



City of Houston  
 Housing and Community Development Department  
 HOME INVESTMENT PARTNERSHIP PROGRAM  
 PROPERTY INTAKE APPLICATION

*All applicants must be 18 years and older. Fully completed and signed intake applications along with the acknowledgement page of the Row House Community Development Corporation Resident Selection and Screening Plan may place an applicant on the waiting list. This intake application will be used to determine if you are eligible to apply for rental housing with RHDC. After evaluation of the completed Intake Application by RHDC staff, you may be contacted for follow up questions and/ or to apply for housing with RHDC. Please provide complete information and answers to all questions. For information and questions that do not apply please mark N/A (non-applicable).*

**FOR OFFICE USE ONLY**

Property Name Row House Community Development Corporation (RHDC)

Date Application Received \_\_\_\_\_

FC Contract # \_\_\_\_\_

Time Application Received \_\_\_\_\_

Received By (Initial) \_\_\_\_\_

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

Co Applicant's Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Will anyone else be residing with you within the next year?  Yes  No

Are there any household members temporarily absent from the home?  Yes  No

Do you have any unresolved judgments, evictions, felonies, or misdemeanors?  Yes  No If yes, specify felony or misdemeanor and provide month & year \_\_\_\_\_

What month and year does your current lease expire? \_\_\_\_\_

How many late rent payments have you had in the past two years? (If first time renter, put N/A) \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Do you need to lease a 2 bedroom or 3 bedroom unit? (circle one) 2BR 3BR

**HOUSEHOLD COMPOSITION AND CHARACTERISTICS-** List the Head of Household and all other persons who will be living in the unit. Indicate the relationship of each member to the Head of Household. All household members, 18 years and older, must complete a separate intake application.

Household Member Name	Relationship	Date of Birth (mm/dd/yy)	Sex (M/F)	Age	Last 4 digits of Social Security Number

**SPECIAL NEEDS**  
 Persons in this household are elderly or disabled.  
 Persons in this household have special needs.

**INCOME INFORMATION:** Please include, wages, salary, tips, bonuses, child support, part-time income, temporary income, Social Security, Supplemental Security Income (SSI), TANF (not including food stamps), unemployment, other income.

Household Member	FT Student (Y/N)	Source of Income: job, SSI, child support (use additional lines if one person has many income sources)	Name of Income Provider	Phone Number of Income Provider	Rate of Pay (per hour, week, etc.)	How often paid (weekly, biweekly, monthly, etc)
Self						

**ASSETS:**

Do you own real estate?  Yes  No If yes, what is the current market value? \_\_\_\_\_  
 If you have a mortgage on the property, how much is the current balance owed? \_\_\_\_\_

Household Member	Type of Asset: checking, savings account, etc.)	Cash Value of Asset	Annual Income from Asset

**EXPENSES:**

Does your household pay for childcare?  Yes  No If yes, how much? \_\_\_\_\_  
 Does your household have medical expenses?  Yes  No If yes, how much? \_\_\_\_\_  
 Does your household pay a care attendant for a disabled household member?  Yes  No If yes, how much? \_\_\_\_\_

**SIGNATURES** I understand that the information requested above is to determine if I am eligible/not eligible to apply for the HOME program. My completion of this intake application may place me on the waiting list for housing with RHCDC.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Priorities		Household Sz/Bedroom Sz	
Rental History		Criminal History	
Est. Monthly Income/ Monthly Min		Est. Yearly Income/ AFMI	
Action/ Notes			