

RECERTIFICATION INSTRUCTIONS

To ensure the health and safety of teams processing incoming mail, please allow 7-10 business days for Opportunity Home to receive your packet.

Your unit has **FINAL FAILED**. Please inform your landlord of your intention to **MOVE** before submitting this Recertification Packet. All forms must be signed and required documentation must be submitted before the Recertification Packet can be processed.

How to Submit the Recertification Packet

Packets can be submitted via email to moverrequest@homesa.org, by fax to 210.477.6206 or by mail to the following address:

ATTN: Opportunity Home San Antonio
820 S. Flores St. | San Antonio, TX 78204



SAHA | SAN ANTONIO
HOUSING AUTHORITY
Opportunity Lives Here

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Recertification Application

BASIC INFORMATION					
Main Telephone: _____ Alternate Telephone: _____					
Email Address: _____					
Current Address: _____					
HOUSEHOLD INFORMATION					
Head of Household	Name Last: _____ First: _____ Last 4 of SSN: _____ DOB: _____	62 Years or Older <input type="checkbox"/> Yes <input type="checkbox"/> No	Full-Time Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled Individual <input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> Yes <input type="checkbox"/> No	Highest Level of Education Completed <input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> No School <input type="checkbox"/> ____ Grade <input type="checkbox"/> ____ College
<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse	Name Last: _____ First: _____ Last 4 of SSN: _____ DOB: _____	62 Years or Older <input type="checkbox"/> Yes <input type="checkbox"/> No	Full-Time Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled Individual <input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> Yes <input type="checkbox"/> No	Highest Level of Education Completed <input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> No School <input type="checkbox"/> ____ Grade <input type="checkbox"/> ____ College
Relationship	Name Last: _____ First: _____ Last 4 of SSN: _____ DOB: _____	62 Years or Older <input type="checkbox"/> Yes <input type="checkbox"/> No	Full-Time Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled Individual <input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> Yes <input type="checkbox"/> No	Highest Level of Education Completed <input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> No School <input type="checkbox"/> ____ Grade <input type="checkbox"/> ____ College
Relationship	Name Last: _____ First: _____ Last 4 of SSN: _____ DOB: _____	62 Years or Older <input type="checkbox"/> Yes <input type="checkbox"/> No	Full-Time Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled Individual <input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> Yes <input type="checkbox"/> No	Highest Level of Education Completed <input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> No School <input type="checkbox"/> ____ Grade <input type="checkbox"/> ____ College
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Relationship	Name Last: _____ First: _____ Last 4 of SSN: _____ DOB: _____	62 Years or Older <input type="checkbox"/> Yes <input type="checkbox"/> No	Full-Time Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled Individual <input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> Yes <input type="checkbox"/> No	Highest Level of Education Completed <input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> No School <input type="checkbox"/> ____ Grade <input type="checkbox"/> ____ College

***Required Documentation:** Is any household member 18 years or older marked above as a full-time student? If yes, you must attach proof of full-time student status. Proof is not required for the Head of Household.

☐ Yes (attach proof)
 ☐ No



The following person has been designated to coordinate compliance with the nondiscrimination requirement contained in HUD's regulations implementing Section 504: **Michaelle Finch, 818 S. Flores, San Antonio, Texas 78204.**

SAHA

818 S. Flores St.
San Antonio, TX 78204
210.477.6000 | saha.org





FAMILY INCOME INFORMATION

IMPORTANT: SAHA will utilize the U.S. Housing and Urban Development Enterprise Income Verification System (EIV) to verify your household income. SAHA will compare the income information you provide on this application to the information provided to us by EIV. If this process reveals unreported income and / or unreported employment, your assistance may be denied or terminated.

1. Please list all household income below.

Income Source	Household Member	Amount	Name of Source	Address of Source	Phone	Hours (Avg. Per Week)	Pay Rate (Hourly)
Employment Wages (Weekly)		\$					
		\$					
		\$					
TANF Earnings (Monthly)		\$					
Child Support Income (Monthly)		\$					
Unemployment Benefits (Weekly)		\$					
Social Security Benefits (Monthly)		\$					
Contributions		\$					
Other Income		\$					

Required Documentation: Please attach the required supporting documentation for all household income. Proof of income must not be older than 120 days.

For Employment Wages:	Last 4 consecutive paystubs or letter from employer in company letterhead; If self-employed, income tax records (including Schedule C) for previous year
For TANF Earnings:	TANF Award Letter
For Child Support Income:	Child support court order or child support printout from Attorney General's Office
For Social Security Benefits:	Social Security/SSI Award Letter
For Unemployment Benefits:	Unemployment Benefit Award Letter
For Contributions:	Signed Notarized Letter from person providing contributions including frequency and amount
For Other Income:	Signed Notarized Letter from person providing income including amount, frequency, and address

EMPLOYMENT INFORMATION CERTIFICATION

By signing below, I am certifying that the income information above is true and correct for each household member. Please Note: Each household member with employment information must sign below.

Household Member Signature	Date
Household Member Signature	Date
Household Member Signature	Date
Household Member Signature	Date



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HOUSEHOLD ASSETS				
2. Please include all active accounts with financial institutions for each family household member.				
Asset Type	Household Member	Current Balance	Name of Financial Institution	Last 4 of Account Number
Checking Account(s)		\$		
		\$		
		\$		
		\$		
Savings Account(s)		\$		
		\$		
		\$		
CD or IRA		\$		
Stocks/ Bonds/Collectibles		\$		
3. Do you own any real estate? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, please provide the address. You must provide a copy of the title deed(s) at the time you submit this application.				
4. Have you sold any real estate in the past two years? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, please provide the address. You must provide a copy of the contract(s) of sale at the time you submit this application.				
Required Documentation: Please attach the required supporting documentation for all household assets. Proof of income must not be older than 120 days.				
Checking and Savings Accounts:	(May Be Required Upon Request) Current bank statements for checking and savings accounts			
CD / Stock / Bonds / Etc.	Copy of certificates of deposit			
Real Estate	Deeds for all real estate owned, tax office			
EXPENSES AND ALLOWANCES				
5. Please complete this section only if you are participating in the MOD-Rehabilitation program. List all expenses paid by each household member. Note: Medical Expenses include, but are not limited to, medical insurance premiums, Medicare deduction, prescriptions, medical supplies, etc.				
	Child Care Expense	Medical Expense	Disability Assistance	
Amount				
Provider				
Address				
Expense Reimbursed?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
6. Are any of the above expenses paid on behalf of a household member with a disability so an adult in the family, including the person with a disability, can work? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, name which expense(s):				
Required Documentation: Please attach the required supporting documentation for all household expenses.				
Child Care Expense (For Children Under 12):	SIGNED notarized letter from child care provider to include amount paid, frequency, and provider's address			
Medical Care Expense (For Elderly/Disabled Families Only):	Pharmacy printout for medical prescriptions not covered by medical insurance within the past 12 months; medical expenses not covered by medical insurance and frequency; cost of medical premiums for health insurance			
Disability Assistance:	Disability/handicap expenses to care for a disabled family member			



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OPTIONAL CONTACT PERSON OR ORGANIZATION

By law, you have the right to optionally provide the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is to identify a person/organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.**

Name of Additional Person or Organization: _____

Address: _____

Telephone Number: _____ Cell Phone Number: _____

Email Address: _____ Relationship to Applicant: _____

Reason for Contact: (Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Emergency | <input type="checkbox"/> Termination of rental assistance | <input type="checkbox"/> Assist with Recertification Process |
| <input type="checkbox"/> Unable to contact you | <input type="checkbox"/> Eviction from unit | <input type="checkbox"/> Change in lease terms |
| <input type="checkbox"/> Late payment of rent | <input type="checkbox"/> Change in house rules | <input type="checkbox"/> Other: |

CERTIFICATION

IMPORTANT: According to Title 18, United States Code, Section 1001, it is a federal crime to knowingly or willfully make any materially false, fictitious or fraudulent statement or representation in any matter to a public housing authority.

The following certification must be signed by all household members 18 years or older.

I hereby certify that all the information on this application is true and complete. I understand that by signing this document I authorize the San Antonio Housing Authority (SAHA) to:

- **Verify all reported information**, which includes comparing all reported information with information retrieved through independent sources. These verifications may include, but are not limited to, the following: Social Security and Supplemental Security Income, state wage information, collection agencies, current and former employers, Temporary Assistance for Needy Families (TANF), child support benefits, child care, financial institutions, veteran's benefits, worker's compensation, domestic employment, full-time student status, and pension.
- Obtain all of my **criminal history records**, if any, from any law enforcement agency. I understand that such records will include arrests and convictions for misdemeanors and felonies, if any, as well as any probation or parole information. This may include screening my records for state lifetime sex offender registrations, if any, using the *Dru Sjodin National Sex Offender Database* and/or other official federal, state, and local resources.
- Obtain all of my **credit history records**, if any, from any credit reporting agency, and to obtain a copy of my credit report.

SIGNATURES

DATE

Head of Household

Co-Head /Spouse

Household Member 18 years or older

Household Member 18 years or older

Household Member 18 years or older

Household Member 18 years or older

Household Member 18 years or older



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Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

PHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

San Antonio Housing Authority
818 S. Flores
San Antonio, Texas 78204

IHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

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 that you 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; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and 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 household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

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

PHA-owned rental public housing
Turnkey III Homeownership Opportunities
Mutual Help Homeownership Opportunity
Section 23 and 19(c) leased housing
Section 23 Housing Assistance Payments
HA-owned rental Indian housing
Section 8 Rental Certificate
Section 8 Rental 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.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years 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 concerning unearned income (i.e., interest and dividends). 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 regarding any period(s) within the last 5 years when I have received assisted housing benefits.

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 expires 15 months after signed.

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 Act Notice. 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). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government’s financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. 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, the HA and any owner (or any employee of HUD, the HA or the owner) 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, the HA or the owner responsible for the unauthorized disclosure or improper use.

FAMILY OBLIGATIONS AND REASONS FOR TERMINATION

Initials	The family must find a SAHA-approved unit prior to the Housing Choice Voucher expiration date. Any requests for an extension of the voucher term must be submitted to SAHA in writing before the voucher expiration date. If SAHA extends the voucher term, the family must use the voucher to lease a unit before the extension expiration date stated on the voucher.
Initials	The family must supply any information that SAHA or HUD determines necessary in the administration of the program, including submission of required evidence of citizenship or eligible immigration status.
Initials	The family must disclose and verify social security numbers and must submit consent forms for obtaining information.
Initials	The family must supply any information requested by SAHA or HUD for use in a regularly scheduled reexamination or interim reexamination of family income and composition in accordance with HUD requirements.
Initials	The family must attend all reexamination appointments scheduled by SAHA. The family may reschedule an appointment for good cause, or if it is needed as a reasonable accommodation for a person with disabilities. <i>Good cause</i> is defined as an unavoidable conflict, which seriously affects the health, safety or welfare of the family. Requests to reschedule appointments must be made orally or in writing. The family must complete and return the Recertification Packet and all required documentation by the due date indicated on the notice of recertification.
Initials	The family must report to SAHA in writing any change of income within 10 business days of the change.
Initials	The composition of the assisted family residing in the unit must be approved by SAHA. The family must notify SAHA in writing of the birth, adoption, or court-awarded custody of a child within 10 business days .
Initials	The family must request SAHA approval to add any other family member as an occupant of the unit. No other person except members of the family may live in the unit except for SAHA-approved foster children or live-in aids.
Initials	The family must notify SAHA in writing within 10 business days if any family member no longer lives in the unit.
Initials	The family must supply any information requested by SAHA to verify that the family is living in the unit or information related to family absence from the unit.
Initials	If any family member will be absent from the unit for a period greater than 45 consecutive days, the family must notify SAHA in writing within 10 days of the member leaving the unit.
Initials	The family must notify SAHA and the owner before moving out of the unit or terminating the lease. The family must comply with lease requirements regarding written notice to the owner. The family must provide written notice to SAHA at the same time the owner is notified.
Initials	Any information supplied by the family must be true and complete.
Initials	The family is responsible for any Housing Quality Standards (HQS) deficiencies caused by the family caused by failure to pay tenant-provided utilities or appliances, or damages to the dwelling unit or premises beyond normal wear and tear caused by any member of the household or guest. Damages beyond normal wear and tear will be considered to be damages which could be assessed against the security deposit.
Initials	The family must pay utility bills and provide and maintain any appliances that the owner is not required to provide under the lease. [Form HUD-52646, Voucher]



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Initials	The family must allow SAHA to inspect the unit at reasonable times and after reasonable notice.
Initials	The family must not commit any serious or repeated violation of the lease. Serious and repeated lease violations include, but are not limited to, nonpayment of rent, disturbance of neighbors, destruction of property, living or housekeeping habits that cause damage to the unit or premises, and criminal activity.
Initials	The family must provide SAHA a copy of any eviction notice within 10 business days of the date on the notice from the landlord or the date on the court judgment.
Initials	The family must use the assisted unit for residence by the family. The unit must be the family's only residence.
Initials	The family must not sublease the unit, assign the lease, or transfer the unit. Subleasing includes receiving payment to cover rent and utility costs by a person living in the unit who is not listed as a family member.
Initials	The family must not own or have any interest in the unit.
Initials	Family members must not commit fraud, bribery, or any other corrupt or criminal act in connection with the program.
Initials	If the lease states that utilities will be provided by the landlord, the family must not be the account holder for the landlord-provided utilities or maintain the utilities under any family member's name. This is considered fraud.
Initials	Family members must 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 residents and persons residing in the immediate vicinity of the premises.
Initials	Members of the household must not engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises.
Initials	An assisted family or member of the family must not receive Housing Choice Voucher Program assistance while receiving another housing subsidy, for the same unit or a different unit under any other federal, state or local housing assistance program.
Initials	A family must not receive Housing Choice Voucher Program assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless SAHA has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities. [Form HUD-52646, Voucher]
Initials	The family must repay all debts owed to SAHA. If the family enters a repayment agreement with SAHA, the family must abide by the terms of the repayment agreement.

By signing below, I acknowledge that I have been informed of the Section 8 certification process, my obligations as a participant in the Section 8 program, and the reasons SAHA may terminate my housing assistance. I understand that failure to abide by the HUD regulations and SAHA policies listed above will result in termination of my family's housing assistance.

Printed Name of Head of Household

Last 4 of SSN

Signature of Head of Household

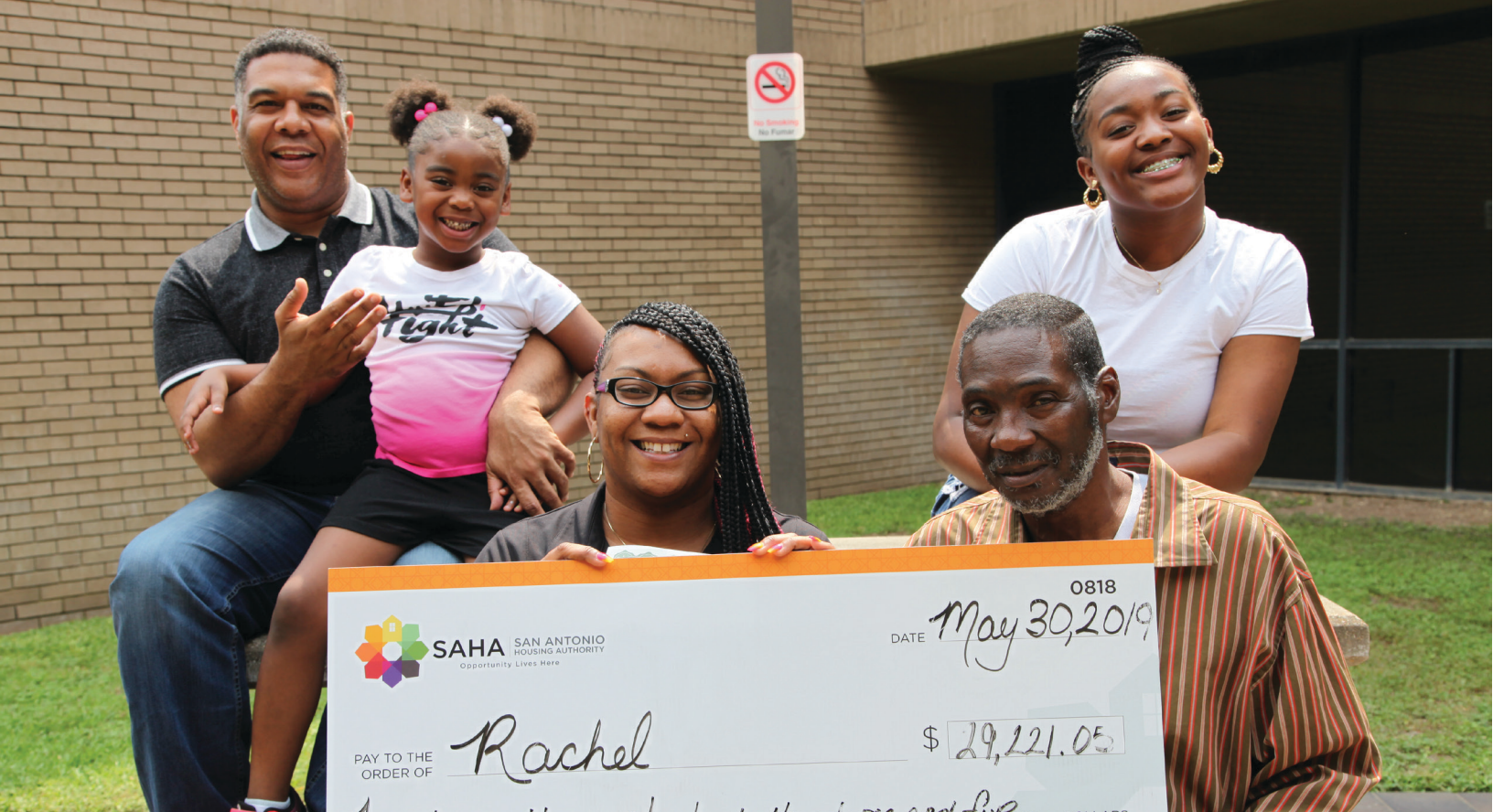
Date



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Start a career, finish school and reach financial goals within five years for a chance to earn a check through SAHA's Family Self-Sufficiency Program.

This voluntary program is self-paced and designed to help Public Housing residents and Housing Choice Voucher Program (Section 8) participants achieve personal education, career and financial goals.

During the program, participants will receive or have access to:

- | | |
|----------------------------|----------------------|
| One-on-One Case Management | Job Search |
| Referral Services | Resume Writing |
| Money Management Classes | Interview Skills |
| Education and Training | Parenting Skills |
| Career Counseling | Workshops |
| Career Exploration | Communication Skills |

JOIN TODAY
FSS@saha.org



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