

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 live within Austin Full Purpose city limits.
2. Your household's gross annual income must be at or below 120% Median Family Income (MFI).
3. City of Austin employees are eligible regardless of their income and residency.
4. Local, state, and federal government employees; employees of school districts within the City of Austin; Social Security Disability Insurance recipients and Veterans are eligible regardless of their income. But they must live within Austin Full Purpose city limits.
5. These eligibility requirements are applicable ONLY to HousingSmarts Program.

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** (completed & signed).
- Picture Identification** for applicant(s).
Texas Driver's license, Texas Identification Card, or Passport
- Most recent paycheck stub or income verification for all household members, 18+ years old** (such as Social Security Awards letter, child support payments, SSDI, VA, tax returns etc.,).

Section 2 – Applicant Information

Name: _____		
<i>Last</i>	<i>First</i>	<i>Middle Initial</i>
Current Address: _____		
City: _____	State: _____	Zip: _____
Primary E-mail: _____	Secondary E-mail: _____	
Work Phone: _____	Cell Phone: _____	
Are you a: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other: _____		

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 child support payments, SSI, SSDI, and VA Benefits.

Total number of persons living in the household: _____

Name	Relationship	Date of Birth	Age	Gross Income/ Pay Period
SELF				\$
				\$
				\$
				\$
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
 Local, State, and Federal Government Employee City of Austin School District Employee
 SSDI recipient Veteran

I certify that I am a First Time Home Buyer (Never owned a home; have not owned in 3 years; displaced by divorce or natural disaster)
 Yes No

Section 5 – 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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APPLICATION CHECKLIST - HousingSmarts



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FY 2019-2020 Schedule	
Fridays from 8:30am–5pm All day – 8 hour Class (Half hour break at Noon)	Tuesdays from 1-5 PM Two – 4 hour Classes (Must attend <u>both</u> classes)
October 4, 2019	October 15 and 22, 2019
November 1, 2019	November 12 and 19, 2019
December 6, 2019	December 10 and 17, 2019
January 10, 2020	January 21 and 28, 2020
February 7, 2020	February 11 and 18, 2020
March 6, 2020	March 17 and 24, 2020
April 3, 2020	April 14 and 21, 2020
May 1, 2020	May 19 and 26, 2020
June 5, 2020	June 16 and 23, 2020
July 10, 2020	July 21 and 28, 2020
August 7, 2020	August 18 and 25, 2020
September 4, 2020	September 15 and 22, 2020

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.