



# Children's HOME Initiative

## Case Management Program



The Children's HOME Initiative (CHI) is a 2-year case management program that provides second-chance housing opportunities for families facing barriers such as rental history or credit challenges. We assist families transitioning from homelessness or those simply needing affordable stable housing. We offer beautiful, affordable apartments thoughtfully designed with families in mind.

CHI supports families in achieving their financial goals and long-term stability. Through services like financial coaching, parent empowerment, and personalized case management, we create pathways to success for each family.

### FAMILIES APPLYING MUST:

- Have Head of Household 18 years or older
- Custody and possession of at least one child under the age of 18
- Provide verifiable proof of income through paystubs or SSI/SSDI award letters
- Annual Gross Income must be within the Area Median Family Income (MFI) limits, adjusted for household size.
- No more than 3 broken leases or evictions with no more than \$1000 in rental debt for damages per property
- No felonies in the last 5 years, and no misdemeanors in the last 3 years
- There are no requirements for SSN or ITIN

### YOUR FAMILY SHOULD BE PREPARED TO:

#### Engage in Case Management

Commit to participating in weekly case management meetings.

#### Maintain Financial Responsibility

Budget for timely payment of rent, utilities, and essential expenses.

#### Increase Income or Assets:

Actively seek to maintain or improve employment opportunities or increase assets.

#### Complete Parent Empowerment

Attend four sessions and apply parenting skills to strengthen family dynamics.

#### Complete Financial Education

Complete six hours of financial education, set financial goals, and work toward maintaining a budget, building savings, and reducing debt.

**APPLY NOW**

**Review the checklist on page 3 to submit all required documentation needed with your application**

**PLEASE SUBMIT APPLICATIONS BY EMAIL, FAX, OR MAIL**

**[chi@foundcom.org](mailto:chi@foundcom.org)**

**Fax: 512-447-9025**

**3000 S IH 35 Suite #150, Austin TX, 78704**

**Questions? Call 512-610-7392**

Application revised 3/2025

## Foundation Communities Criminal Criteria

TYPE OF CONVICTION	DESCRIPTION OF CONVICTION	Level of Conviction		
		Minimum number of years since date of conviction		
		FELONY	MISDEMEANOR	
Crimes Against Persons	Description		Class A	Class B
	Assault and Battery Offenses	5	3	Not Considered
	Domestic Violence Offenses	5	3	Not Considered
	Use of a Firearm Against a Person	5	3	Not Considered
	Armed Robbery Offenses	5	3	Not Considered
	Robbery Offenses (no weapon involved)	5	3	Not Considered
	Intentional Homicide	Lifetime	Lifetime	Lifetime
	Criminal Negligent Homicide	5	3	Not Considered
	Manslaughter	Lifetime	Lifetime	Lifetime
	Kidnapping & Abduction	Lifetime	Lifetime	Lifetime
	Forcible Sex Offenses	Lifetime	Lifetime	Lifetime
	Non-Forcible Sex Offenses	Lifetime	Lifetime	Lifetime
	Stalking	5	3	Not Considered
Crimes Against Property	Description			
	Arson Related Offense	Lifetime	Lifetime	Lifetime
	Burglary/Breaking & Entering	5	3	Not Considered
	Theft, Stolen Property, Fraud Related Offense	5	3	Not Considered
	Deadly Conduct, Terroristic Threat w/firearm	5	3	Not Considered
	Deadly Conduct, Terroristic Threat without firearm	3	3	Not Considered
	Destruction/Damage/Vandalism of Property	5	3	Not Considered
	Criminal Trespass of Habitat (Misdemeanor only)	N/A	1	Not Considered
Crimes Against Society	Description			
	Drug Possession	5	3	Not Considered
	Drug Manufacture, Distribution, Possession with Intent to Distribute	5	3	Not Considered
	DUI and/or DWI Related Offenses	5	3	Not Considered
	Meth Manufacturing	Lifetime	Lifetime	Lifetime
	Prostitution Related Offenses (Felony only)	3	N/A	Not Considered
Multiple Offenses	Description			
	3 or more Felony Convictions application will be denied.	5	Not Considered	Not Considered

# APPLICATION CHECKLIST

## TO BE CONSIDERED FOR THIS PROGRAM YOU MUST SUBMIT THE FOLLOWING:

- Signed Release of Information (pg. 4)
- Completed CHI Application (pg. 5-11)
- Proof of Income\*

**\*You must have income to qualify for this program**

**Applications submitted without proof of income will not be processed or reviewed.**

READ BELOW TO SEE WHAT PROOF OF INCOME TO SUBMIT

## REQUIRED PROOF OF INCOME DOCUMENTATION

### W2 EMPLOYMENT (taxes deducted from check)

- IF PAID WEEKLY**      8 most recent paychecks
- IF PAID BI-WEEKLY**    4 most recent paychecks
- IF PAID MONTHLY**    4 most recent paychecks

If you are newly hired you must wait until you have collected the appropriate number of checks to apply.

### UBER, LYFT, FAVOR, DOOR DASH, INSTACART, ETC.

- Monthly or weekly earnings statements from mobile app (for duration of hire up to 12 months)
- Bookkeeping form deducting business expenses and totaling all net income

**Delivery service jobs are considered self-employment and would require a minimum of 4 months of proof of income.**

### SELF-EMPLOYMENT/CASH/1099 EMPLOYMENT

- Copies of checks from employer *(if applicable)*
- Monthly ledgers
- Customer receipts/invoices

**We require a minimum of 4 months of self-employment earnings. If you are self-employed and have not documented ALL your earnings from this job, your income cannot be calculated and you will not qualify for the program. We cannot accept 1099 alone as this reflects past income not current/active earnings.**

### SSI/SSDI INCOME

- Most recent SSI/SSDI award letter(s)

## SUPPLEMENTAL INCOME

The following cannot be considered alone as income but must be counted in addition to earned income or social security benefits.

- |                        |                                                                                                                                  |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| <b>• Child Support</b> | Please submit payment summary from OAG website, signed court ordered agreement or notarized letter from other parent if informal |
| <b>• Alimony</b>       | Please submit divorce decree if applicable                                                                                       |
| <b>• TANF</b>          | Please submit most recent SNAP benefit letter to show TANF amount                                                                |

## ADDITIONAL DOCUMENTATION

- |                                             |                                                                                                                                                    |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>• Austin Energy or Texas Gas Receipt</b> | Proof of recent payment if applicant has an outstanding balance. <b>NOTE:</b> applicants will not be able to move in with existing utility debt(s) |
| <b>• Itemized statement of rental debt</b>  | Will need to verify no damage charges exceeding \$1000                                                                                             |
| <b>• Criminal History Report</b>            | Please review page 2 with our criminal history guidelines                                                                                          |



# Children's HOME Initiative Release of Information

By signing this, you are allowing Foundation Communities staff to communicate with individuals and social service providers listed on this application, on your behalf for the sole purpose of assessing eligibility for the Children's HOME Initiative (CHI) program. Foundation Communities prohibits disclosing application status information to family or friends outside of the household listed on the application.

Information that may be relevant to your case includes, but is not limited to, family's employment, medical, educational, psychological, substance abuse, and criminal history.

If you require an interpreter, CHI contracts interpretation services with Boostlingo. All conversations are private and confidential. We do not allow interpretation from non-professionals such as family and friends.

The Children's HOME Initiative adheres to a strict Policy on Confidentiality. The identity of any participant using our services and any information concerning that participant's case is kept strictly confidential with the following exceptions:

1. Except in cases where we are bound by law to report information concerning child abuse, elderly abuse, homicide, homicidal, or suicidal threats;
2. Unless there is an Authorization to Release Information form signed by the client on file.

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

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

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

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



# Children's HOME Initiative

## Families with Disabilities

### Program Application

**Falsifying and/or omitting information may result in program denial.**

<b>Applicant Name:</b>	
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<b>Gender:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender	<input type="checkbox"/> Non-binary	<input type="checkbox"/> Prefer Not to Answer
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<b>Race:</b>	<input type="checkbox"/> American Indian / Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian / Pacific Islander	<input type="checkbox"/> Black/African American	<input type="checkbox"/> White	<input type="checkbox"/> Middle Eastern / North African	<input type="checkbox"/> Do Not Know
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<b>Ethnicity:</b>	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non Hispanic	<b>College Student?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**CONTACT INFORMATION:**

<b>Phone Number:</b>	<b>Email Address:</b>
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<b>Second Adult Applicant Name:</b>	
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<b>Gender:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender	<input type="checkbox"/> Non-binary	<input type="checkbox"/> Prefer Not to Answer
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<b>Race:</b>	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Black/African American	<input type="checkbox"/> White	<input type="checkbox"/> Middle Eastern / North African	<input type="checkbox"/> Do Not Know
--------------	------------------------------------------------------------	--------------------------------	--------------------------------------------------------------	-------------------------------------------------	--------------------------------	---------------------------------------------------------	--------------------------------------

<b>Ethnicity:</b>	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non Hispanic	<b>College Student?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**CONTACT INFORMATION:**

<b>Phone Number:</b>	<b>Email Address:</b>
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<b>Address:</b>	<i>Street Address</i>	<i>APT/Unit #</i>
	<i>City</i>	<i>State</i>
	<i>Zipcode</i>	

**Preferred Language of Communication:** (please check all that apply)

<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Pashto	<input type="checkbox"/> Arabic	<input type="checkbox"/> Farsi	<input type="checkbox"/> Dari	<input type="checkbox"/> Other: _____
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**What Valid Photo ID do you have?**

<input type="checkbox"/> TX Drivers License	<input type="checkbox"/> TX ID	<input type="checkbox"/> Passport	<input type="checkbox"/> Other: _____
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<b>Do you have a car?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<b>Do you have any pets?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>How Many?</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3+
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<b>If YES, what kind of breed(s)?</b>	_____
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<b>Is your pet a service animal or certified emotional support animal?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**Who will be a frequent visitor at your apartment if you are in the program?**

Name:	Relationship:

Family Composition			
Please include information for <b>all</b> persons who will be living in the household			
Head(s) of Household (everyone 18 years of age or older)			
First Name	Last Name	Date of Birth	Social Security Number / ITIN

Children In Household						
First Name	Last Name	Date of Birth	SSN / ITIN	Name of School	Grade	AISS Student #

<b>Are you currently pregnant?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, when are you due?</b> _____		
<b>Do you have legal custody?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Do you have primary/full custody?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Are your children currently living with you?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If not, who are they living with?</i>				
Child	Who are they with?	Relationship to Child	Contact Info	Reason?

<b>Are you currently involved with Child Protective Services?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please describe:</i>	

<b>Are you married?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Have you been divorced or separated?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you have your divorce decree?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Do you receive alimony?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you receive child support?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Amount?</b>	\$ _____
<b>Is this court ordered child support arrangement or informal?</b>		<input type="checkbox"/> Court Ordered	<input type="checkbox"/> Informal
<b>Have you ever been involved in an abusive relationship?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Are you currently fleeing domestic violence?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Referral Information**

**Are you receiving services from any other social service organizations?**  Yes  No

*If yes, from what agency and with whom are you working?*

Name	Agency	Relationship	Phone Number	Email Address

**Who referred you to this program?**

Name	Relationship	Email

**Do you have any family or friends currently living at a Foundation Communities property?**  Yes  No

*If yes, who?*

Name	Relationship	Property	Are they in the CHI program?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

**Disability and Health**

**Does anyone in the household have a documented disability?**  Yes  No

*If yes, please identify*

- |                                                   |                                              |                                                    |
|---------------------------------------------------|----------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Drug Abuse                |
| <input type="checkbox"/> Chronic Health Condition | <input type="checkbox"/> HIV/AIDS            | <input type="checkbox"/> Both Alcohol & Drug Abuse |
| <input type="checkbox"/> Mental Health Diagnosis  | <input type="checkbox"/> Alcohol Abuse       | <input type="checkbox"/> Other: _____              |

**Who and describe the diagnosis(es):** \_\_\_\_\_

**Are you/they currently receiving treatment for your disability?**  Yes  No

**Do you require a reasonable accommodation for your disability?**  Yes  No

*If yes, please specify:* \_\_\_\_\_

**Has anyone in the household ever been treated for an alcohol or drug addiction?**  Yes  No

**Drug(s) of choice:** \_\_\_\_\_

*If yes, identify*

Times in Treatment	Date of Last Treatment	Location of Last Treatment	Length of Treatment	Last Use Date

**Do you receive any support for your addiction?**  Yes  No

Employment and Income	
<b>Proof of income MUST be submitted with your application to be considered for the program.</b>	
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<div style="background-color: #333; color: white; padding: 5px; border-radius: 10px; text-align: center;"> <b>W2 EMPLOYMENT</b>            (taxes deducted)         </div>	<p>For any employment listed below you must be able to provide paystubs that show your name, pay date, pay periods, hours, pay rate, gross amount and year to date earnings.</p>
<b>Adult Employed:</b>	_____
<b>Name of Employer:</b>	_____
<b>Start Date:</b>	_____
<b>Hourly Rate/Salary:</b>	\$ _____ <b>Hours worked per week:</b> _____
<b>Pay Frequency:</b>	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly
<i>ADDITIONAL EMPLOYMENT</i>	
<b>Adult Employed:</b>	_____
<b>Name of Employer:</b>	_____
<b>Start Date:</b>	_____
<b>Hourly Rate/Salary:</b>	\$ _____ <b>Hours worked per week:</b> _____
<b>Pay Frequency:</b>	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly

<div style="background-color: #333; color: white; padding: 5px; border-radius: 10px; text-align: center;"> <b>1099 EMPLOYMENT</b>            (self-employed/contractor)  <small>UBER, LYFT, DOORDASH, INSTACART, GRUBHUB, CASH JOBS</small> </div>	<p>For any employment listed below you must be able to provide proof of earned income through monthly ledgers, receipts, invoices or earning statements.</p> <p>If you do not have documentation of your self-employment/cash jobs we are unable to proceed with your application as we cannot calculate your income.</p>
<b>Adult Employed:</b>	_____ <b>Name of Employer:</b> _____
<b>Start Date:</b>	_____ <b>Do you get paid in cash?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Monthly Earnings:</b>	\$ _____
<b>Pay Frequency:</b>	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly
<b>Would your employer be willing to fill out a verification of employment form?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Employer Email Address:</b>	_____

<i>Supplemental Income:</i>					
<b>SOCIAL SECURITY INCOME (SSI)</b>			<b>DISABILITY INCOME (SSDI)</b>		
<b>Recipient:</b>	_____	<b>Amount:</b>	\$ _____	<b>Recipient:</b>	_____
<b>Recipient:</b>	_____	<b>Amount:</b>	\$ _____	<b>Recipient:</b>	_____
<b>Are you able to provide most recent award letters?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>TANF</b>	<b>Amount:</b>	\$ _____		<b>OTHER:</b>	_____
<b>Can you provide benefit letter?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Amount:</b>	\$ _____



Housing History					
<b>What is your current living situation?</b> <i>(Please base your response on where you stayed last night)</i>					
<input type="checkbox"/> Staying with friends or family		<input type="checkbox"/> Currently on a lease		Lease End Date: _____	
<input type="checkbox"/> Jail, prison, or juvenile detention facility		<input type="checkbox"/> Currently subletting			
<input type="checkbox"/> Hotel or Motel		<input type="checkbox"/> Transitional Housing Program:		_____	
<input type="checkbox"/> Homeless <i>(Where did you stay last night?)</i>		<input type="checkbox"/> Public Place		<input type="checkbox"/> Car <input type="checkbox"/> Streets <input type="checkbox"/> Shelter	
<b>Are you at risk of losing your housing or facing an exit date?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No		Exit Date: _____
<b>How long have you been in this situation?</b>			_____		
<b>Have you ever rented from a Foundation Communities Property?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If yes, when and at which property did you reside?</i>					
Property		Move In Date		Move Out Date	
<b>Have you participated in the Children's HOME Initiative before?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>How many evictions are on your rental history?</b>			<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
			<input type="checkbox"/> 3	<input type="checkbox"/> 4+	
<i>Please describe circumstances of eviction(s):</i>					
Date of Eviction	Name of Property	Reason for Eviction	Debt Owed	Reason for Debt	Shows on Credit?
			\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>How many broken leases are on your rental history?</b>			<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
			<input type="checkbox"/> 3	<input type="checkbox"/> 4+	
<i>Please describe circumstances of broken lease(s):</i>					
Date of Eviction	Name of Property	Reason for Eviction	Debt Owed	Reason for Debt	Shows on Credit?
			\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Does anyone in your household owe money to a previous property for any reason?</b>					<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Debt	Name of Property	Debt Owed	Reason for Debt		
		\$			
		\$			
		\$			
<b>Does anyone in the household have an open account with AUSTIN ENERGY?</b>					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Account Holder Name:</b>		_____		<b>Is the account current?</b>	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If the account is not current, what is the balance owed?</b>			\$ _____		
<b>Does anyone in the household have a closed account with AUSTIN ENERGY?</b>					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Does your closed account have a past due balance?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Past due amount:</b> \$ _____
<b>Does anyone in the household have an open account with TEXAS GAS?</b>					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Account Holder Name:</b>		_____		<b>Is the account current?</b>	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If the account is not current, what is the balance owed?</b>			\$ _____		
<b>Does anyone in the household have a closed account with TEXAS GAS?</b>					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Does your closed account have a past due balance?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Past due amount:</b> \$ _____

**Criminal History**

A criminal history will be completed on each applicant or occupant age 18 years or older. Applicant(s) must not have a criminal history that reflects any prior felony convictions offenses in the last 5 years. Applicant(s) must not have a criminal history that reflects misdemeanor convictions involving violent crimes against persons, property, or drug related or prostitution related offenses in the last 3 years.

**Does anyone who will be living in the household have a criminal record?**     Yes     No

*If yes, please describe below:*

Name	Date of Conviction	Charge	Type	Outcome
			<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	<input type="checkbox"/> Dismissed <input type="checkbox"/> Deferred <input type="checkbox"/> Time Served <input type="checkbox"/> Probation <input type="checkbox"/> Other: _____
Name	Date of Conviction	Charge	Type	Outcome
			<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	<input type="checkbox"/> Dismissed <input type="checkbox"/> Deferred <input type="checkbox"/> Time Served <input type="checkbox"/> Probation <input type="checkbox"/> Other: _____
Name	Date of Conviction	Charge	Type	Outcome
			<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	<input type="checkbox"/> Dismissed <input type="checkbox"/> Deferred <input type="checkbox"/> Time Served <input type="checkbox"/> Probation <input type="checkbox"/> Other: _____

**Additional Information**

**Please write out any additional information you feel is important for us to know.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Acknowledgement**

**I confirm all the information I have provided is true. Falsifying information and/or omitting information may result in your denial from the Children’s HOME Initiative / Families with Disabilities Program.**

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

### Property Preference

The CHI program is available at 14 properties in Austin.

Please list the order of your **preferred locations** according to your needs such as location to work or your children's school. **We cannot guarantee placement at any specific property or any specific apartment unit.**

**Indicate which location is your 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choice.**

**These are the property waitlists you will be placed on if eligible.**

Location	Preference	Property	Address
Northwest Properties	#	Lakeline Station	13635 Rutledge Spur (78717)
	#	Cardinal Point	11015 Four Points Dr. (78726)
	#	The Loretta	13649 Rutledge Spur (78717)

Location	Preference	Property	Address
North Properties	#	Laurel Creek	11704 N Lamar Blvd. (78753)
	#	Trails at Vintage Creek	7224 Northeast Dr. (78723)
	#	Juniper Creek <i>(opening 2025!)</i>	11630 N. Lamar Blvd

Location	Preference	Property	Address
Central Properties	#	M Station	2906 E Martin Luther King Jr. Blvd. (78702)
	#	The Jordan at Mueller	2724 Philomena St. (78723)

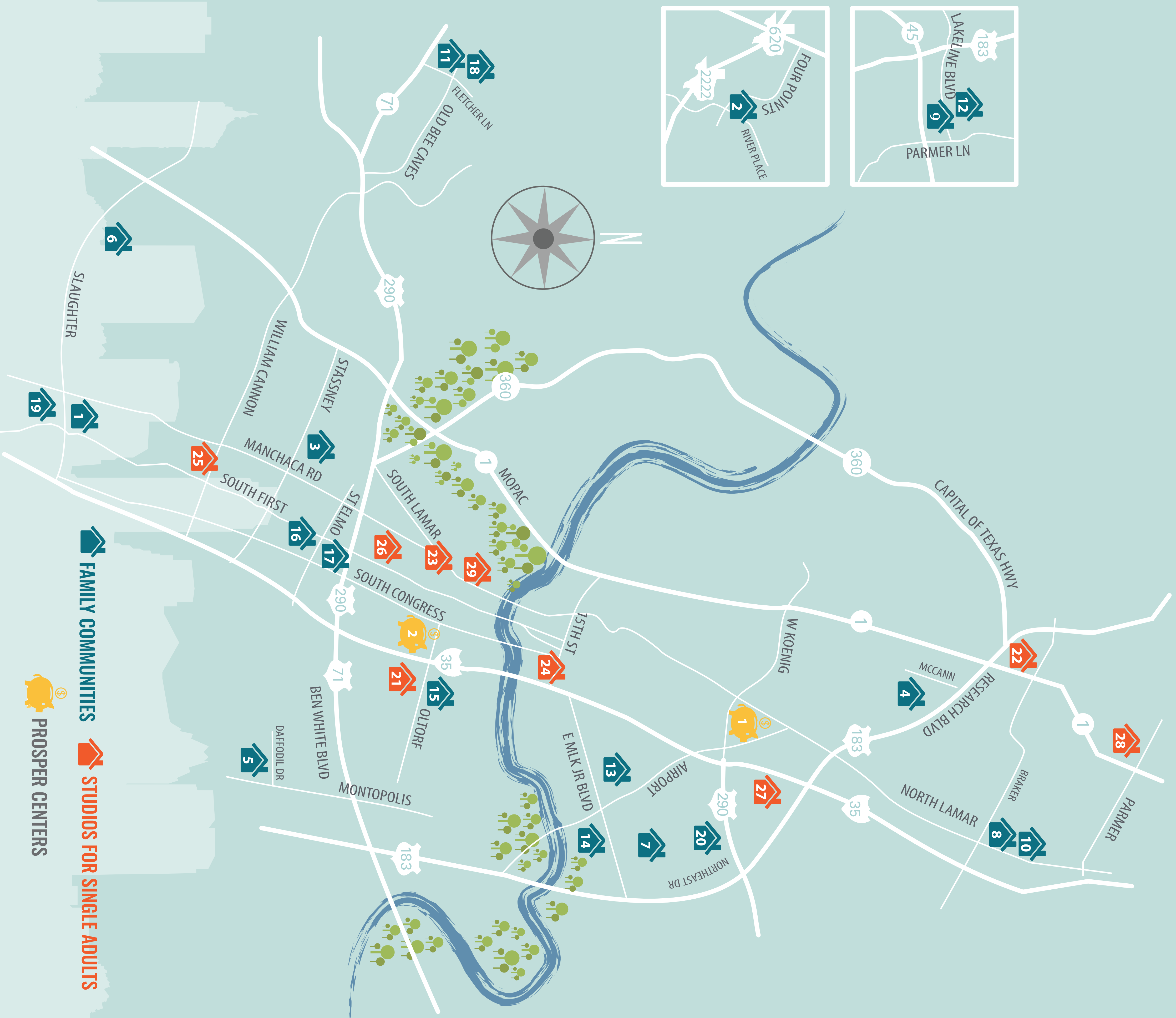
Location	Preference	Property	Address
East Properties	#	Daffodil	6009 Daffodil Dr. (78744)

Location	Preference	Property	Address
South Properties	#	Sierra Ridge	201 W St. Elmo Rd (78745)
	#	Sierra Vista	4320 S Congress Ave. (78745)
	#	Parker Lane	2105 Parker Lane. (78741)

Location	Preference	Property	Address
Southwest Properties	#	Homestead Oaks	3226 W Slaughter Ln (78748)
	#	Live Oak Trails	8500 W Hwy 71 (78735)

**Please use the map on the next page to help you make your selections.**

# We are HOME to more than 8,000 people





**BUCKINGHAM PLACE**

743-B Yarsa | 78748

166 Units

**CARDINAL POINT**

11015 Four Points Drive | 78726

120 Units

**CHERRY CREEK**

5510 B Fernview | 78745

122 Units

**CROSSROADS**

8801 McCann | 78757

92 Units

**DAFFODIL**

6009 Daffodil Dr | 78744

40 Units

**HOMESTEAD OAKS**

3226 W Slaughter Ln | 78748

140 Units

**THE JORDAN AT MUELLER**

2725 Philomena St | 78723

132 Units

**JUNIPER CREEK**

11630 N Lamar Blvd | 78753

110 Units *Opening SOON!***LAKELINE STATION**

13635 Rutledge Spur | 78717

128 Units

**LAUREL CREEK**

11704 N Lamar Blvd | 78753

88 Units

**LIVE OAK TRAILS**

8500 W Hwy 71 | 78735

58 Units

**THE LORETTA**

13649 Rutledge Spur | 78717

123 Units *Opening SOON!***M STATION**

2906 E Martin Luther King Jr Blvd | 78702

150 Units

**NORMAN CROSSING**

3811 Tannehill Ln | 78721

156 Units *Opening SOON!***PARKER LANE**

2105 Parker Ln | 78741

135 Units

**SIERRA RIDGE**

201 West St Elm | 78745

149 Units

**SIERRA VISTA**

4320 S Congress Ave | 78745

238 Units

**SOUTHWEST TRAILS**

8405 Old Bee Caves Rd | 78735

160 Units

**TRAILS AT THE PARK**

815 W Slaughter Ln | 78748

200 Units

**TRAILS AT VINTAGE CREEK**

7224 Northeast Dr | 78723

200 Units

**ARBOR TERRACE**

2501 S IH 35 | 78741

120 Units

**BALCONES TERRACE**

10024 N Cap of TX Hwy | 78759

123 Units

**BLUEBONNET STUDIOS**

2301 S Lamar Blvd | 78704

107 Units

**CAPITAL STUDIOS**

309 E 11th | 78701

135 Units

**GARDEN TERRACE**

1015 W William Cannon | 78745

103 Units

**SKYLINE TERRACE**

1212 W Ben White | 78704

100 Units

**SPRING TERRACE**

7101 I-35 N | 78752

142 Units

**WATERLOO TERRACE**

12190 N Mopac Expy SB | 78758

132 Units

**ZILKER STUDIOS**

1508 S Lamar Blvd | 78704

110 Units

**Children's HOME Initiative (CHI)**

Offered at properties with numbers in yellow text

**PROSPER NORTH**

5900 Airport Blvd | 78752

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