

APPLICATION FOR SECTION 8 HOUSING ASSISTANCE

Important Information

Please read this carefully before completing the application form

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.

- The application must be completed in the handwriting of the head of household. Incomplete applications will not be processed.
- Persons with disabilities or persons who are limited in their ability to read, write, speak or understand English can seek assistance with the completion of the form at the housing agency office.
- Use the full legal name of each person listed on the application as it appears on their social security card.
- Please print all answers.
- Answer all questions on the application form. Do not leave any questions blank. If a question does not apply to you such as "What is your telephone number", and you do not have a telephone, write "none".
- All yes/no questions must be checked to indicate whether your response is a "yes" or "no".
- If there is not enough space to answer a particular question or to provide any additional explanation that you want to make, please feel free to attach one or more pages to the application.
- The legal head of household and spouse/cohead (if any) must sign and date the application form.
- Where indicated on this form, the questions apply to all members of the family listed on the application.
- The information that you provide on this application must be true and complete. It is a violation of federal and state criminal law to make false statements on an application for housing assistance. If you do not understand a question, please ask your housing representative.
- Be advised that the PHA will conduct criminal background checks and sex-offender registration checks on all adult household members, including live-in aides.

In order to qualify for housing assistance an applicant must:

- Be a family as defined in the housing agency's administration plan. The administrative plan is either posted or available at the housing agency office.
- Meet the HUD requirements on citizenship or immigration status
- Have an annual income at the time of admission that does not exceed the income limits established by HUD. These income limits are posted in the housing agency's office.
- Provide documentation of Social Security numbers for all family members, age 6 and older, or certify that they do not have Social Security numbers.
- Meet student eligibility requirements
- Pay any money owed to the PHA or any other housing authority
- Not be subject to lifetime sex offender registration requirements
- Sign authorization forms so that the PHA can verify the various eligibility requirements
- Not have any household members who are engaged in any criminal activity that threatens the life, health, safety, or right to peaceful enjoyment of the premises by other residents, and not have any household members who are engaged in any drug-related or violent criminal activity

Americans With Disabilities Act

We need your help to ensure all of our programs, services and activities are fully accessible to persons with disabilities. If you encounter any type of barrier that prevents you from receiving the full benefit of our programs, services, or activities, please let us know.

ITEMS TO BRING TO THE INTERVIEW

I. Information About Your Income and Assets

1. **Employment Income.** For every member of your family who works, bring the following information:
 - Name, address, telephone number of the employer.
 - Current rate of regular pay and overtime pay and the number of hours per week normally worked (three current pay stubs).
 - Information about any changes you expect in your pay or the number of hours worked during the next twelve months.
 - Other type of income you expect to receive from employment, such as tips, commissions, profit-sharing programs, etc.
2. **Benefit and Support Income.** If any member of your family receives any of the following types of income, bring name, address, and telephone number of the source of the income, and information about the amount received:
 - Unemployment Compensation
 - Social Security
 - Supplemental Social Security
 - Pension
 - Disability Income
 - Alimony
 - Child Support
 - Welfare or other public assistance
 - Regular support from family members or friends
3. **Amounts in Savings and Checking Accounts** (including Certificates of Deposit, IRA and Keogh Accounts). Bring the account number for all accounts and the balance in your accounts.
4. **Real Estate You Own.** Bring information about the current value of the property. If you own property and rent it, bring the address of the property and information about how much income you receive and what expenses you have for the property. (Bring last year's Schedule E from your income tax forms.)
5. **Stocks, Bonds, Trusts, Other Investments.** Bring account numbers and statements on value of investments and information about income from investments.
6. **Life Insurance Policies.** Bring name of company and policy numbers.
7. **Educational Grants and Scholarships.** If any member of your family receives an educational grant or scholarship, bring information about the amount of the assistance and the purposes for which the assistance can be used. Bring the name, address, and telephone number of the institution providing the assistance.
8. **Other Income.** For any other type of income your family has, bring the name, address, and telephone number of the source of the income and information about the amount of the income.
9. **Assets sold or given away.** If you have sold or given away any assets in the past two years (such as giving a property or an amount of money to another family member), please bring information about those assets.

ITEMS TO BRING TO THE INTERVIEW

II. Information about Family Members

1. **Age.** Bring a birth certificate or other proof of age if the head or spouse is 62 years of age or older, if you do not receive benefits which prove your age.
2. **Children.** Bring birth certificates, custody agreement, adoption papers, or other proof that the children are members of this household.
3. **Full-time Students.** If any family members are 18 years of age or older and still attending school full time, bring information about where they attend school.
4. **Disability.** If any member of your family has a disability, bring information about any income the member received because of his/her disability.

III. Expenses

Bring information about any of the following expenses you expect to have during the next twelve months.

1. **Medical insurance premiums,** including amounts deducted from your pay for medical insurance, and **medical expenses** not covered by insurance. (This only applies to families whose head, spouse or cohead is 62 years or older, or is disabled.)
2. **Child care expenses** to care for your children while you work, seek work, or go to school.
3. **Disability expenses** to care for a disabled family member while you work.

For Office Use Only. Applicants should not write in this section.

Eligibility Determination

Date/Time: _____ Bedroom Size: _____ Initial Eligibility Y N
Received by: _____ Interview Date: _____ Final Eligibility Y N

List any special assistance required by this applicant: _____ Denied: Date _____

**FULL APPLICATION FOR ADMISSION
Section 8 Housing Choice Voucher Program**

Agency Name: FORT STOCKTON HOUSING AUTHORITY

Limited English Proficiency:

Do you require oral and/or written information in any language other than English? Yes No

If yes, which language: _____. Please contact the Section 8 Admissions Office for assistance. If no, continue.

Instructions: Complete this form in ink in your own handwriting. Use the correct legal name for each person who will reside in the same unit exactly as it appears on his/her Social Security card. All persons age 18 and over must sign this application certifying the information pertaining to them is correct. Do not leave any section of the application blank. If a section does not apply to you, write N/A in it.

Applicant Head of Household:

Applicant Name: _____

Current Address: _____ Apt. No. _____

City _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone # _____ Cell Phone #: _____

Email address: _____

Head of Household Social Security Number: Is your current legal name different than the name on your Social Security card? Yes No

If yes, contact the Social Security office immediately to obtain a corrected card with your current legal name.

Have you or any other adult member ever used any name(s) or Social Security number(s) other than the one you are currently using? Yes No

If yes explain _____

Emergency Contact:

Name: _____ Relationship: _____

Address: _____

City _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone # _____ Cell Phone #: _____

Email address: _____

I. HOUSEHOLD COMPOSITION (List all persons who will stay in the dwelling on the Section 8 Program.)
***Applicants are not required to disclose being disabled. However, benefits for which persons with disabilities are entitled cannot be provided unless the Applicant discloses being disabled.**

Adults (age 18 and older)	Social Security #	Relation to Head	Sex	Race and Ethnicity	Birth Date	Age	Disabled* Yes/No	Student Yes/No	List most recent date	
									Employed	Received TANF
Last		HEAD								
First										
Last										
First										
Last										
First										

Minors (Under Age 18)	Social Security #	Relation to Head	Sex	Race/ Ethnicity	Birth Date	Age	Disabled* Y/N	Name/Address of Absent Parent (if applicable)
First								
Last								
First								
Last								
First								
Last								
First								

Additional Family Members:

Last	First	MI	Social Security #	Relation to Head	Sex	Race/Ethnicity	Birth Date	Age	Disabled* Y/N	Name/Address of Absent Parent (if applicable)

I. Household Composition continued

1. Is any household member over age 18 a full time student (*other than head of household or spouse of head of household*)? Yes No
 If yes, list name and the school they attend: _____
2. Is the *Spouse of the Head of Household* temporarily absent from the home? Yes No
 If yes, where? _____
 When will the person return? _____
 Does absent spouse have income? Yes No
 If yes, list below:
 a. _____
 b. _____
3. Does anyone in your household require special accommodations due to a handicap or disability? Yes No
 If yes, specify requirements: _____
4. Does any elderly or disabled household member require a Live-in Aid? Yes No

II. INCOME AVAILABLE TO HOUSEHOLD

List **all** income earned or received by everyone living in the household regardless of age.
 List **gross** amounts of income (before deductions).

Income Source	Yes	No	Family Member	Source	Amount
Wages or Earnings					\$
					\$
TANF					\$
Pension or Retirement					\$
					\$
SSI					\$
					\$
Social Security					\$
					\$
Child Support					\$
					\$
Unemployment Benefits					\$
					\$
Worker's Compensation					\$
					\$
Alimony					\$
Military Income					\$
Regular Contributions or Gifts					\$
					\$

Income Source	Yes	No	Family Member	Source	Amount
Self Employed (lawn care, hair stylist, etc.)					\$
Temp. / Sporadic Income					\$
Cyclical or Seasonal Work					\$
Student Financial Assistance (such as Scholarships)					\$
Grants					\$
Work study					\$
Lump Sum Payments					\$
Veterans Administration					\$

Previous Year's Tax Return. Indicate the amount of the gross income shown by each family member (other than minors) residing in your household who submitted an individual or joint Federal Income Tax Return.

Taxpayer	Date of Return	Gross Income
Taxpayer	Date of Return	Gross Income
Taxpayer	Date of Return	Gross Income

1. Does anyone outside the household help with bills on a regular basis? Yes No

2. If yes, list name of each person or agency that assists with bills:

- a. _____
b. _____
c. _____

3. Is any household member age 18 or older employed in a job training program? Yes No

If yes, list his/her name and the specific job training program: _____

4. Has anyone in your household applied for any benefits which are in the process of being approved? Yes No

If yes, explain: _____

5. Are you entitled to:
Child Support Yes \$ _____ No
Alimony Yes \$ _____ No

III. ASSETS

1. Does any household member listed have assets or receive income from assets? Check all that apply to household.

Type Asset		Type Asset	
Real Estate	<input type="checkbox"/> Yes <input type="checkbox"/> No	Checking Account	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stocks	<input type="checkbox"/> Yes <input type="checkbox"/> No	Savings Account	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate(s) of Deposit	<input type="checkbox"/> Yes <input type="checkbox"/> No

Company Retirement or Pension Fund	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trusts	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Has any asset been given away or sold for less than its fair market value in the past 2 years? Yes No

If yes, what? _____

What was its market value? \$ _____ How much did you receive? \$ _____

IV. MEDICAL AND DISABILITY ASSISTANCE

1. List all medical expenses the family anticipates paying during the next 12 months that will NOT be reimbursed by insurance or other outside source. Do NOT include life or burial insurance premiums. (Complete only if the Head of household or Spouse is disabled or is 62 years of age or older.)

TYPE OF EXPENSE	AMOUNT	TYPE OF EXPENSE	AMOUNT
<i>medical insurance(s)</i>	\$ _____	<i>Doctor's Visits</i>	\$ _____
<i>prescription medicine(s)</i>	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

2. Do you pay for attendant care or auxiliary apparatus for a disabled household member in order for them or any other family member to work? Yes No

If yes, Itemize:

- a. _____
- b. _____
- c. _____

V. CHILD CARE

1. Do you pay for Child Care for children age 12 or younger while you work, attend school, or seek employment? _____ If yes, to whom are expenses paid? _____
How much per month? _____
2. Address of Child Care provider: _____
3. What amount is reimbursed? _____ Source: _____

VI. PREVIOUS HOUSING ASSISTANCE

Has any household member lived in public housing or participated in the Section 8 housing assistance program after reaching the age of 18? Yes No

If yes, under what name: _____

Housing Agency/City _____

From _____ To _____ Lease in Name of: _____

Were you evicted or asked to move? Yes No

Were any wages disregarded in calculating your rent? Yes No

Optional Data Collection Items

VI. CRIMINAL HISTORY

1. Has any household member (regardless of age) been involved in, arrested, charged, or convicted for any of the following:

Violent criminal activity? Yes No

If yes, give details _____

Domestic Violence, dating violence, or stalking? Yes No

If yes, name of victim: _____ Name of perpetrator: _____

Alcohol related activity? Yes No

If yes, give details _____

Manufacture of methamphetamines? Yes No

If yes, give details _____

Possession, sale, or distribution of illegal drugs? Yes No

If yes, list name/date/disposition of case _____

List name of any household member who is required to register as a sex offender: _____

If required to report, list name and telephone number of probation/parole officer: _____

2. Has any household member participated in drug rehabilitation during the past 12 months? Yes No

If yes, explain _____

3. Has any household member been evicted from federally assisted housing in the past 3 years? Yes No

If yes, who? _____

Where? _____

VII. RENTAL HISTORY

1. Current Landlord: _____

Address: _____

City _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Email address: _____

Dates of Occupancy: From _____ To _____

Address of Rental Property: _____

City _____ State: _____ Zip: _____

Email address: _____

Were you ever late in paying rent? Yes No

Were you evicted or asked to move? Yes No

2. Previous Landlord: _____

Address: _____

City _____ State: _____ Zip: _____

Were you ever late in paying rent?
Were you evicted or asked to move?

Yes No
 Yes No

VIII. CREDIT HISTORY/PERSONAL REFERENCES

- List two business where you have had credit or made payments on a regular basis in the past 24 months.
Business _____ Address/Phone _____
Business _____ Address/Phone _____
- List two references (who you are not related to by blood or marriage) who have knowledge of your ability and willingness to abide by a lease agreement.
Name _____ Phone _____ How long have you know him/her? _____
Name _____ Phone _____ How long have you know him/her? _____

IX. MISCELLANEOUS INFORMATION

- List all vehicles that household members will park on PHA property:
Make _____ Model _____ Color _____ License Plate # _____
Make _____ Model _____ Color _____ License Plate # _____
Make _____ Model _____ Color _____ License Plate # _____
- Do you have a pet? Yes No
Describe: _____

APPLICANT CERTIFICATION

All information provided on this application and at the interview is subject to verification. All family members age 18 or over should review the information on this form for completeness and accuracy.

By my signature below, I do hereby swear and attest that all information on this application is true and correct. I understand that I must report any changes in income, assets, family composition, address, or phone number to the Housing Authority within 14 days of such change for my application to remain valid. By my signature, I grant permission for the Housing Authority to verify information necessary to determine my eligibility and suitability for housing. I further understand that false statements or information are grounds for denial of this application.

Signature of Head of Household _____
Date

Signature of Spouse of Head of Household or Other Adult _____
Date

Signature of Other Adult _____
Date

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national toll-free hot line at 1-800-669-9777.

CRIMINAL HISTORY BACKGROUND CHECK

Housing Authorities are authorized under Section 9(b) of Public Law 104-120 signed 3/28/96 to obtain national criminal history records of adult applicants for, or tenants of, public housing for purposes of applicant screening, lease enforcement, and eviction.

Criminal history background checks will be run for drug-related activity, violent criminal activity including sex crimes, and alcohol related criminal activity. If any state or national history is revealed in this search, the specific information will be verified for the Housing Authority by the State and/or NCIC. If records are revealed, applicant/tenant may be required to submit fingerprints for positive identification of records. Failure to submit fingerprints when a possible match has been made is grounds for immediate termination of the application process or dwelling lease.

Applicant/Tenant authorizes criminal history checks for all adult household members during both the application process and during occupancy by signing the original application for housing or continued occupancy without requirement of future signatures, releases, or additional authorization. Failure to provide authorization is grounds for denial of application.

NAME: _____
 Last First Middle

Maiden or Other Names Used _____

Social Security # _____ Date of Birth _____ Race _____

Sex _____

Signature of Applicant/Tenant _____ Date _____

RECORD OF CRIMINAL HISTORY

Date of Initial Criminal History Background Check on this applicant/tenant _____

Law Enforcement Agency performing criminal history check: _____

- No matching indicators with State of _____ or NCIC Possible match with State
- No record of conviction for criminal activity or sex crimes Possible match with NCIC
- Registration required under lifetime State Sex Offender Registration program
- Local record of activity described below

_____ *Type of activity with local police department* _____ *Date* _____ *Disposition*

_____ *Type of activity with local police department* _____ *Date* _____ *Disposition*

_____ *Signature of Law Enforcement Officer* _____ *Date*

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