

BR3T Tenant Based Rental Assistance (TBRA) Program Application

Please check if one or more of the following preferences relate to you or anyone in your household:

- Person experiencing **homelessness**
- Person with **disabilities** (documentation required)
- Person living with **HIV/AIDS (PLWH)**
- Person with **Violence Against Women Act (VAWA)** protections
- Person transitioning out of **incarceration**
- Person transitioning out of **foster care**
- Person transitioning out of **nursing facility**

BR3T TENANT BASED RENTAL ASSISTANCE (TBRA)

The BR3T Tenant-Based Rental Assistance (TBRA) program assists Hays County low-income households who need help paying their rent. This program provides rental subsidies for up to 24 months while the household actively engages in a self-sufficiency program.

- **Rent Payments:** Participants are eligible for rental subsidies which will pay a portion of their rent. Once you are selected and housing is secured, the specific amount paid by you versus BR3T will be determined by your total household income.
- **Case Management:** All participants must participate in case management and a personalized self-sufficiency plan.

APPLICATION INSTRUCTIONS

Applications for BR3T's TBRA waitlist are open March 30, 2026 – April 24, 2026.

A complete application consists of **two parts**: Both must be finished by **April 24**.

Part 1: Submit Your Application Form (Choose ONE)

- **Option A: Online (Adobe Webform) - Fastest.** You must have a valid email.
****Crucial**:** You must click the verification link Adobe sends to your email, or your application is not accepted.
- **Option B: On Paper** - Download and print the form or pick one up at our office. Turn in the completed paper form to the **BR3T** office.
 - Complete application using blue or black ink only.
 - Do NOT use any type of white out or correction fluid.
 - If a mistake is made, cross it out with a single line and initial.
 - All blanks must be filled in. Write N/A if not applicable.
 - Gather all required documents as listed on the next page.
- **Note:** *Every field must be filled. Use N/A if a question does not apply to you.*

Part 2: Submit Your Supporting Documents (Choose ONE)

- **Option A: Online Form-** Upload digital copies or clear photos of your documents through our secure portal.
- **Option B: In-Person** - Bring physical copies to the BR3T office.

Required Support Documents

1. Identification & Household Composition

- **Photo ID:** Government-issued ID for all adults (18+) in the household.

2. Income Documentation (Last 60 Days)

Provide proof for every adult in the household:

- **Paystubs:** All stubs from the last 60 days.
 - 9 stubs (Weekly) | 5 stubs (Bi-weekly) | 4 stubs (Semi-monthly) | 2 stubs (Monthly)
- **Benefit Letters:** Most recent award letters for SSI, SSDI, VA, Pensions, TANF, and unemployment
- **Support:** Court-ordered Child Support/Alimony or 60-day payment history.
- **Self-Employment/Other:** Documentation of commissions, rental income, or regular cash gifts from friends/family.
- **Zero Income:** Any adult with \$0 income must sign a **Zero Income Certification Form**.

3. Bank & Monetary Statements

- **Checking Accounts:** The most recent **6 months** of full statements for **all** accounts.
 - *Must include digital accounts like **CashApp, Venmo, Chime, Paypal, etc.***
- **Savings/Assets:** Most recent full statement for savings, stocks, or retirement funds.

4. Housing Information

- **Lease/Utilities:** Copy of current signed lease and a recent utility bill (if applicable).

5. Priority Documentation: If you are applying under a priority status (Homeless, Disabled, VAWA protected, Living with HIV-AIDS, Transitioning from Foster Care, Nursing Homes, or Incarceration), please provide the relevant award letter, certification, transition letter, or letter from a medical provider.

Submit applications and documentation through one of the following methods:

- Online (preferred): Complete online forms. <https://br3t.org/TBRA/>
- In Person: BR3T Office – 215 S Reimer Ave #130, San Marcos, TX 78666 (inside Community Action)
- Mail: BR3T – 102 Wonder World Dr Ste 304-162, San Marcos, TX 78666
- Email: tbra@br3t.org

Contact info for questions:

Email: tbra@br3t.org

Phone: 512-522-4453

Incomplete applications, missing required documents, or illegible information will prevent your application from being processed.

Applicant Acknowledgement:

I understand that all documents must be submitted before being added to the TBRA Waiting List.

Applicants Initials: _____ Date: _____



HOME PROGRAM INTAKE APPLICATION

A. ADMINISTRATOR INFORMATION

Administrator Name : Blanco River Regional Recovery Team	
Street Address: 215 S Reimer Ave #130	
City/State/Zip: San Marcos, TX 78666	County: Hays

B. APPLICANT CONTACT INFORMATION

Applicant Name(s):	
Street Address:	
City/State/Zip:	County:
Email Address:	Home Phone: () - Cell Phone: () -

C. HOUSEHOLD COMPOSITION INFORMATION (List all members of the household)

Full Name (exactly as it appears on driver's license or other government document)	Relationship to Head of Household	Date of Birth	Gender	Student Status	Receives Income?	Check if Veteran
1.	Head of Household		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
2.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
3.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
4.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
5.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
6.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
7.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
8.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
9.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>

Important Information for Former Military Services Members. Women and men who served in any branch of the United States Armed Forces, including Army, Navy, Marines, Cost Guard, Reserves or National Guard, may be eligible for additional benefits and services. For more information please visit with the Texas Veterans Portal at <https://veterans.portal.texas.gov/>."

D. HOUSEHOLD COMPOSITION INFORMATION (Continued)

1. Was any household member a full-time student within the last calendar year? No Yes, who?
2. Is any household member listed above a foster child? No Yes, who?
3. Is any household member listed above a live-in attendant? No Yes, who?
4. Is any household member temporarily absent from the home? No Yes, who?
If Yes, Indicate reason for temporary absence:
5. Do you anticipate other members will join your household within the next 12 months? No Yes, explain:

E. HOUSING ASSISTANCE RECEIVED PREVIOUSLY

(List any other housing assistance provided to or received by any household member)

Was this property impacted by a disaster? No Yes, which disaster?

Source	Amount	Date Received	Reason
1. FEMA: Federal Emergency Management Agency <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, which Disaster	\$		
2. SBA: Small Business Administration <input type="checkbox"/> No <input type="checkbox"/> Yes	\$		
3. Section 8: Housing and Urban Development <input type="checkbox"/> No <input type="checkbox"/> Yes	\$		
4. TBRA: Tenant Based Rental Assistance <input type="checkbox"/> No <input type="checkbox"/> Yes	\$		
5. Homeowner Insurance <input type="checkbox"/> No <input type="checkbox"/> Yes	\$		
6. Other Describe: <input type="checkbox"/> No <input type="checkbox"/> Yes	\$		

F. CONFLICT OF INTEREST INFORMATION

1. Is anyone in the household currently serving or has anyone served within the last 12 months as an employee, agent, consultant, officer, or elected or appointed official of TDHCA, Administrator, or Development Owner? No Yes
If Yes, identify who, organization name, and role:
Is this a current role? No Yes If No, identify date role ceased:
2. Is anyone in the household related to anyone who is currently serving or who has served within the last 12 months as an employee, agent, consultant, officer, or elected or appointed official of TDHCA, Administrator, or Development Owner (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:

G. DISPOSAL OF ASSETS 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, 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, who?
Do they currently own it? No If No: When was it disposed of?
 Yes If Yes: Is it being rented? No Yes
Is it sitting vacant? No Yes
Is it in the process of being sold? No Yes

H. ANNUAL INCOME OF ALL HOUSEHOLD MEMBERS

(List ALL income of household members, except for the earned income from employment by persons under the age of 18)

Identify income from any source expected during the next 12 months	Head of Household	Spouse or Co-Head	Other Adult Members	Dependents	Total
1. Salary #1 <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
2. Salary #2 <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
3. Overtime Pay <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
4. Commissions/Fees <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
5. Tips and Bonuses <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
6. Temporary Income <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
7. Income from Military <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
8. Interest/Dividends <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
9. Net Business Income <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
10. Net Rental Income <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
11. Social Security <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
12. Supplemental Security Income <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
13. Pension <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
14. Retirement Income <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
15. Familial Support or Recurring Gifts <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
16. Unemployment Benefits <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
17. Worker's Compensation <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
18. Alimony <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
19. Child Support <input type="checkbox"/> No <input type="checkbox"/> Yes Circle Type: Court Awarded Voluntary Anticipated	\$	\$	\$	\$	\$
20. AFDC/TANF <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$	\$	\$	\$
21. Other Income <input type="checkbox"/> No <input type="checkbox"/> Yes Describe:	\$	\$	\$	\$	\$
				Total Annual Income:	\$

I. CURRENT EMPLOYMENT INFORMATION

1. Household Member Name:		Occupation:		Work Phone: () -	
Employer Name and Address:			City:		State: Zip Code:
Date Hired:	Salary: \$	Pay Period: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly (26) <input type="checkbox"/> Twice month(24) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other		Hours worked per week:	Fax: () -

I. CURRENT EMPLOYMENT INFORMATION (Continued)				
2. Household Member Name:		Occupation:		Work Phone: () -
Employer Name and Address:		City:		State: Zip Code:
Date Hired:	Salary: \$	Pay Period: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly (26) <input type="checkbox"/> Twice month(24) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other	Hours worked per week:	Fax: () -
3. Household Member Name:		Occupation:		Work Phone: () -
Employer Name and Address:		City:		State: Zip Code:
Date Hired:	Salary: \$	Pay Period: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly (26) <input type="checkbox"/> Twice month(24) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other	Hours worked per week:	Fax: () -
4. Household Member Name:		Occupation:		Work Phone: () -
Employer Name and Address:		City:		State: Zip Code:
Date Hired:	Salary: \$	Pay Period: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly (26) <input type="checkbox"/> Twice month(24) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other	Hours worked per week:	Fax: () -

J. ASSETS OF ALL HOUSEHOLD MEMBERS				
(When listing the cash value of any asset marked with an asterisk (*), indicate the amount you would have if you were to convert the asset to cash (i.e. sell or exchange the asset), deducting any penalties for early withdrawal, amounts used to pay off a balance, and any fees which may be assessed for the conversion.)				
Identify All Asset Sources	Cash Value	Asset Income (Interest/Dividends)	Name of Financial Institution	Account Number
1. Checking Account #1 <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
2. Checking Account #2 <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
3. Savings Account #1 <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
4. Savings Account #2 <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
5. Credit Union Account(s) <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
6. Stocks, Bonds, Mutual Funds* <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
7. Real Estate/Home* <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
8. Real Estate/Land* <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
9. IRA/Keogh Account(s)* <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
10. Retirement/Pension Fund(s)* <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
11. Trust Fund(s) <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
12. Mortgage Note Held <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
13. Whole Life Insurance* <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
14. Personal Property Held as an Investment (gems, coins, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
15. Lump Sums Received (inheritance, capital gains, insurance, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		
16. Other: <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	\$		

K. DEMOGRAPHIC AND SPECIAL NEEDS INFORMATION: The Texas Department of Housing and Community Affairs (TDHCA) requests this information in order to comply with HUD’s required reporting requirements. Although TDHCA would appreciate receiving this information, you may choose not to furnish it. You may not be discriminated against on the basis of this information, or on whether or not you choose to furnish it. If you do not wish to furnish this information, please initial below.

Applicant Initials _____ I do not wish to furnish information regarding my ethnicity, race, gender, age, and/or household composition.

Ethnicity Codes:

A – Hispanic: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as “Latino” or “Spanish Origin” apply to this category.

B – Not Hispanic

Race Codes:

- | | |
|--|--|
| A – White | F – American Indian/Alaska Native/White |
| B – Black-African American | G – Asian/White |
| C – Asian | H – Black/African American/White |
| D – American Indian/Alaska Native | I – American Indian/Alaska Native/Black-African American |
| E – Native Hawaiian/Other Pacific Islander | J – Other Multi-Racial |

Special Needs Codes:

- | | | |
|---|--------------------------------------|------------------------------|
| A – Elderly | E – Colonia Resident | J – Disaster Victim |
| B – Person with Disabilities* | F – VAWA/Victim of Domestic Violence | K – Veteran |
| C – Person with HIV/AIDS | G – Homeless | L – Wounded Warrior |
| D – Person with Alcohol and/or Drug Addiction | H – Migrant Farm Worker | M – Money Follows the Person |
| | I – Public Housing Resident | |

***Disability Definition:** A physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment. Does not include current, illegal use of or addiction to a controlled substance.

	Ethnicity Code	Race Code	Special Needs Code(s)
1 (Head)			
2			
3			
4			
5			
6			
7			

L. RELEASE AND SIGNATURES

Each of the undersigned Applicants for HOME Program assistance hereby certify that all of the information provided in the above Application is true and correct, and do hereby authorize the release and/or verification of mortgage loan, employment, asset, liability, and income information. All household members age 18 or older must sign Application.

_____	_____	_____
Applicant’s Printed Name	Signature	Date
_____	_____	_____
Co-Applicant’s Printed Name	Signature	Date
_____	_____	_____
Adult Household Member Printed Name	Signature	Date
_____	_____	_____
Adult Household Member Printed Name	Signature	Date

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

Reasonable accommodations will be made for persons with disabilities and language assistance will be made available for persons with limited English proficiency.



TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
 Street Address: 221 East 11th Street, Austin, TX 78701 Mailing Address: PO Box 13941, Austin, TX 78711
 Main Number: 512-475-3800 Toll Free: 1-800-525-0657 Email: info@tdhca.texas.gov Web: www.tdhca.texas.gov

