

PROGRAM APPLICATION- HousingSmarts



Neighborhood Housing and Community Development (NHCD)
Austin Housing Finance Corporation (AHFC)
MAILING ADDRESS: P. O. Box 1088 • Austin, Texas 78767
DELIVERY ADDRESS: 1000 E. 11th Street, Suite 200
Phone: (512) 974-3100 • Fax (512) 974-3161
Email: nhcdcs@austintexas.gov
Website: www.austintexas.gov/department/housing



Thank you for your interest in the City of Austin NHCD HousingSmarts Homebuyer Education Program. Please fill out all attached forms and gather all applicable documentation listed in attached document checklist. Information in this application is confidential. It is used to establish eligibility for local and federal program and is only released to persons outside of the program and funding agencies with your written permission.

Date of Application: _____

Class Dates: Option 1 _____ Option 2 _____

Section 1 – Eligibility Requirements:

1. You must be a resident of the City of Austin.
2. Your household's gross annual must be 80% or below the Median Family Income (MFI) for the City of Austin.
3. All City of Austin employees are eligible.

Section 2 – Applicant Information

Name: _____		
Last	First	Middle Initial
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Property Address: _____		
City: _____	State: _____	Zip: _____
Primary E-mail _____	Secondary E-mail _____	
Work Phone: _____	Cell Phone: _____	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		
Are you a: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Alien: Alien number A: _____		
Other: _____		
1st Employer _____	2nd Employer _____	

Section 3 – Household Members

List **all persons** (children and adults) living in the home, along with their gross income. By signing in Section 4, you certify, that the current gross monthly and annual income of all persons living in the home has been listed below. Please include SSI, SSDI, and VA Benefits.

Total number of persons living in the household: _____

Section 3 – Household Members Cont.

Name	Relationship	Date of Birth	Age/Sex	Gross Income/ Pay Period
				\$
				\$
				\$
				\$
				\$
TOTAL				\$

Section 4 – Demographic Information

APPLICANT

Ethnic Categories (select one)
 Hispanic or Latino Not-Hispanic or Latino

Racial Categories (select all that apply)
 American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White Other

Other Categories
 Disabled Female Head of Household Elderly City of Austin Employee

Section 8 – Applicant(s) Signatures

By signing this application you swear under penalty of perjury that the information provided is true and correct to the best of your knowledge. You understand that any omissions or discrepancies found at any time may disqualify you from the program(s) and also may require your immediate repayment of any funds spent. You authorize NHCD or AHFC to contact any source to solicit and/or verify what is necessary for eligibility. You authorize NHCD or AHFC to share and/ or refer you and your information to other organizations or other city departments for additional assistance and/ or to avoid duplication of services.

_____ Signature of Applicant/Guardian	_____ Date
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The City of Austin is committed to complying with the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973, as amended. Reasonable modifications and equal access to communications will be provided upon request. Please call (512) 974-3100 (voice) or route through Relay Texas at 711 for assistance. The City of Austin does not discriminate on the basis of disability in providing admission, access to, treatment, or employment in its programs and activities. For complaints regarding your ADA/ Section 504 rights, please contact Dolores Gonzalez, City of Austin ADA/504 Coordinator at (512) 974-3256 or route through Relay Texas at 711.

APPLICATION CHECKLIST - HousingSmarts



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When you have completed these steps, you may submit your application in person, by email, fax, or mail 48 hours before the first class. We look forward to working with you!

- Application** (original) completed & signed.
- Picture Identification** for applicant(s).
Texas Driver's license, Texas Identification Card, or Passport
- Most recent paycheck stub** for all household members, 18+ years old

FY 2015 Schedule

Please choose either the Tuesday class series or the Thursday class series. You must attend BOTH classes in series to graduate.

No Thursday Classes in January	Jan 20th and 27th
Feb 5th and 12th	Feb 17th and 24th
March 5th and 12th	March 24th and 31st
April 2nd and 9th	April 21st and 28th
May 7th and 14th	May 19th and 26th
June 4th and 11th	June 23rd and 30th
July 2nd and 9th	July 21st and 28th
Aug 6th and 13th	Aug 18th and 25th
Sept 3rd and 10th	Sept 22nd and 29th