



# Anti-Displacement Program Application Form

Email the completed signed copy to [rrobinson@elifeanew.com](mailto:rrobinson@elifeanew.com) along with all applicable documents.

## Personal Information:

1. Applicant's Full Name: \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_
3. Gender: Male  Female  Non-Binary  Other/Don't want to answer
4. Ethnicity \_\_\_\_\_
3. Residential Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
ZIP Code: \_\_\_\_\_
4. Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
5. Email Address: \_\_\_\_\_
6. Active-Duty Military: (Yes /No )
7. Veteran: (Yes /No )

## Education:

9. Highschool Diploma  Vocational  Associates  Bachelor's or better

## Residential Information:

10. Are you currently enrolled in any City of Austin programs:  
(Yes /No ) if yes, which program \_\_\_\_\_
11. Do you have legal decision-making authority regarding the status of the home in question?  
(Yes /No ) if no, please provide explanation why.

Explanation: \_\_\_\_\_  
\_\_\_\_\_

12. Please briefly explain your current housing situation and why you believe you are at risk of displacement due to the Project Connect line:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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13. Please provide the following documents for income verification and residency confirmation:

- Proof of Income (e.g., tax returns, pay stubs)
- Proof of Residency (e.g., utility bills, lease agreement)
- Legal Documentation (if applicable)

**Household Information:**

14. Total Household Members: \_\_\_\_\_
15. Household Income (Gross Annual): \$ \_\_\_\_\_
16. Number of Dependents: \_\_\_\_\_

**Declaration:**

I hereby declare that the information provided in this application is true and accurate to the best of my knowledge. I understand that the Anti Displacement Program may request additional documentation for verification prior to being allowed into the program.

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

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