



Housing Authority of Bexar County (HABC)
1954 E. Houston Street, Suite 104 • San Antonio, Texas 78202
Phone: (210) 225-0071;

HOUSING CHOICE VOUCHER PROGRAM APPLICATION

Head of household Name _____ Social Security # _____
Co-Head Name _____ Current Telephone _____
Current Address _____ Zip Code _____
Email Address: _____

IN CASE WE HAVE PROBLEMS CONTACTING YOU, LIST THE NAMES OF TWO RELATIVES OR FRIENDS LOCALLY:

1. NAME _____ TELEPHONE _____ RELATION _____
2. NAME _____ TELEPHONE _____ RELATION _____

Household Composition Information

Have there been any changes to the number of people in your household since your last certification?

☐ Yes ☐ No If yes, list name(s) and whether person was added or removed _____

Below list names of all people who currently live in your household.

Name (Last, First)	Relation to Head of House- hold	Date of Birth	Age	Sex (M- Male F- Female)	Social Security #	U.S. Citizen (Y-Yes N-No)	Full Time Student (Y-Yes N-No)	Race * (W, B, N, A, O)	Ethnicity ** (H, NH)
1.	Head of Household								
2.									
3.									
4.									
5.									
6.									
7.									
8.									

*Race: W-White, B-Black, N-American Indian/Alaska Native, A-Asian or Pacific Islander, O-Other

**Ethnicity: H-Hispanic NH-Non-Hispanic

If a household member has a disability (verifiable by a qualified physician or other professional), you may qualify for additional deductions in your rent amount. You are not required to answer if someone in your household has a disability.

Does any household member have a disability? ☐ Yes ☐ No If yes, list name(s) _____

Name of former wife or husband: _____

Separation Date: _____ Divorced? ☐ Yes ☐ No Deceased Date: _____

Absent parent(s) of dependent child(ren) listed on application:

Name: _____ Address: _____ Telephone: _____

Name: _____ Address: _____ Telephone: _____

Household Income Information

Below list **ALL** sources of household income. List the names and income of all members of your family who are currently employed, either full-time or part-time. Include earnings from self-employment, military pay, tips, etc. Also list all members of your family who are currently receiving income from other sources (e.g., Social Security, SSI, pension, disability, TANF, unemployment compensation, babysitting, alimony, child support, regular contributions or gifts).

HUD ENTERPRISE INCOME VERIFICATION SYSTEM (EIV): The Housing Authority of Bexar County (HABC) will utilize this system to verify your household income.

Family Member Name	Source of Income (Name, Address, Telephone of Employer)	Amount (Pay Rate)	How Often Received *(Y, M, B, W, H, SM)

*Frequency: Y-Yearly, M-Monthly, B-Bi-weekly, W-Weekly, H-Hourly, SM-Semi-monthly

Banking Information					
Fam Mem	Name of Bank	Account Number	Type of Account	Balance	
				Current	6-Mo. Average

Asset Information	
Does any household member receive income from assets, including interest on checking or savings accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No, If Yes, provide: _____	
Family Member Name _____	Type of Asset _____ Amount \$ _____
Do you or any household member own any real estate? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list address _____	
Have you or any household member sold any real estate in the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list address _____	

Expenses Information	
Do you or any household member have CHILDCARE EXPENSES for a child 12 or younger? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide the name, address and telephone number of the care provider: _____	
What is your out of pocket cost for childcare? _____ Is any of this portion reimbursed to you by any person or agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain _____	
Do you or any disabled household member have any current/anticipated MEDICAL EXPENSES ? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, must provide proof, as; doctor receipts, 12 month pharmacy printout, payment agreements, etc.	

Current Expenditures				
Rent:	Electric	Water	Phone	TOTAL MONTHLY EXPENSES:
Auto Ins.	Credit	Credit	Loan	TOTAL MONTHLY INCOME:
Auto	Other	Other	Other	

Applicant/Participant Certification	
The following certification must be signed by all household members age 18 or over.	
I/WE CERTIFY THAT THE INFORMATION GIVEN ABOVE IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I/WE UNDERSTAND ANY ATTEMPT TO OBTAIN HOUSING ASSISTANCE, ANY RENT SUBSIDY OR RENT REDUCTION BY FALSE INFORMATION, IMPERSONATION, FAILURE TO DISCLOSE OR OTHER FRAUD (AND ANY ACT OF ASSISTANCE TO SUCH ATTEMPT) IS A CRIME UNDER FEDERAL LAW. I/WE ALSO UNDERSTAND THAT ALL CHANGES IN THE INCOME OF ANY FAMILY MEMBER OF THE HOUSEHOLD AS WELL AS ANY CHANGES IN THE HOUSEHOLD MUST BE REPORTED TO YOUR CASEWORKER NO LATER THAN TEN DAYS FROM THE DATE THAT THE CHANGE OCCURS.	
HOH Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____
Signature of Agency Representative _____ Date _____	
WARNING: Title 18, Section 1001 of the United States Code states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the United States is guilty of a felony.	

Any individual with a disability or other medical need who requires accommodation with respect to this form should contact the Housing Authority of Bexar County at (210) 225-0071.

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

PHA or IHA requesting release of information (full address, name of contact person, and date):

Housing Authority of Bexar County
1954 E Houston St. #104
San Antonio TX 78202

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD, and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n. This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

Public Housing
Housing Choice Voucher
Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAS that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

Signatures:

_____		_____	
Head of Household	Date		
_____		_____	
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____		_____	
Spouse	Date	Other Family Member over age 18	Date
_____		_____	
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____		_____	
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Advisory. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). Purpose: This form authorizes HUD and the above-named HA to request income information to verify your household's income in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent: HUD and the HA (or any employee of HUD or the HA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.



Family Obligations
Housing Choice Voucher (HCV) Program
Ref. Code of Federal Regulations (CFR) 24 §982.551



Federal Regulations and HABC policy state the obligations of a participant Family under the Housing Choice Voucher program. *Initial beside each obligation and sign the acknowledgement below.*

- _____ 1. The Family must supply any information that HABC or HUD determines necessary in the administration of the HCV program. "Information" includes any requested certification, release or other documentation.
- _____ 2. The Family must supply any information requested by HABC or HUD for use in a regularly scheduled reexamination or interim reexamination of family income and composition.
- _____ 3. The Family must disclose and verify social security numbers and must sign and submit consent forms for obtaining information.
- _____ 4. All information supplied by the Family must be true and complete. Changes in Family composition and/or income must be reported to HABC within ten (10) business days.
- _____ 5. The Family is responsible for tenant-caused Housing Quality Standards (HQS) violations. HQS Violations that are not corrected may result in termination of the HCV program.
- _____ 6. The Family must allow HABC to inspect the unit at reasonable times, after reasonable notice. An adult, 18 years of age or older, must be present for the inspection.
- _____ 7. The Family may not commit any serious or repeated violation(s) of their Lease and is responsible for paying rent and utilities on time. Utilities must be in the name of the head or co-head of household for the entire period the Family receives housing assistance.
- _____ 8. The Family must notify HABC and the owner in writing before moving out of the housing unit or terminating the Lease on notice to the owner. See §982.314(d).
- _____ 9. The Family must promptly give HABC a copy of any owner eviction notice.
- _____ 10. The Family must use the assisted housing unit for residence by the family. The housing unit must be the family's only residence.
- _____ 11. The composition of the Family residing in the housing unit must be approved by HABC. The Family must promptly inform HABC of the birth, adoption or court-awarded custody of a child. The Family must request HABC approval to add any other person as an occupant of the housing unit. No other person but approved Family members may reside in the housing unit.
- _____ 12. The Family must promptly notify HABC if any Family member no longer resides in the housing unit.
- _____ 13. If HABC has given approval, a foster child or a live-in-aide may reside in the housing unit.
- _____ 14. Members of the household may engage in legal profitmaking activities in the housing unit, but only if such activities are incidental to the primary use of the housing unit.
- _____ 15. The Family must not sublease or let the housing unit, and the Family must not assign the lease or transfer the housing unit.
- _____ 16. The Family must supply any information requested by HABC to verify that the Family is living in the unit or information relating to Family absence from the unit. The Family must promptly notify HABC in writing of absence from the unit for more than ninety (90) days.
- _____ 17. The Family must not own or have any interest in the housing unit.
- _____ 18. The Family must not commit fraud, bribery or any other corrupt or criminal act in connection with the programs.
- _____ 19. The Family may not engage in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other persons residing in the immediate vicinity of the unit (see §982.553).
- _____ 20. The Family must not abuse alcohol in a way that threatens the health, safety or right to peaceful enjoyment of other persons residing in the immediate vicinity of the unit.
- _____ 21. The Family may not receive HCV assistance while receiving another housing subsidy for any housing unit, under any duplicative federal, state or local housing assistance program(s).
- _____ 22. The Owner of the assisted housing unit must not be the parent, child, grandparent, grandchild, sister or brother of any member of the family, unless HABC grants written approval, as a reasonable accommodation for a family member who is a person with disabilities.

I acknowledge that I have been briefed on the Family Obligations for the HCV program. I understand that failure to abide by the obligations listed above may result in denial and/or termination of assistance.

Signature of Head of Household

Date

Signature of Other Adult

Date

Signature of Other Adult

Date

Signature of HABC Representative

Date

Request for Tenancy Approval

Housing Choice Voucher Program

U.S Department of Housing and
Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0169

exp. 04/30/2026

When the participant selects a unit, the owner of the unit completes this form to provide the PHA with information about the unit. The information is used to determine if the unit is eligible for rental assistance.

1.Name of Public Housing Agency (PHA) Housing Authority of Bexar County			2. Address of Unit (street address, unit #, city, state, zip code)		
3.Requested Lease Start Date	4.Number of Bedrooms	5.Year Constructed	6.Proposed Rent	7.Security Deposit Amt	8.Date Unit Available for Inspection
9. Structure Type			10. If this unit is subsidized, indicate type of subsidy:		
<input type="checkbox"/> Single Family Detached (one family under one roof)			<input type="checkbox"/> Section 202 <input type="checkbox"/> Section 221(d)(3)(BMIR)		
<input type="checkbox"/> Semi-Detached (duplex, attached on one side)			<input type="checkbox"/> Tax Credit <input type="checkbox"/> HOME		
<input type="checkbox"/> Rowhouse/Townhouse (attached on two sides)			<input type="checkbox"/> Section 236 (insured or uninsured)		
<input type="checkbox"/> Low-rise apartment building (4 stories or fewer)			<input type="checkbox"/> Section 515 Rural Development		
<input type="checkbox"/> High-rise apartment building (5+ stories)			<input type="checkbox"/> Other (Describe Other Subsidy, including any state or local subsidy) _____		
<input type="checkbox"/> Manufactured Home (mobile home)					

11. Utilities and Appliances

The owner shall provide or pay for the utilities/appliances indicated below by an "O". The tenant shall provide or pay for the utilities/appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and provide the refrigerator and range/microwave.

Item	Specify fuel type	Paid by
Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Heat Pump <input type="checkbox"/> Oil <input type="checkbox"/> Other	
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Other	
Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Other	
Other Electric		
Water		
Sewer		
Trash Collection		
Air Conditioning		
Other (specify)		
Refrigerator		Provided by
Range/Microwave		

12. Owner's Certifications

- a. The program regulation requires the PHA to certify that the rent charged to the housing choice voucher tenant is not more than the rent charged for other unassisted comparable units. Owners of projects with more than 4 units must complete the following section for most recently leased comparable unassisted units within the premises.

Address and unit number	Date Rented	Rental Amount
1.		
2.		
3.		

- b. The owner (including a principal or other interested party) is not the parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving leasing of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

c. Check one of the following:

- ☐ Lead-based paint disclosure requirements do not apply because this property was built on or after January 1, 1978.
- ☐ The unit, common areas servicing the unit, and exterior painted surfaces associated with such unit or common areas have been found to be lead-based paint free by a lead-based paint inspector certified under the Federal certification program or under a federally accredited State certification program.
- ☐ A completed statement is attached containing disclosure of known information on lead-based paint and/or lead-based paint hazards in the unit, common areas or exterior painted surfaces, including a statement that the owner has provided the lead hazard information pamphlet to the family.

13. The PHA has not screened the family's behavior or suitability for tenancy. Such screening is the owner's responsibility.

14. The owner's lease must include word-for-word all provisions of the HUD tenancy addendum.

15. The PHA will arrange for inspection of the unit and will notify the owner and family if the unit is not approved.

OMB Burden Statement: The public reporting burden for this information collection is estimated to be 0.5 hours, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information about the unit features, owner name, and tenant name is voluntary. The information sets provides the PHA with information required to approve tenancy. Assurances of confidentiality are not provided under this collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

Privacy Notice: The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by 24 CFR 982.302. The form provides the PHA with information required to approve tenancy. The Personally Identifiable Information (PII) data collected on this form are not stored or retrieved within a system of record.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. § 3729, 3802).

Print or Type Name of Owner/Owner Representative		Print or Type Name of Household Head	
Owner/Owner Representative Signature		Head of Household Signature	
Owner/Owner Representative Email Address		Head of Household Email Address	
Business Address		Present Address	
Telephone Number	Date (mm/dd/yyyy)	Telephone Number	Date (mm/dd/yyyy)

Family Self-Sufficiency (FSS)
PROGRAM



HABC

What is FSS?

Empowerment

FSS Benefits

**Earn Money
in Savings**

**Case
Management**

**Referrals to
Community**

Develop Skills

Family Self-Sufficiency Program

The Family Self-Sufficiency Program is a 5-year program for families who are currently receiving housing assistance. The FSS Program allows participants to save money in an escrow account as they work. At the completion of the participant's 5-year contract, they graduate and are presented with their savings disbursement. Working with a dedicated FSS Coordinator, program participants set long-term and short-term goals to increase their ability to earn a higher income and move toward self-sufficiency. FSS Coordinators help participants identify obstacles, set targets and move closer to where they want to be.



Want to Enroll?

Call our FSS Coordinators

John Hernandez
Sr. FSS Coordinator
john.hernandez@habctx.org
(210) 231-2043

Betty Cano
betty.cano@habctx.org
(210) 231-2002
Alpha A-J

Angie Gonzales
angie.gonzales@habctx.org
(210) 231-2033
Alpha K-Z

Where do you imagine yourself in 5 years?

A New Job?
A Finished Degree?
Homeownership?
Closer to self-sufficiency?

Participants in the FSS Program have earned higher education training, built a savings account, bought a reliable vehicle, secured a new job, moved toward homeownership and more!



Requirements

**5-Year Voluntary
Contract**

**Seek & Maintain
Employment**

**Set & Complete
Individual Goals**

**Compliance
with HABC
Family Obligations**

Family Self-Sufficiency Program

What is FSS?

Family Self-Sufficiency (FSS) is a volunteer five-year program that encourages communities to develop local strategies to help families that participate in the Housing Choice Voucher and public housing programs to obtain employment that will lead to economic independence and self-sufficiency.

FSS Coordinators meet one-on-one with participants to identify barriers to self-sufficiency and then work with participants and community partners on a comprehensive self-sufficiency plan to attain proposed goals and secure needed resources. Upon successful completion of the 5-year contract with the Housing Authority of Bexar County, participants have a chance to be awarded an escrow check that can be used towards the down payment of a home.

Successful Completion of FSS Program

The escrow account is disbursed to the family once all goals are fulfilled. The family is employed and welfare free at the time of graduation. (HUD's definition of welfare is no TANF or cash benefits from the state. This does not include Medicaid, childcare assistance, food stamps, or housing subsidies).

Supportive Service Needs for Families Participating in FSS Program

1. Employment Counseling
2. Education Programs (GED, ESL)
3. Job Placement
4. Financial Management Education
5. Affordable Housing Organizations
6. Homeownership Education and
7. Counseling
8. Credit Repair Education

It is the vision of the Housing Authority of Bexar County to reduce the multigenerational cycle of poverty, and welfare dependence for families participating in the Public Housing and Housing Choice Voucher programs by connecting families with public and private resources to assist them in achieving economic self-sufficiency.





HOUSING AUTHORITY OF BEXAR COUNTY

1954 E. Houston Street, Suite 104, San Antonio, Texas 78202
Phone: (210) 225-0071;

FAMILY SELF-SUFFICIENCY

The Family Self-Sufficiency Program is a five-year incentive program designed to assist families on the Housing Choice Voucher program to become economically self-sufficient by providing educational opportunities, skills development training, and preparation for employment.

El Programa de Autosuficiencia Familiar es un programa de incentivos de cinco años diseñado para ayudar a las familias en el programa de Vales de Vivienda a ser económicamente autosuficientes brindándoles oportunidades educativas, capacitación para el desarrollo de habilidades y preparación para el empleo.

The key objective of this program is to support families to achieve financial independence. As an incentive, the family will accumulate an escrow that will be paid to you at the program's graduation. The monies are tax-free and can be used at the participant's discretion. If you want to be part of this amazing program, please complete the form below and return it to your caseworker or our lobby staff.

El objetivo clave de este programa es ayudar a las familias a lograr la independencia financiera. Como incentivo, la familia acumulará un monto de dinero que se recibirá al graduarse del programa. El dinero está libre de impuestos y puede utilizarse a discreción del participante. Si quiere participar de este maravilloso programa, complete el formulario a continuación y devuélvalo a su asistente social o a nuestro personal del lobby.

Name (Nombre): _____

Phone Number (Teléfono): _____ **Email:** _____

Address (Dirección): _____

With the below signature I certify that I want to participate from the FSS program,
Con esta firma, certifico que quiero participar del programa de FSS,

Participant's Signature (Firma del participante)

Date (Fecha)



Individuals needing assistance due to a hearing-impairment, please call Relay Texas at 7-1-1. Any individual with a disability who requires an accommodation to HABC's policies and/or procedures should contact this office at (210) 225-0071.



RESIDENT ADVISORY BOARD (RAB) HOUSING AUTHORITY OF BEXAR COUNTY

We are seeking 20 program participants to serve on our Resident Advisory Board (RAB). The Members of the Resident Advisory Board are required to attend at least two meetings a year.

The Resident Advisory Board (RAB) provides the PHA and the residents with a forum for sharing information about the Agency's Annual Plan. Section 511 of the United States Housing Act and the regulations in 24 CFR part 903 require that PHAs establish one or more Resident Advisory Board(s) (RAB) as part of the PHA Plan process. RAB membership is comprised of individuals who reflect and represent the residents assisted by the PHA. The role of the RAB is to assist the PHA in developing the PHA Plan and in making any significant amendment or modification to the Plan. [24 CFR § 903.13]

RAB Eligibility

To become a RAB member, you must

- be at least 18 years of age.
- be participant of one of the PHA's programs
- be in "good standing" with the program and landlord.

Print Name _____

Home Address _____

City _____ **State** TX, **Zip Code** _____

Telephone _____ **Other Telephone** _____

Email _____

Yes, I'm interested in being part of the Resident Advisory Board (RAB) for the period 2023-2025, I understand the importance to be heard and working together as a team and I certify I'm at least 18 years old and a participant in good standing of one of the PHA Program.

Signature

Date

