

# 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. 11<sup>th</sup> Street, Suite 200  
Phone: (512) 974-3100 • Fax (512) 974-3161  
Email: [nhcdcs@austintexas.gov](mailto:nhcdcs@austintexas.gov)  
Website: [www.austintexas.gov/department/housing](http://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.

*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 or income verification** (such as Social Security Awards letter) for all household members, 18+ years old

## 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
SELF				\$
				\$
				\$
				\$
				\$
TOTAL				\$

### Section 4 – Demographic Information

<b>APPLICANT</b>			
<u>Ethnic Categories (select one)</u>			
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not-Hispanic or Latino		
<u>Racial Categories (select all that apply)</u>			
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Other	
<u>Other Categories</u>			
<input type="checkbox"/> Disabled	<input type="checkbox"/> Female Head of Household	<input type="checkbox"/> Elderly	<input type="checkbox"/> 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

# APPLICATION CHECKLIST - 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. 11<sup>th</sup> Street, Suite 200  
 Phone: (512) 974-3100 • Fax (512) 974-3161  
 Email: [nhcdcs@austintexas.gov](mailto:nhcdcs@austintexas.gov)  
 Website: [www.austintexas.gov/department/housing](http://www.austintexas.gov/department/housing)



## FY 2017-2018 Schedule

You must attend BOTH classes in series to graduate.

Thursdays from 4-8pm	Tuesdays from 1-5 PM
October 5 <sup>th</sup> and 12 <sup>th</sup>	October 24 <sup>th</sup> and 31 <sup>st</sup>
November 2 <sup>nd</sup> and 9 <sup>th</sup>	November 21 <sup>st</sup> and 28 <sup>th</sup>
December 7 <sup>th</sup> and 14 <sup>th</sup>	No Tuesday Classes
Jan 4 <sup>th</sup> and 11 <sup>th</sup>	January 23 <sup>rd</sup> and 30 <sup>th</sup>
February 1 <sup>st</sup> and 8 <sup>th</sup>	February 20 <sup>th</sup> and 27 <sup>th</sup>
March 1 <sup>st</sup> and 8 <sup>th</sup>	March 20 <sup>th</sup> and 27 <sup>th</sup>
April 5 <sup>th</sup> and 12 <sup>th</sup>	April 17 <sup>th</sup> and 24 <sup>th</sup>
May 3 <sup>rd</sup> and 10 <sup>th</sup>	May 22 <sup>nd</sup> and 29 <sup>th</sup>
June 7 <sup>th</sup> and 14 <sup>th</sup>	June 19 <sup>th</sup> and 26 <sup>th</sup>
July 5 <sup>th</sup> and 12 <sup>th</sup>	July 24 <sup>th</sup> and 31 <sup>st</sup>
August 2 <sup>nd</sup> and 9 <sup>th</sup>	August 21 <sup>nd</sup> and 28 <sup>th</sup>
No Thursday Classes	September 18 <sup>th</sup> and 25 <sup>th</sup>

## All Day Friday or Saturday Classes

You must attend class ALL DAY in order to graduate.  
 Classes will be held from 9am-5pm

Saturday Dec 16 <sup>th</sup> from 9am-5pm	Friday September 21 <sup>st</sup> from 9am – 5pm
--	--

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.