

**ANNUAL ELIGIBILITY CERTIFICATION**  
Housing Tax Credit (HTC), TCAP, and Exchange Only

**PART I: DEVELOPMENT DATA**

Property Name: \_\_\_\_\_ County: \_\_\_\_\_ BIN# \_\_\_\_\_ Effective Date: \_\_\_\_\_  
 TDHCA# \_\_\_\_\_ Unit#: \_\_\_\_\_ # Bedrooms: \_\_\_\_\_ Move-in Date: \_\_\_\_\_  
 \*Transfer from unit: \_\_\_\_\_

**PART II: HOUSEHOLD COMPOSITION (TO BE COMPLETED BY THE HOUSEHOLD)**

The Texas Department of Housing and Community Affairs (TDHCA) is required to comply with HUD's reporting requirements; however, you are not required to provide this information. You may not be discriminated against on the basis of this information, or on whether or not you choose to furnish it. If you do not wish to furnish this information, please initial below.

**RESIDENT:** I do not wish to give information regarding ethnicity, race, sex, date of birth, elderly and disabled. (Initials) \_\_\_\_\_

If you choose not to give ethnicity, race, sex, age and other, *the Household Member name, Relationship to head of household and Student Status must still be completed.*

HH Mbr #	Household Member Full Name	Relationship to head of household	Student Status (circle one)	Sex M/F	Date of Birth (MM/DD/YY)	Race enter up to 5 categories	Ethnicity	Disabled?
1		HEAD	PT / FT / NA					
2			PT / FT / NA					
3			PT / FT / NA					
4			PT / FT / NA					
5			PT / FT / NA					
6			PT / FT / NA					

**Definitions:**

<b>Race</b>	Enter each household member's race by using, at least one, of the following coded definitions (up to 5 categories may be selected):	1. White 2. Black/African American 3. American Indian/Alaska Native	4. Select from the following: 4a - Asian India    4b - Chinese 4c - Filipino        4d - Japanese 4e - Korean         4f - Vietnamese 4g - Other Asian	5. Select from the following: 5a - Native Hawaiian 5b - Guamanian or Chamorro 5c - Samoan 5d - Other Pacific Islander	6. Other 7. Tenant did not respond
<b>Ethnicity</b>	Enter each household member's ethnicity by using one of the following coded definitions:				1. Hispanic/Latino 2. Not Hispanic 3. Tenant did not respond
<b>Disabled</b>	Select yes if any member of the household is disabled according to Fair Housing Act definition for handicap (disability): • A physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment. For a definition of "physical or mental impairment" and other terms used in this definition, please see 24 CFR 100.201, available at: <a href="http://www.fairhousing.com/index.cfm?method=page.display&amp;pagename=regs_fhr_100-201">http://www.fairhousing.com/index.cfm?method=page.display&amp;pagename=regs_fhr_100-201</a> . • "Handicap" does not include current, illegal use of or addiction to a controlled substance.				1. Yes 2. No 3. Tenant did not respond

**PART III: STUDENT STATUS**

Check A, B, or C, as applicable (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses):

- A.** Household contains at least one occupant who is not a student, has not been a student, and will not be a student for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed.
- B.** Household contains all students, but is qualified because the following occupant(s) \_\_\_\_\_ is/are a part-time student(s). Documentation of part time student status is required for at least one member of the household.
- C.** Household contains all full-time students for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, questions 1-5, below must be completed:
- |   |  |
|---|--|
| 1. Is at least one student receiving assistance under Title IV of the Social Security Act?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Was at least one student previously under the care and placement responsibility of the state agency responsible for administering foster care? (provide documentation of participation)  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws?(attach documentation of participation) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Is at least one student a single parent with child(ren) and this parent is not a dependent of another individual and the child(ren) is/are not dependent(s) of someone other than a parent?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Are the students married and entitled to file a joint tax return?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**PART IV: RENT**

Does the household receive rental assistance?     YES     NO

Is the source of the rental assistance Federal?     YES     NO

If Yes, identify the type of Federal Rental Assistance:

If No, what is the source of the assistance? \_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> HUD Multi-Family Project-Based Rental Assistance (PBRA)                  | <input type="checkbox"/> HUD Housing Choice Voucher (HCV- tenant based)       |
| <input type="checkbox"/> HUD Section 8 Moderate Rehabilitation                                    | <input type="checkbox"/> HUD Project-Based Voucher (PBV)                      |
| <input type="checkbox"/> Public Housing Operating Subsidy   | <input type="checkbox"/> USDA Section 514, 515, 521 Rental Assistance Program |
| <input type="checkbox"/> HOME Tenant Based Rental Assistance (TBRA)                               | <input type="checkbox"/> Other Federal Rental Assistance _____                |
| <input type="checkbox"/> HUD Rental Assistance Demonstration (RAD)-Based Rental Assistance (PBRA) |   |

**PART V: HOUSEHOLD CERTIFICATION & SIGNATURE(S)**

Under penalties of perjury, I/we certify that I/we have completed Part II of this certification and that the information presented in this Certification is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date	_____ Signature	_____ Date