

**BRENHAM HOUSING AUTHORITY**  
**1801 Northview Circle Dr**  
**Brenham, Texas 77833**  
**Phone (979) 836-9221 / Fax (979) 830-8701**

This application your annual re-certification for the following HUD programs:

**Housing Choice Voucher Program**, formerly known as Section 8 (units that are owned by owners and other landlords in the community)

**RAD Program**, RAD is tax credit program/HVC project-based program. These units are located at Northview Circle Dr & Pecan Circle Dr and on Hosea Street.

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**Please read carefully. Instructions for completing the application.**

Complete the ENTIRE application and must be in blue or black ink.

Do not leave any blanks on the application. If the question does not pertain to you, put N/A or if the answer is zero (0), write zero (0).

VAWA Documents are available upon request and are in the main lobby of the housing authority.

Applicants who were age 62 or older as of January 31, 2010, and who do not have a SSN, if they were receiving HUD rental assistance at another location on January 31, 2010. This information is needed in order for the owner to verify whether the applicant qualifies for the exemption from disclosing and providing verification of a SSN.

Completing the attached verifications. ONLY complete the tops sections of the needed verifications. If the attached verification does not apply to you, you do not have to complete it. If you are working and receiving general assistance (food stamps), then you would have to complete those two verifications. If there is a child in the home, you must complete the Child Support verification and either bring the 9L002 from the Child Support office or we can assist you with printing the 9L002 with your CIN number.



Brenham Housing Authority and all affiliates do not discriminate against persons with disabilities.





**RECERTIFICATION FOR THE HOUSING AND/OR RENTAL ASSISTANCE**

**1801 Northview Circle Dr Brenham, TX 77833**

(979) 836-9221, Phone (979) 830-8701, Fax

Name: \_\_\_\_\_  
 Current Mailing Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 e-mail: \_\_\_\_\_

**INFORMATION ABOUT ALL HOUSEHOLD MEMBERS**

List below **all persons age 18 and older** (head/co-head/spouse regardless of age) that will be living in the home beginning with the head of household. Each box must be completed for each member. No one except those listed can live in the home!

Full Name	Position to Head *	US Citizen Y/N	Disabled Y/N	Handicapped Y/N	Sex* M/F	Date of Birth	Age	Student Full/Part	Social Security # or Alien Registration #
1									
2									
3									

\* [ ] I decline to answer the

List all **children** who will be living in the home, oldest to youngest.

Full Name	Race/Ethnicity	US Citizen Y/N	Disabled Y/N	Handicapped Y/N	Sex M/F	Date of Birth	Age	Student Full/Part	Social Security # or Alien Registration #
1									
2									
3									
4									
5									
6									

**Race/Ethnicity of Head of Household (For HUD purposes only)**

Check the appropriate race. (More than one category can be entered if applicable)

- White                       Black/African American                       American Indian/Alaskan Native  
 Asian                               Native Hawaiian/Other Pacific Islander

Ethnicity: (Check the appropriate ethnicity)    Hispanic/Latino    Not Hispanic/Latino

**Answer the following questions about all members of the household:**

- Has any adult who will live in the home previously lived in a State other than Texas? .....  Yes    No  
 If yes, which family member(s)? \_\_\_\_\_ State lived? \_\_\_\_\_
- Does anyone other than an adult who will live in the home share custody of any of the children listed?  
 Yes    No                      If yes, who? \_\_\_\_\_
- Does anyone who will be living in the home have a divorce decree or court order as the result of a divorce or legal separation?  Yes    No   If yes, who? \_\_\_\_\_
- If married (by ceremony or common law) and the spouse is not listed on this application, list his/her name:  
 \_\_\_\_\_ Where does he/she live? \_\_\_\_\_  
 Is the absence temporary or permanent? \_\_\_\_\_
- Is there anyone else not listed on the application who is temporarily absent from the home?  
 Yes    No                      If yes, who? \_\_\_\_\_
- Is anyone who will be living in the home expecting a child?  
 Yes    No                      If yes, who? \_\_\_\_\_

7. Has anyone who will be living in the home ever used another social security number other than the one listed on this application?  Yes  No If yes, who? \_\_\_\_\_
8. Has anyone who will be living the home ever used another name, other than the one they are using now?  
 Yes  No If yes, who, what names? \_\_\_\_\_
9. Is there anyone in the home a Veteran?  
 Yes  No If yes, who? \_\_\_\_\_
10. Do you own a car? If yes, list the year, make and model. \_\_\_\_\_
11. Does anyone in your household require any type of accommodations to fully utilize our programs?  
 Yes  No If yes, what type? \_\_\_\_\_

**Secondary Contact Information:**

List the names, addresses, and telephone numbers of two relative or friends who live in the area or who can contact you:

1. Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_
2. Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**PRESENT AND PREVIOUS HOUSING INFORMATION**

List your current living information. Then list all prior addresses and/or landlords for the past five (5) years. If living with family or friends, please list that as well.

1. Current landlord: \_\_\_\_\_ Phone: \_\_\_\_\_  
Landlord Address: \_\_\_\_\_  
Address rented: \_\_\_\_\_ How long? \_\_\_\_\_
2. Current landlord: \_\_\_\_\_ Phone: \_\_\_\_\_  
Landlord Address: \_\_\_\_\_  
Address rented: \_\_\_\_\_ How long? \_\_\_\_\_
3. Current landlord: \_\_\_\_\_ Phone: \_\_\_\_\_  
Landlord Address: \_\_\_\_\_  
Address rented: \_\_\_\_\_ How long? \_\_\_\_\_

**CRIMINAL BACKGROUND AND OTHER INFORMATION**

These questions apply to you and all members of your household:

1. Has any household member ever been convicted, plead guilty to or received deferred adjudication for any crime  
.....  Yes  No  
If yes, how many times? \_\_\_\_\_ Please explain. (Include who, when, and the reason for the conviction. Attach a separate sheet if needed) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Is any household member a sex offender or subject to lifetime registration as a sex offender?.....  Yes  No  
If yes, who? \_\_\_\_\_ In what State(s)? \_\_\_\_\_
3. Is any household member ever been evicted? .....  Yes  No  
If yes, how many times? \_\_\_\_\_ Please explain. \_\_\_\_\_
4. Is any member of the household currently using illegal drugs?  Yes  No If yes, who? \_\_\_\_\_
5. Does any household member abuse alcohol in a way that threatens the health, welfare or safety of others?  
 Yes  No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_



**INFORMATION ABOUT THE ASSETS OF ALL FAMILY MEMBERS**

*An asset is something of value that can be converted to cash. If marked "yes", explain on the table below.*

1. Do you or any family member have any of the following?

- |  |  |
|--|--|
| Savings account?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                   | Checking account?..... <input type="checkbox"/> Yes <input type="checkbox"/> No          |
| Certificates of deposit?..... <input type="checkbox"/> Yes <input type="checkbox"/> No           | Money market account?..... <input type="checkbox"/> Yes <input type="checkbox"/> No      |
| Employment or SSI/SS Prepaid Debit Card <input type="checkbox"/> Yes <input type="checkbox"/> No | Child Support Debit card? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No |

Family Member Name	Bank Name	Account Number	Balance

2. Do you or any family member own or have access to any of the following? List all accounts below.

- |   |   |
|---|---|
| Stocks/ 401k?..... <input type="checkbox"/> Yes <input type="checkbox"/> No             | Burial Plot Policy?..... <input type="checkbox"/> Yes <input type="checkbox"/> No             |
| Real property (land or house)? <input type="checkbox"/> Yes <input type="checkbox"/> No | Life Insurance Policy?..... <input type="checkbox"/> Yes <input type="checkbox"/> No          |
| Pensions?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                 | Individual retirement accounts?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Any other type of investment? .....   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                      |

Family Member Name	Type of Asset	Account Number	Value

**INFORMATION ABOUT HOUSEHOLD EXPENSES**

1. Does any family member have expenses for child care of a child age 12 or younger?.....  Yes  No  
 If yes, complete the following:

Minor's Name	Care Provider			Value
	Name	Address	Phone	

2. Is any portion of these childcare expenses reimbursed from an outside agency (CCMS) or person?....  Yes  No  
 If yes, how much is reimbursed per month? \_\_\_\_\_  
 What is your parent fee? \_\_\_\_\_

3. Do you pay a **care attendant** for a disabled family member so that an adult family member can work? (Could be the person with disabilities).....  Yes  No

Care Attendant			Amount Monthly
Name	Address	Phone	

4. Are you paying for any type of equipment for a disabled family member that enables an adult member to work? (Could be the person with disabilities).....  Yes  No  
 If yes, what is the anticipated monthly cost? \_\_\_\_\_

5. Indicate the dollar amount for your monthly living expenses listed below. Enter the monthly amount, the last dated paid and who paid that expense.

Item	Monthly Amount Spent	Last Date Paid	Who pays this bill?
Rent			
Electricity			
Gas			
Water			
Telephone (Cell Phone)			
TV Cable			
Car payment(s)			
Car insurance			
Gas for car			
Life Insurance			
Health Insurance			
Loan(s)			
Rentals			
Furniture			
Food			
Credit Card Payment(s)			

6. **Medical Expenses –**

This section only applies if the head, spouse, or co-head is 62 years or older, or is disabled.

Do you or any member of the family pay for any of the following items?

- Medical insurance premiums? .....  Yes  No
- Long term care insurance? .....  Yes  No
- Out of pocket prescription expenses? .....  Yes  No
- Past due medical bills? .....  Yes  No
- Other anticipated medical expenses? .....  Yes  No

Please list the type and amount of the medical expenses for all family members that you anticipate paying over the next 12 months:

Family Member Name	Type of Expense	Monthly Amount

**CERTIFICATION OF THE APPLICANT**

*By signing below, I hereby certify that all the information I have provided on this application is true and complete and authorize a criminal background check be completed. I understand that a **CRIMINAL HISTORY CHECK WILL BE RUN ON ALL HOUSHOLD MEMBERS OVER AGE 17.** Criminal backgrounds will be performed to determine eligibility for housing. I authorize and request any and all of my former landlords, employers, and any other persons, companies or organizations (including credit bureaus, schools, and law enforcement agencies), to furnish any information about me and my household members that may be requested by Brenham Housing Authority. I release each such person, company, or organization from any and all liability of whatsoever nature by reason of furnishing such information to BHA, and any agent acting on its behalf. I understand that I am required to notify the Housing Authority in writing within **10 calendar days** if any member of the family moves out of my household, and that I will not permit anyone to move into my unit without prior approval of the Housing Authority. I understand that I must notify the Housing Authority in writing of any changes to the household due to birth, adoption or court-awarded custody. I also understand that any person who attempt to obtain housing assistance or rent reduction by making false statements, by impersonation, by failure to disclose information, or intentionally concealing information, or any act of assistance to such attempt is a crime under Federal and State law.*

**WARNING! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OF THE UNITED STATES AND SHALL BE FINED NOT MORE THAN \$10,000, OR IMPRISONED FOR NOT MORE THAN FIVE YEARS OR BOTH.**

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse or Co-head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Adult Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Adult Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Adult Member

\_\_\_\_\_  
Date

**CERTIFICATION OF HOUSING AUTHORITY REPRESENTATIVE**

I hereby certify by my signature that I have explained all questions on this application form, and reviewed the answers provided with the head of household, to ensure that these questions were fully understood and fully answered.

\_\_\_\_\_  
Signature of BHA Representative ..

\_\_\_\_\_  
Date



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. You may update, remove, or change the information you provide on this form at any time. You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

# Family Summary

Complete the table below. Clearly print ALL people living in your unit.

	Name	Sex (Male or Female)	Birth Date	Age	Social Security Number	Relationship to HOH *
1						HOH
2						
3						
4						
5						
6						
7						
8						
9						
10						

\* HOH - Head of Household

S - Spouse

C - Child

BRENHAM HOUSING AUTHORITY  
 1801 NORTHVIEW CIRCLE DR  
 BRENHAM, TX 77833  
 Phone (979) 836-9221 & Fax (979) 830-8701  
 SWATT5 @BrenhamHousing.org

LR New  
 S8 Re-exam  
 NTA Interim  
 NVV  
 PL

**VERIFICATION OF EMPLOYMENT**

<u>Employer Name, Address, &amp; Tel.#:</u>	<u>Your Name, Address, SS &amp; Tel.#:</u>
_____	_____
_____	_____
_____	_____
Phone #: _____	SS#: _____
Fax#: _____	Res. Tel #: _____

The individual named above is an applicant for housing assistance. Federal regulations require that we must verify the family's income, expenses and other information related to eligibility. We are required to complete our verification process in a short time period and would appreciate your prompt response. Please feel free to contact our office. Thank you for your cooperation.

I hereby authorize the Release of Information requested below.

X \_\_\_\_\_  
 Your Signature (Resident/Applicant) \_\_\_\_\_ Date \_\_\_\_\_  
 Resident's Do Not Write Below Dotted Line

**BELOW TO BE COMPLETED BY EMPLOYER ONLY - Fill out Completely**

1. Date of Employment: \_\_\_\_\_ Position/Occupation: \_\_\_\_\_
2. Home Address: \_\_\_\_\_
3. Date of Termination (if applicable): \_\_\_\_\_
4. Current Rate of Regular Pay: \$ \_\_\_\_\_ per \_\_\_\_\_ (hour, week, month, etc.)
5. Current Rate of Overtime Pay: \$ \_\_\_\_\_ per \_\_\_\_\_ (hour, week, month, etc.)
6. Number of hours weekly employee *anticipated* to work: \_\_\_\_\_ (This is Required)
7. Anticipated average amount of overtime per week: \_\_\_\_\_
8. Employee is paid: Weekly Bi-Weekly Monthly Semi-Monthly
9. Gross annual earnings you anticipate for this employment for the next twelve months: \$ \_\_\_\_\_  
 (gross amount including tips, bonuses, overtime, commissions)
10. Anticipated tips, commissions, bonuses: \$ \_\_\_\_\_
11. Do you anticipate any change in the employee's rate of pay in the near future: ( ) Yes ( ) No  
 If yes: Revised Rate: \_\_\_\_\_ Effective Date: \_\_\_\_\_
12. *Answer ONLY if Home Health Services:* Does the employee have a current client? ( ) Yes ( ) No  
 If not, do you expect a client be assigned in the near future? ( ) Yes ( ) No
13. *Answer ONLY if* the employee's work is seasonal or sporadic:  
 Indicate lay-off periods: \_\_\_\_\_
14. How is the applicant paid: ( ) Check ( ) Cash ( ) Direct Deposit
15. Will receive a ( ) 1099 or a ( ) W2
16. Contributions to company retirement/pension funds (include only amount that can be withdrawn without retiring or termination of employment) \$ \_\_\_\_\_

I certify that the preceding information is true and correct.

Signature of Authorized Official _____	Date _____	Telephone _____
Printed Name & Title: _____	e-mail: _____	

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States Government as to any matter within its jurisdiction. Amount received for childcare are reportable to the IRS.





**BRENHAM HOUSING AUTHORITY**

1801 Northview Circle Dr

Brenham, Texas 77833

Phone (979) 836-9221 Fax (979) 830-8701

\_\_\_ LR \_\_\_ New  
\_\_\_ S8 \_\_\_ Re-exam  
\_\_\_ NTA \_\_\_ Interim  
\_\_\_ NVV  
\_\_\_ PL

**VERIFICATION OF PUBLIC ASSISTANCE**

**PLEASE RETURN COMPLETED FORM TO P. O. ADDRESS AT THE TOP OF THIS PAGE.**

Applicant/Tenant Name: \_\_\_\_\_ SS# \_\_\_\_\_

Recipient of Benefits: SAA SS# SAA

County Receiving Public Assistance Washington County Fax: 1-877-447-2839

Person Requesting Information: AR

The individual named above is an applicant for housing assistance which is subsidized through the Department of Housing & Urban Development. Federal regulations require that in order for the family to be eligible, we must verify the family's income, expenses and other information. The information you provide will be used only for that purpose of determining the family's eligibility for the program. We required to complete our verification process in a short time period and would appreciate your prompt response. If you have any questions, please feel free to contact our office at the above phone number.

I hereby authorize the Texas Department of Human Services to release information regarding my case to the Brenham Housing Authority Office. I also authorize the Brenham Housing Authority to release information regarding my case to the Texas Department of Human Services.

X \_\_\_\_\_  
Your Signature Date

Do Not Write Below Dotted Line

**TO BE COMPLETED BY AUTHORIZED OFFICIAL**

Please give the amount of monthly benefits the above named person is receiving:

AFDC/TANF \$ \_\_\_\_\_ per month Start Date: \_\_\_\_\_

SNAP \$ \_\_\_\_\_ per month Start Date: \_\_\_\_\_

Other Monthly Income (i.e. Child Support, Family Contributions, etc.)

\_\_\_\_\_

Family Composition: \_\_\_\_\_ Adults \_\_\_\_\_ Minors

Is this case being sanctioned? ( ) Yes ( ) No

Provide the amount and term of the specified welfare benefit reduction, the reason for sanction.

\_\_\_\_\_

Subsequent changes in the term or amount of the reduction \_\_\_\_\_

**I certify that the preceding information is true and correct.**

\_\_\_\_\_  
Signature/Title Date Telephone

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States Government as to any matter within its jurisdiction.



**VERIFICATION OF BANKING**

PLEASE RETURN COMPLETED FORM TO THE AT THE TOP OF THIS PAGE

Bank Name & Address:

Your Name, Address, SS, Tel#:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone #: \_\_\_\_\_

SS#: \_\_\_\_\_

Fax#: \_\_\_\_\_

Tel/Email: \_\_\_\_\_

The individual named above is an applicant for housing assistance. Federal regulations require that we must verify the family's income, expenses and other information related to eligibility. We are required to complete our verification process in a short time period and would appreciate your prompt response. Please feel free to contact our office. Thank you for your cooperation.

I hereby authorize the Release of Information requested below.

X \_\_\_\_\_

Your Signature (Resident/Applicant)

Date

Do Not Write Below Dotted Line

**TO BE COMPLETED BY INSTITUTION**

CHECKING ACCOUNT Account Number(s)	Avg. Monthly Balance(s) for Last 6 mths or last 6 mths balance	If Interest Bearing/Rate of Interest	If threshold, Minimum Amount

SAVING ACCOUNT OR Account Number (s)	Current Balance(s)	Interest Rate(s)	If threshold, Minimum Amount

CERTIFICATE OF DEPOSIT Account Number (s)	Current Balance(s)	Interest Rate(s)	Amount of Penalty for Early withdrawal

I certify that the preceding information is true and correct.

Signature/Title

Date

Phone

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States Government as to any matter within its jurisdiction.









**VERIFICATION OF CHILD CARE EXPENSES**

PLEASE RETURN COMPLETED FORM TO THE CONTACT INFORMATION ABOVE.

Caregiver: Name, Address & Telephone

Your Name/Address (Resident/Applicant)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone#: \_\_\_\_\_  
 e-mail/fax \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone#: \_\_\_\_\_

Children's Name: \_\_\_\_\_

Are you a Student: [ ] Full time or [ ] Part time [ ] NA  
 How many hours do you work or go to school a week? \_\_\_\_\_

The individual named above is an applicant for housing assistance. Federal regulations require that we must verify the family's income, expenses and other information related to eligibility. We are required to complete our verification process in a short time period and would appreciate your prompt response. Please feel free to contact our office. Thank you for your cooperation.

I hereby authorize the Release of Information requested below.

X \_\_\_\_\_  
 Your Signature Date

Do Not Write Below Dotted Line

**BELOW TO BE COMPLETED BY CHILD CARE PROVIDER**

I, \_\_\_\_\_ do hereby certify I provide childcare on the following days for the hours indicated for the following children \_\_\_\_\_

When did child care start for this child? \_\_\_\_\_

If no longer there, when did child stop going to this facility? \_\_\_\_\_

- |                             |                         |                              |                         |
|-----------------------------|-------------------------|------------------------------|-------------------------|
| <input type="checkbox"/> M  | Hours-From: _____ AM/PM | <input type="checkbox"/> S   | Hours-From: _____ AM/PM |
| <input type="checkbox"/> T  | Hours-From: _____ AM/PM | <input type="checkbox"/> Sun | Hours-From: _____ AM/PM |
| <input type="checkbox"/> W  | Hours-From: _____ AM/PM | Total Hours per week _____   |                         |
| <input type="checkbox"/> Th | Hours-From: _____ AM/PM | Total Hours per month _____  |                         |
| <input type="checkbox"/> F  | Hours-From: _____ AM/PM |                              |                         |

Amount received for care from the family \$ \_\_\_\_\_ Per Week \$ \_\_\_\_\_ Per Month

Amount received for care from others (CCMS) \$ \_\_\_\_\_ Per Week \$ \_\_\_\_\_ Per Month

Additional fees paid by family (materials, equipment) \$ \_\_\_\_\_ Per Week \$ \_\_\_\_\_ Per Month

Estimated cost of care for the next 12 months \$ \_\_\_\_\_  
 (Include full-time summer care of school children, if applicable.)

Name of person who normally picks up the child \_\_\_\_\_

**I certify that the preceding information is true and correct.**

Childcare/Daycare Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_ Relationship to Parent \_\_\_\_\_

Email: \_\_\_\_\_



BRENHAM HOUSING AUTHORITY  
1801 NORTHVIEW CIRCLE DR  
BRENHAM, TX 77833  
Phone (979) 836-9221 & Fax (979) 830-8701  
SWatts@BrenhamHousing.org

Person Requesting:  
SW  
LR      New  
S8      Re-exam  
NTA     Interim  
Northside Village

**VERIFICATION OF CONTRIBUTIONS**

Name of Contributor:

Applicant/Tenant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

The individual named above is an applicant for housing assistance. Federal regulations require that we must verify the family's income, expenses and other information related to eligibility. We are required to complete our verification process in a short time period and would appreciate your prompt response. Please feel free to contact our office. Thank you for your cooperation.

Please return verification to above address of fax to (979) 830-8701.

I hereby authorize the Release of Information requested below.

**X**

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

DO NOT WRITE BELOW DOTTED LINE

**TO BE COMPLETED BY CONTRIBUTOR**

Example of contributions may include, but not limited to, the following: diapers, wipes, formula, medical, toiletries, car insurance, cable TV, food, clothing etc.

Gross Monthly Gift \$ \_\_\_\_\_ Your relationship to the above named: \_\_\_\_\_

Are any changes to this amount expected within the next twelve (12) months? If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the preceding information is true and correct.

\_\_\_\_\_  
Signature of Contributor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

*X*

\_\_\_\_\_  
E-mail

