



## City of Plano Tenant Based Rental Assistance (TBRA) Program

This application will be used for determining eligibility for the City of Plano Tenant Based Rental Assistance (TBRA) Program. This program is designed to help homeless and at-risk Plano residents with a security deposit, twelve (12) months of rental assistance, and supportive services. The program is funded by the City of Plano and administered by Volunteers of America Texas.

### **TBRA Eligibility**

1. **Income:** Have a household income at or below the limits listed in the following table;

FY 2020 Income Limit	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
60 % limits	\$37,380	\$42,720	\$48,060	\$53,400	\$57,720	\$61,980	\$66,240	\$70,500

2. **COVID-19 Impact:** Economically impacted by COVID-19 (i.e. decrease in household income or increase in expenses due to COVID-19);
3. **Homelessness:** Currently homeless (living outside, in a car, in a shelter, or in a hotel paid for by a charitable organization), or losing current housing within 14 days;
4. **Plano Residency:**
  - a. Reside in Plano for a minimum of 90 days, or
  - b. Reside in a shelter or other temporary living situation outside of Plano but can document loss of permanent housing in Plano after March 1, 2020;
5. **Case Management:** Be willing to meet with a case manager at least monthly during participation in the program.

### **Application Process:**

To determine your eligibility, the following forms and information must be submitted to Volunteers of America Texas:

- ☐ Application
- ☐ Certification of COVID-19 Impact
- ☐ Income Eligibility Form
- ☐ Self-Certification of Annual Income
- ☐ Self-Certification of Homelessness
- ☐ Identification for applicant and household members (i.e. Driver's License, Issued ID, Birth Certificates, etc.)
- ☐ Income documentation (i.e. Paystubs, Bank Statements, Tax Returns, Child Support, Social Security/SSI/SSDI, etc.)
- ☐ If living outside of Plano, documentation of loss of permanent housing in Plano since March 1, 2020.
- ☐ Any other additional verification documents requested by Volunteers of America Texas



[Type here]

**Please submit these forms:**

- 1) In-person or via U.S. Mail:  
Volunteers of America Texas  
2600 K Ave #133  
Plano, Texas 75074
- 2) Online at [www.voatx.org/help-the-homeless](http://www.voatx.org/help-the-homeless).

All applications will be processed on a first-come, first-served basis once complete eligibility documentation is submitted.

For more information about the program, contact 817-905-4479 or [findplanohousing@voatx.org](mailto:findplanohousing@voatx.org).

## City of Plano TBRA Intake Application

The information on this form is needed to determine if your household is eligible to participate in the City of Plano Tenant Based Rental Assistance Program. Please complete this entire form and leave no blanks.

I. THIS SECTION TO BE COMPLETED BY ADMINISTRATOR/ CASE MANAGER	
Staff Name:	Staff Title:
Address:	Organization: Volunteers of America Texas
Email Address:	Phone:

II. THIS SECTION TO BE COMPLETED BY APPLICANT	
A. CONTACT INFORMATION	
Street Address: (as shown on driver's license or government ID)	Apt #:
City/State/Zip:	County:
Current Address: (if different from above)	Apt #:
City/State/Zip:	County:
Email Address:	Home Phone: Cell Phone:
Emergency Contact Name:	Phone:

B. PREVIOUS RESIDENCY INFORMATION	
Previous Address/City/State:	Cost per Month:
Reason For Leaving:	Occupied For: ____ Yrs ____ Mos
Contact/Landlord Name:	Phone:

C. HOUSEHOLD COMPOSITION – List the Head of Household and all other persons who comprise the household						
Full Name (exactly as on driver's license or other govt. document)	Relationship to Head of HH	Date of Birth	Gender	Student Status F/T=Full Time P/T=Part Time	Social Security No./ Alien Registration No.	Receiving income
1	Head of Household		Male Female Non-Binary	F/T   P/T   N/A		Yes No
2	Co-Head Spouse Dependent Other Adult		Male Female Non-Binary	F/T   P/T   N/A		Yes No
3	Co-Head Spouse Dependent Other Adult		Male Female Non-Binary	F/T   P/T   N/A		Yes No
4	Co-Head Spouse Dependent Other Adult		Male Female Non-Binary	F/T   P/T   N/A		Yes No
5	Co-Head Spouse Dependent Other Adult		Male Female Non-Binary	F/T   P/T   N/A		Yes No
6	Co-Head Spouse Dependent Other Adult		Male Female Non-Binary	F/T   P/T   N/A		Yes No

**D. HOUSEHOLD COMPOSITION INFORMATION**

Were any of the household members a full-time student within the last calendar year? NO YES, who? \_\_\_\_\_

Are any of the household members listed above foster children? NO YES, who? \_\_\_\_\_

Are any of the household members listed above a live-in attendant? NO YES, who? \_\_\_\_\_

Are any household members temporarily absent from the home? NO YES, who? \_\_\_\_\_

Indicate reason for temporary absence: \_\_\_\_\_

Do you anticipate any other members will join your household within the next 12 months? NO YES

If yes, explain: \_\_\_\_\_

**E. ANNUAL INCOME (List ALL income of adults and children in your household, except for the earned income from employment by persons under the age of 18)**

Identify income from any of the following sources, including periodic payments:	Head of Household	Co-Head/Spouse	Other Adult Member(s)	Child or Dependent	Total
Salary					
Overtime Pay					
Commissions/Fees					
Tips and Bonuses					
Salary from 2 <sup>nd</sup> job					
Unemployment Benefits					
Income from Military					
Interest/Dividends					
Business Net Income					
Net Rental Income					
Social Security					
Supplemental Security Income					
Pension					
Retirement Funds					
Familial Support					
Temporary Income (explain _____)					
Workers' Compensation					
Alimony					
Child Support (Circle Type) Anticipated, Voluntary, Court Ordered (regardless if paid)					
TANF					
Educational Scholarship/Grant					
Other: Explain: _____					
Total:					

F. CURRENT EMPLOYMENT CONTACT INFORMATION							
Household Member's Name				Occupation		Work Phone	
Name and Street Address of Employer				City		State	Name and Street Address of Employer
Date Hired	Salary \$ _____		Hourly	Weekly	Bi-weekly	Twice a month	# of hours worked per week
			Monthly	Yearly	Other _____		

Household Member's Name				Occupation		Work Phone	
Name and Street Address of Employer				City		State	Zip Code
Date Hired	Salary \$ _____		Hourly	Weekly	Bi-weekly	Twice a month	# of hours worked per week
			Monthly	Yearly	Other _____		

Household Member's Name				Occupation		Work Phone	
Name and Street Address of Employer				City		State	Zip Code
Date Hired	Salary \$ _____		Hourly	Weekly	Bi-weekly	Twice a month	# of hours worked per week
			Monthly	Yearly	Other _____		

Household Member's Name				Occupation		Work Phone	
Name and Street Address of Employer				City		State	Zip Code
Date Hired	Salary \$ _____		Hourly	Weekly	Bi-weekly	Twice a month	# of hours worked per week
			Monthly	Yearly	Other _____		

G. HOUSEHOLD ASSETS (Identify if anyone has any of the following types of assets, including dependents under the age of 18)						
Identify All Asset Sources			Cash Value*	Asset Income (Interest/Dividends)	Name of Financial Institution	Account Number
Checking Account	Yes	No				
Additional Checking Account(s)	Yes	No				
Savings Account	Yes	No				
Additional Savings Account(s)	Yes	No				
Credit Union Account(s)	Yes	No				
Stocks, Bonds, Mutual Funds*	Yes	No				
Real Estate or Home	Yes	No				
IRA/Keogh Account(s)*	Yes	No				
Retirement/Pension Fund(s)*	Yes	No				
Trust Fund(s)	Yes	No				
Mortgage Note Held	Yes	No				
Whole Life Insurance Cash Value*	Yes	No				
Real Estate/Land*	Yes	No				
Other: _____	Yes	No				

\*When listing the "cash value" of any asset with an asterisk, indicate the amount you would have if you were to convert it to cash. The amount would have deducted any penalties for withdrawal, amounts used to pay off a balance, or any fees which may be assessed for the conversion.

**H. HOUSEHOLD ASSET INFORMATION**

1. Has anyone in the household given away anything of value within the last two years? *(if a home was released due to foreclosure, bankruptcy or divorce, answer no)* NO YES If yes, who? \_\_\_\_\_  
 Provide explanation (including the type of asset, estimated value of asset, amount disposed for, and date of disposal): \_\_\_\_\_
2. Has anyone in the household owned a home in the last two years? NO YES If yes, who? \_\_\_\_\_  
 Do they currently own it? NO YES If No, when was it disposed of? \_\_\_\_\_  
 If Yes, Is it being rented? NO YES  
 Is it sitting vacant? NO YES  
 Is it in the process of being sold? NO YES

**I. HOUSING ASSISTANCE – List any assistance provided to or received by any member of the household**

Source	Amount	Date Received	Reason
FEMA Yes No (Federal Emergency Management Agency)			
SBA Yes No (Small Business Administration)			
Section 8 Yes No (Housing and Urban Development)			
TBRA Yes No (Tenant Based Rental Assistance)			
Insurance Yes No (Homeowner)			
Other Yes No Explain: _____			

**J. CONFLICT OF INTEREST INFORMATION**

1. Is anyone in the household currently serving (or served within the last 12 months) as an employee, agent, consultant, officer, or elected or appointed official of City of Plano or Volunteers of America Texas?  
 If YES, identify who, organization and role? \_\_\_\_\_  
 Is this a current role? NO YES If NO, identify date role ceased? \_\_\_\_\_
2. Is anyone in the household related to anyone currently serving (or who has served within the last 12 months) as an employee, agent, consultant, officer, or elected or appointed official of City of Plano or Volunteers of America Texas (either through familial or business ties)? NO YES  
 If YES, identify who, organization and role? \_\_\_\_\_  
 Is this a current role? NO YES If NO, identify date role ceased? \_\_\_\_\_

**K. APPLICANT CERTIFICATION - Please be aware that this information is being used to determine if your household appears eligible to participate under an Affordable Housing Program through the City of Plano.**

**RELEASE:** My/Our signature here authorizes the release and/or verification of my/our employment information.

_____ Applicant/Resident Printed Name	_____ Signature	_____ Date
_____ Co-Applicant/Resident Printed Name	_____ Signature	_____ Date
_____ Adult Member Printed Name	_____ Signature	_____ Date
_____ Adult Member Printed Name	_____ Signature	_____ Date



**City of Plano Tenant Based Rental Assistance (TBRA)  
Self-Certification of COVID-19 Impact**

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Please check the statement that applies to your household below:

☐ Since March 13, 2020, my household has experienced a loss of income due to the COVID-19 pandemic; and/or

☐ Since March 13, 2020, my household has increased costs due to school closures or medical expenses;

Explain the effects of the COVID-19 on your household's finances:

2. Are you currently receiving any other rental assistance under another federal, state, or local rental assistance program?

☐ Yes

☐ No

If Yes, explain:

I certify that the information that I have provided above is an accurate and complete disclosure. I agree to provide documentation of homelessness, COVID-19 impact, and income to the City of Plano or Volunteers of America Texas. I understand that to perjure myself in order to obtain assistance is a fraudulent offense for which I can be prosecuted. I further agree to repay any assistance received that is determined to be a duplication of benefits (i.e. assistance received from two different sources for the same cost, in excess of my need).

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

*Reasonable accommodations will be made for persons with disabilities and language assistance will be made available for persons with limited English proficiency. Please request reasonable accommodation or language assistance from the program administrator.*





## Certification of Income Eligibility

Applicant/Participant Name: \_\_\_\_\_

I, the undersigned applicant, do hereby authorize Volunteers of America, Texas to verify my personal records, including wages, pensions, and investments. It is understood that this authorization is granted for the sole purpose of certifying my eligibility for financial assistance, and that all information acquired in this regard will remain confidential. **BY MY SIGNATURE, I ACKNOWLEDGE THAT ALL INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AM AWARE THAT MAKING A FALSE STATEMENT TO OBTAIN BENEFITS TO WHICH I AM NOT ENTITLED IS A CRIME AND MAY SUBJECT ME TO BOTH CIVIL AND CRIMINAL PENALTIES.**

Signature of Applicant/Participant \_\_\_\_\_

Date \_\_\_\_\_

### FOR AGENCY USE ONLY:

#### INCOME VERIFICATION DATA

The table below should be completed using information provided by the applicant on their intake form and source documentation. Income should be annualized by using current information to project forward 12 months. At least two months of source documentation should be obtained. If unable to obtain two months of source documentation, the use of the self-certification of annual income is allowable. If a self-certification is utilized, use space below to describe steps taken to obtain source documentation.

All Household Members over Age 18	Gross Annual Income	Source of Income
1.		
2.		
3.		
4.		
5.		
6.		

Household Size: \_\_\_\_\_ TBRA Income Limit: \$ \_\_\_\_\_

Staff income calculations based on information provided by Household:

This Household's total annual income is \$ \_\_\_\_\_, which is WITHIN or EXCEEDS (circle one) TBRA income guidelines. I have reviewed this application and find it complete. The above client is APPROVED or DENIED (circle one) TBRA assistance. Reason for denial:

If unable to obtain source documentation, explain attempts to obtain documentation:

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Reasonable accommodations will be made for persons with disabilities and language assistance will be made available for persons with limited English proficiency. Please request reasonable accommodation or language assistance from the program administrator.



**City of Plano Tenant Based Rental Assistance**  
**Self-Certification of Annual Income**

**PART I: ELIGIBILITY**

Tenant Based Rental Assistance is limited to income eligible families whose annual income does not exceed 60 percent of the area median income, as determined by HUD. Assistance is limited to applicants who have lost employment or income either permanently or temporarily due to the COVID-19 pandemic.

FY 2020 Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
60% limits	\$37,380	\$42,720	\$48,060	\$53,400	\$57,720	\$61,980	\$66,240	\$70,500

The applicant must describe how the household's financial situation has changed (e.g., lost employment or reduced income either temporarily or permanently).

## City of Plano Tenant Based Rental Assistance Self-Certification of Annual Income

### PART II: HOUSEHOLD INFORMATION

Enter legal address (where the applicant currently lives) and contact information below. If household is experiencing homelessness or is in temporary housing, provide a mailing address (where the applicant currently receives mail).

	Legal Address	Mailing Address (if different from legal)
Street, Apt./Unit #		
State, City, Zip Code		
Phone Number(s)		
Email(s)		

Enter all household information below and indicate if any member is or will be a part-time/full-time student in the next 12 months. Do not include live-in-aides, children of live-in-aides, foster children, or foster adults.

Household Member #	Name (Last, First, MI)	Relationship to the Head of Household (co-head, spouse, child, etc.)	Birth Date (mm/dd/yyyy)	*Student (Part/Full-time, Neither)	**Disabled (Y/N)
1		Head of Household			
2					
3					
4					
5					
6					

\*Note for Applicant: Students do not qualify for TBRA unless the individual meets one of the exemptions below. Check all that apply:

- ☐ Over age 24     
 ☐ Veteran of the US Military     
 ☐ Married     
 ☐ Has dependent child/ren  
☐ Member is part of a household that is low-income

\*\*Note for Administrator: the "Disabled" column is not required and only provided if deductions under adjusted income at 24 CFR 5.611 will be applied for tenant-based rental assistance programs.

## City of Plano Tenant Based Rental Assistance Self-Certification of Annual Income

### PART III: ANNUAL INCOME

Report all current income and income expected to be received in the next 12 months including long-term **unemployment compensation and all hazard pay. DO NOT INCLUDE:** IRS Economic Impact Payments (stimulus checks), Federal Pandemic Unemployment Compensation (the additional \$600 per week), Lost Wages Supplemental Payment Assistance (Up to \$400 per week), income of a live-in-aide, children of live-in-aides, foster children, foster adults, or the income of minors.

**Section A:** For each household member (HH Mbr#) below, anticipate annual income for the next 12 months by converting current income to annual figures. Convert wages/income by multiplying it by the frequency in which it is received and factor in amounts that will terminate before the end of the next 12 months. Multiply weekly income by 52; Bi-weekly income (received every other week) by 26; Semi-monthly income (received twice each month) by 24; and Monthly income by 12. A full-time student, 18 years or older (excluding the head of household or spouse) should exclude earnings in excess of \$480 for annual income. Leave blank those that do not apply. To determine the total income for the household, add up all columns on the last row of this chart.

Income Sources	HH Mbr# 1	HH Mbr# 2	HH Mbr# 3	HH Mbr# 4	HH Mbr# 5	HH Mbr# 6
Unemployment Compensation (include regular unemployment, Pandemic Unemployment Assistance and Pandemic Emergency Unemployment Compensation) (exclude Federal Pandemic Unemployment Compensation)	\$	\$	\$	\$	\$	\$
Wages, salary, overtime, hazard pay, commissions, fees, tips, bonuses (before payroll deductions)	\$	\$	\$	\$	\$	\$
Net income from business and self-employment (include income from independent contractors, Gig economy jobs such as Etsy, Amazon, eBay, Uber, Lyft, Instacart, Grubhub, etc.)	\$	\$	\$	\$	\$	\$
Interest, dividends, and other net income of any kind from real or personal property (include rental income)	\$	\$	\$	\$	\$	\$
Social Security (include disability/Supplemental; include gross amount prior to any Medicare premiums)	\$	\$	\$	\$	\$	\$
Retirement/Pension/Insurance policy/Annuities	\$	\$	\$	\$	\$	\$
Disability or Death Benefits (disability compensation)	\$	\$	\$	\$	\$	\$
Worker's Compensation and Severance pay	\$	\$	\$	\$	\$	\$
Welfare Assistance Payments (Temporary Assistance to Needy Families)	\$	\$	\$	\$	\$	\$
Regular Pay, special pay, and housing allowance for the Armed Forces (exclude military hazard pay)	\$	\$	\$	\$	\$	\$
Veterans Administration (VA) Benefits (exclude deferred disability benefits)	\$	\$	\$	\$	\$	\$
Adoption Assistance Payments (exclude amount in excess of \$480)	\$	\$	\$	\$	\$	\$

## City of Plano Tenant Based Rental Assistance Self-Certification of Annual Income

Alimony or Child Support (include only amounts expected)	\$	\$	\$	\$	\$	\$
Re-occurring cash gifts from private/nonprofit/charity or friends/family who will not reside in the unit	\$	\$	\$	\$	\$	\$
Other (please describe): _____	\$	\$	\$	\$	\$	\$
Total for each HH Member	\$	\$	\$	\$	\$	\$
<b>Section A: Total Income for Household</b>	\$					

**Section B - Income From Assets:** Annual income includes income derived from assets to which household members have access. Interest or dividends earned are counted as income even when the earnings are reinvested. Using the categories below, report the (a) type of asset(s) held by each member of the household, (b) cash value of asset(s), and (c) the income derived from the assets **(report annual figures only)**. If the asset does not generate income, report zero. If the household member does not have assets, leave blank. Calculate the totals on the last row of this chart.

Household Member #	<b>Assets Categories:</b> Checking, Savings, Mutual funds, Money Market Acct. Equity in Rental Property, Retirement and Pensions, 401(K), Stocks, Bonds, Treasury Bills, Certificate of Deposit, Annuities, Revocable Trust, Mortgages or Deed of Trust, Whole Life Insurance policy, Lump sum- inheritance, Lottery Winnings, Insurance Settlements, Personal property held as an investment (e.g., antiques, gems, etc.)	Cash Value of Asset	Interest/Dividends Earned on the Assets
1		\$	\$
2		\$	\$
3		\$	\$
4		\$	\$
5		\$	\$
6		\$	\$
Household Member #	<b>Disposed Assets:</b> Assets given away for less than the fair market value in the last 24 months with value greater than \$1,000, (e.g. sale of a home)	Cash Value of Disposed Asset	Income from Disposed Asset
		\$	\$
		\$	\$
		\$	\$
		<b>Box (B1)</b> Total Value of Assets	<b>Box (B2)</b> Total Income from Assets
		\$	\$

## City of Plano Tenant Based Rental Assistance Self-Certification of Annual Income

***To be completed by Program Administrator***			
If the amount in Box (B1) is greater than \$5000, calculate the imputed value of the assets by multiplying Box (B1) by the Passbook Savings rate of (.06%)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center; padding: 2px;">Box (B3) Value of Imputed Asset</th> </tr> <tr> <td style="padding: 5px;">\$</td> </tr> </table>	Box (B3) Value of Imputed Asset	\$
Box (B3) Value of Imputed Asset			
\$			
<b>Section B: Total Income from Assets</b> (greater of box (B2) or (B3))	\$		
<b>Total Household Annual Income (Sections A + B)</b>	\$		

### PART IV: APPLICANT CERTIFICATION

I certify under penalty of perjury that the above information is complete and accurate to the best of my knowledge. I understand that Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government. I agree to provide any additional documentation required by the program administer to document my/our household income.

HEAD OF HOUSEHOLD		
Signature	Printed Name	Date
OTHER ADULT HOUSEHOLD MEMBERS		
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date

## Client Self-Certification of Homelessness

**Instructions:** Please initial the line below next to your current living situation and provide the details requested.

**Applicant Name:** \_\_\_\_\_

My current living situation is:

\_\_\_\_\_ **Place not meant for human habitation** (e.g. such as cars, parks, sidewalks)

*Location, dates, and description:*

\_\_\_\_\_ **Emergency or transitional shelter**

*Emergency or Transitional Shelter Name, Location and Dates of Residency*

\_\_\_\_\_ **Discharging from a Hospital or other Institution**

Hospital or Institution Name, Location, Date of Entry, and Expected Discharge Date:

*AND*

*Previous Homeless Living Situation Details and Dates:*

\_\_\_\_\_ **Must leave the housing we are presently staying in** and (initial all that are true)

\_\_\_\_\_ Must leave this housing within the next \_\_\_\_\_ days

\_\_\_\_\_ Have not identified other housing

\_\_\_\_\_ Do not have the financial resources and support networks to obtain other housing

I certify the above-stated information to be true.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_