

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: nhdcs@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.

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

Section 2 – Applicant Information

Name: _____			
	<i>Last</i>	<i>First</i>	<i>Middle Initial</i>
Gender: <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
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

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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APPLICATION CHECKLIST - HousingSmarts



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FY 2016-2017 Schedule

. You must attend BOTH classes in series to graduate.

Thursdays from 4-8pm	Tuesdays from 1-5 PM
No Thursday Classes	October 18 th and 25 th
No Thursday Classes	November 22 nd and 29 th
December 1 st and 8 th	No Tuesday Classes
No Thursday Classes	January 24 th and 31 st
February 2 nd and 9 th	February 21 st and 28 th
March 2 nd and 9 th	March 21 st and 28 th
April 6 th and 13 th	April 18 th and 25 th
May 4 th and 11 th	May 23 rd and 30 th
June 1 st and 8 th	June 23 rd and 30 th
July 6 th and 13 th	July 18 th and 25 th
No Thursday Classes	August 22 nd and 29 th
No Thursday Classes	September 19 th and 26 th

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.