	\$229.56	\$29.00	\$0.00	\$0.00
Pay frequency multiplier	26.00	52.00	0.00	0.00
Annualization	\$5,968.65	\$3,016.00	\$0.00	\$0.00

Lump sum bonuses	Source 1	Source 2	Source 3	Source 4
Household member name				
Is member 18 or older?				
Is member a full-time dependent student?				
Income source				
Pay frequency				
If "other," average number of bonuses per year				
Average amount received per bonus	\$0.00	\$0.00	\$0.00	\$0.00
Pay frequency multiplier	0.00	0.00	0.00	0.00
Annualization	\$0.00	\$0.00	\$0.00	\$0.00

Line 3

Note: Do not duplicate information from Line 4.

Total earnings or other income	\$1,034.78	<i>Annual asset income will be the greater of the actual or imputed income.</i>		Total cash value of assets	\$55,679.00
Total periodic payments	\$0.00			Passbook rate:	0.06%
Total periodic withdrawals	\$0.00			Imputed income:	\$33.41
Bank accounts		Source 1	Source 2	Source 3	
Household member name					
Asset type					
Asset value		\$0.00	\$0.00	\$0.00	\$0.00
Annual interest rate		0.00%	0.00%	0.00%	0.00%
Can asset be converted to cash?					
Annualization		\$0.00	\$0.00	\$0.00	\$0.00
Real Estate		Source 1	Source 2	Source 3	
Household member name					
Asset source					
Asset value		\$0.00	\$0.00	\$0.00	\$0.00
Outstanding mortgage		\$0.00	\$0.00	\$0.00	\$0.00
Cost to sell (broker fees, closing, inspections, etc.)		\$0.00	\$0.00	\$0.00	\$0.00
Is asset producing periodic payments (rent, etc.)?					
If receiving periodic payments, current pay frequency					
If "other," current payments per year					
If receiving periodic payments, current payment amount					
If receiving periodic payments, <u>annual</u> maintenance costs					
Annualization		\$0.00	\$0.00	\$0.00	\$0.00
Other assets		Source 1	Source 2	Source 3	
Household member name		Bruce Wayne			
Asset source		Revocable trust fund			
Asset value		\$58,985.00	\$0.00	\$0.00	\$0.00
Annual interest rate/growth estimate		1.50%	0.00%	0.00%	0.00%
Annual other income (dividends, etc.)		\$150.00	\$0.00	\$0.00	\$0.00
Can member access annual earnings?		Yes			
Can asset be converted to cash?		Yes			
If "yes," estimated tax penalty		\$2,654.00			
If "yes," estimated other penalties		\$652.00			
Is asset periodically making payments or being withdrawn?		No			
If "yes," has the total amount received exceeded the amount initially invested?					
If receiving periodic payments, current pay frequency					
If "other," current payments per year					
If receiving periodic payments, current payment amount					
If making periodic withdrawals, withdrawal frequency					
If "other," current withdrawals per year					
If making periodic withdrawals, current withdrawal amount					
Annualization		\$1,034.78	\$0.00	\$0.00	\$0.00

Line 4

Note: Do not duplicate information from Line 3.

Periodic Payments	Source 1	Source 2	Source 3	Source 4
Household member name	Barbara Gordon			
Income source	Social Security: Disability			
Pay frequency	Monthly			
If "other," current payments per year				
Amount received per payment	\$856.00	\$0.00	\$0.00	\$0.00
Lump-sum for pay delay (<i>not</i> deferral)	\$0.00	\$0.00	\$0.00	\$0.00
Pay frequency multiplier	12.00	0.00	0.00	0.00
Annualization	\$10,272.00	\$0.00	\$0.00	\$0.00

Housing Quality Standards Certification

Form G

Complete Form G before assisting a unit and annual eligibility recertifications. Complete Form G if household residency has changed.

Assisted housing, including shared housing arrangements, must meet safety and sanitation standards and comply with applicable state and local housing codes, licensing provisions, and any other structural or operational requirements. Assisted housing must also meet all Habitability Standards, Lead Safe Housing Rules, Fire Safety Requirements, and Carbon Monoxide Safety Requirements. Housing assisted by TBRA or FBHA require inspections. Housing assisted by STRMU or PHP do not require inspections, but households must certify their housing meets all standards and requirements. Mark each standard as A for approved or D for deficient.

Client Name and/or ID Number: Bruce Wayne (12345) (Sample)
Housing Case Manager Name: Blade Berkman
Proposed Address: 456 Martha Avenue, Gotham City, Texas 78752, Travis County
Property Contact: Harvey Dent, 222-222-2222

Habitability Standards and Additional Requirements

- A 1 **Structure and materials:** The structures must be structurally sound so as not to pose any threat to the health and safety of the occupants and so as to protect the residents from hazards.
- A 2 **Access:** The housing must be accessible and capable of being utilized without unauthorized use of other private properties. Structures must provide alternate means of egress in case of fire.
- A 3 **Space and security:** Each resident must be afforded adequate space and security for themselves and their belongings. An acceptable place to sleep must be provided for each resident.
- A 4 **Interior air quality:** Every room or space must be provided with natural or mechanical ventilation. Structures must be free of pollutants in the air at levels that threaten the health of residents.
- A 5 **Thermal environment:** The housing must have adequate heating and/or cooling facilities in proper operating condition.
- A 6 **Water supply:** The water supply must be free from contamination at levels that threaten the health of individuals.
- A 7 **Illumination and electricity:** The housing must have adequate natural or artificial illumination to permit normal indoor activities and to support the health and safety of residents. Sufficient electrical sources must be provided to permit use of essential electrical appliances while assuring safety from fire.
- A 8 **Food preparation and refuse disposal:** All food preparation areas must contain suitable space and equipment to store, prepare, and serve food in a sanitary manner.
- A 9 **Sanitary condition:** The housing and any equipment must be maintained in sanitary condition.
- A 10 **Lead-based paint:** Unless otherwise [exempt](#), if the structure was built prior to 1978, a child under the age of six is [expected to reside](#) in the unit, and the property has a [deteriorated paint](#) surface inside or outside the structure, the property cannot be approved until the surface is [appropriately controlled](#) and [cleared](#). If a child under the age of six has an [elevated blood lead level](#), see the DSHS HOPWA Program Manual, Appendix B for additional instructions.
 - a Enter the year the housing was built or most recently rehabilitated. 1975 N
 - b Will a child under the age of six or pregnant person reside in the housing? N Is the housing exempt
 - c Does the household own and reside in the housing? N from lead-based paint
 - d Does or will the household lease or sublease the housing from an owner? Y requirements?
 - e Do you expect the housing assistance to continue for more than 100 cumulative day: Y
 - I have provided a ["Protect Your Family from Lead in Your Home"](#) pamphlet to the household. ?
 - I have retained a ["Disclosure of information on Lead-Based Paint and/or Lead-Based Paint Hazards"](#) ([English](#) | [Spanish](#)) in the household's record. If the lease agreement already included a disclosure, then I have attached a copy. If it did not, then the lessor and lessee have completed the disclosure, provided a copy to me, and I have attached it. ?
 - I have [visually assessed](#) the housing and the owner has completed applicable [hazard reduction requirements](#). ?
- A 11 **Smoke detection:** The housing must contain a smoke detector; both inside and outside of sleeping areas; on each level.
- A 12 **Carbon monoxide detection:** If equipped with combustion appliances or an attached garage, the housing must contain a carbon monoxide detector; outside each sleeping area; inside sleeping areas with combustion appliances; on each level. Combustion appliances burn fuel for heating, cooking, or decorating (e.g., furnace, range, fireplace, etc.).

Certification

- I am not a HUD certified inspector. I **have** inspected the housing above to the best of my ability for the following activity(ies):
 - TBRA** **STRMU*** **FBHA** **PHP**/**** *Pre-1978 & yes to b & e **TBRA or FBHA & PHP
 - I have found that this housing **meets** all standards. I have found that this housing **does not meet** all standards.
- OR
- I **have not** inspected the housing above, but the household has confirmed that it **meets** all standards for the following activity(ies):
 - STRMU** **PHP**

Housing Case Manager Signature: Blade Berkman Date: 11/20/24

Housing Quality Standards Certification is complete. The proposed unit is approved.

Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards

Lead Warning Statement

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

Lessor's Disclosure

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

(i) _____ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

(ii) Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the lessor (check (i) or (ii) below):

(i) _____ Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

(ii) Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Lessee's Acknowledgment (initial)

(c) N/A Lessee has received copies of all information listed above.

(d) BW Lessee has received the pamphlet *Protect Your Family from Lead in Your Home*.

Agent's Acknowledgment (initial)

(e) _____ Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852(d) and is aware of his/her responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

<u>Harvey Dent</u>	12/01/24	_____	_____
Lessor	Date	Lessor	Date
<u>Bruce Wayne</u> (SAMPLE)	12/01/24	_____	_____
Lessee	Date	Lessee	Date
_____	_____	_____	_____
Agent	Date	Agent	Date

Check Request Vouchers

Supporting Documentation

Executed leases, mortgages, utility bills, ledgers, etc. paid for

NOTE: The documentation must be current, predate service dates, and correspond with related service forms and check request vouchers.

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.					
	2 Business name/disregarded entity name, if different from above					
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):			
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC	<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____					
	Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.					
	<input type="checkbox"/> Other (see instructions) ▶ _____					Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions.			Requester's name and address (optional)			
6 City, state, and ZIP code						
7 List account number(s) here (optional)						

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-			-				
or											
Employer identification number											
				-							

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.

You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.

You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

*Note: The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

Service Outcome Assessment and Program Disenrollment Worksheet

Form P

Complete Form P if the household will disenroll from the program or continue to the next annual eligibility period. Track service outcomes as they occur.

Client Name and/or ID Number: Bruce Wayne (12345) (Sample)
Housing Case Manager Name: Blade Berkman

Access to Care Assessment

Check all that apply	Did the household receive any type of housing assistance services?		<u>Yes</u>
	<input checked="" type="checkbox"/> Had contact with a case manager	<i>Access to Support</i>	?
	<input checked="" type="checkbox"/> Developed a housing plan for maintaining or establishing stable housing	<i>Support for Stable Housing</i>	?
	<input checked="" type="checkbox"/> Accessed and/or maintained medical insurance and/or assistance	<i>Access to Health Care</i>	?
	<input checked="" type="checkbox"/> Had contact with a primary health care provider	<i>Access to Health Care</i>	?
	<input checked="" type="checkbox"/> Accessed and/or maintained sources of income	<i>Sources of Income</i>	?
	<input checked="" type="checkbox"/> Obtained and/or maintained an income-producing job	<i>Sources of Income</i>	?

Income Assessment

Check all that apply	Did the household access and/or maintain any of the following types of income?		<u>Yes</u>
	<input checked="" type="checkbox"/> Earned income from employment		
	<input type="checkbox"/> Retirement		
	<input type="checkbox"/> Supplemental Security Income (SSI)		
	<input checked="" type="checkbox"/> Social Security Disability Income (SSDI)		
	<input checked="" type="checkbox"/> Other welfare assistance (SNAP, WIC, TANF, etc.)		?
	<input type="checkbox"/> Private disability insurance		
	<input type="checkbox"/> Veterans disability payment (service or non-service connected payment)		
	<input type="checkbox"/> Regular contributions or gifts from organizations or persons not residing in the dwelling		
	<input type="checkbox"/> Workers compensation		
	<input type="checkbox"/> General assistance (GA) or local program equivalent		
	<input type="checkbox"/> Unemployment insurance		
	<input checked="" type="checkbox"/> Other		

Medical Insurance Assessment

Check all that apply	Did the household access and/or maintain any of the following types of medical insurance and/or assistance?		<u>Yes</u>
	<input type="checkbox"/> Medicaid health program or local program equivalent		
	<input checked="" type="checkbox"/> Medicare health insurance or local program equivalent		
	<input type="checkbox"/> Veterans Affairs medical services		
	<input checked="" type="checkbox"/> Texas HIV Medication Program (THMP)		?
	<input type="checkbox"/> Children's Health Insurance Program (CHIP) or local program equivalent		?
	<input checked="" type="checkbox"/> Ryan White-funded medical and/or dental assistance		?

TBRA Assessment

Household Status	Did the household receive TBRA?		<u>Yes</u>
	If "yes," service start date:		<u>12/01/24</u>
	If "yes," service end date:		<u>09/01/25</u>
	Has the eligible individual ever had an antiretroviral therapy (ART) prescription?		<u>Yes</u>
	Has the eligible individual shown an improved viral load or achieved viral suppression?		<u>Yes</u>
	How long has this household received TBRA services?		<u>Less than 1 year</u>
	<input checked="" type="checkbox"/> Continued to the next year		?
	<input type="checkbox"/> Other HOPWA housing assistance		?
	<input type="checkbox"/> Other non-HOPWA housing assistance	<i>Stable/Permanent Housing</i>	?
	<input type="checkbox"/> Private housing		?
	<input type="checkbox"/> Institutional arrangement expected to last more than six months		?
	<input type="checkbox"/> Institutional arrangement expected to last less than six months	<i>Temporarily Stable/Reduced Risk</i>	?
	<input type="checkbox"/> Transitional housing		?
	<input type="checkbox"/> Temporary housing		?
	<input type="checkbox"/> Emergency shelter		?
	<input type="checkbox"/> Place not meant for human habitation	<i>Unstable Arrangements</i>	?
	<input type="checkbox"/> Jail/Prison term expected to last more than six months		?
	<input type="checkbox"/> Jail/Prison term expected to last less than six months		?
	<input type="checkbox"/> Disconnected from care		?
	<input type="checkbox"/> Death	<i>Life Event</i>	?

Service Outcome Assessment and Program Disenrollment Worksheet

Form P

FBHA Assessment

	Did the household receive FBHA?		<u>No</u>
Household Status	Service start date:	<i>Not applicable</i>	
	Service end date:	<i>Not applicable</i>	
	How long has this household received FBHA services?		
	<input type="checkbox"/> Continued to the next year		?
	<input type="checkbox"/> Other HOPWA housing assistance		?
	<input type="checkbox"/> Other non-HOPWA housing assistance	<i>Stable/Permanent Housing</i>	?
	<input type="checkbox"/> Private housing without housing assistance		?
	<input type="checkbox"/> Institutional arrangement expected to last more than six months		?
	<input type="checkbox"/> Institutional arrangement expected to last less than six months	<i>Temporarily Stable/Reduced Risk</i>	?
	<input type="checkbox"/> Transitional housing		?
	<input type="checkbox"/> Temporary housing		?
	<input type="checkbox"/> Emergency shelter		?
	<input type="checkbox"/> Place not meant for human habitation	<i>Unstable Arrangements</i>	?
	<input type="checkbox"/> Jail/Prison term expected to last more than six months		?
	<input type="checkbox"/> Jail/Prison term expected to last less than six months		?
<input type="checkbox"/> Disconnected from care		?	
<input type="checkbox"/> Death	<i>Life Event</i>	?	

STRMU Assessment

	Did the household receive STRMU?		<u>Yes</u>
Household Status	If "yes," service start date:		<u>09/10/24</u>
	If "yes," service end date:		<u>11/30/24</u>
	Is this the first time the household ever received STRMU?		<u>Yes</u>
	Did the household receive STRMU during the previous STRMU eligibility period?	<i>Not applicable</i>	
	Did the household receive STRMU three or more times during the previous five STRMU eligibility periods?	<i>Not applicable</i>	
	Did the household receive STRMU during the last five consecutive STRMU eligibility periods?	<i>Not applicable</i>	
	<input type="checkbox"/> Continued to the next year		?
	<input checked="" type="checkbox"/> Other HOPWA housing assistance		?
	<input type="checkbox"/> Other non-HOPWA housing assistance	<i>Stable/Permanent Housing</i>	?
	<input type="checkbox"/> Private housing without housing assistance		?
	<input type="checkbox"/> Institutional arrangement expected to last more than six months		?
	<input type="checkbox"/> Institutional arrangement expected to last less than six months		?
	<input type="checkbox"/> Likely to need additional STRMU to maintain current housing arrangements	<i>Temporarily Stable/Reduced Risk</i>	?
	<input type="checkbox"/> Transitional housing		?
	<input type="checkbox"/> Temporary housing		?
<input type="checkbox"/> Emergency shelter		?	
<input type="checkbox"/> Place not meant for human habitation	<i>Unstable Arrangements</i>	?	
<input type="checkbox"/> Jail/Prison term expected to last more than six months		?	
<input type="checkbox"/> Jail/Prison term expected to last less than six months		?	
<input type="checkbox"/> Disconnected from care		?	
<input type="checkbox"/> Death	<i>Life Event</i>	?	

PHP Assessment

	Did the household receive PHP?		<u>Yes</u>
Household Status	If "yes," service start date:		<u>11/20/24</u>
	If "yes," service end date:		<u>11/20/24</u>
	<input checked="" type="checkbox"/> Other HOPWA housing assistance		?
	<input type="checkbox"/> Other non-HOPWA housing assistance	<i>Stable/Permanent Housing</i>	?
	<input type="checkbox"/> Private housing without housing assistance		?

Did the household disenroll from the program or continue to the next program year?	<u>Continued</u>
Disenrollment date:	
Disenrollment reason:	

Housing Case Manager Signature: Blade Berkman Date: 09/07/25

Service Outcome Assessment and Program Disenrollment Worksheet is complete.