

DO NOT TAKE APPLICATION APART

Application are only accepted on the following times and days on the properties listed below:

Kenedy	Tuesday & Thursday	9:00 am - 4:00 pm
Karnes City	By Appointment	By Appointment
Falls City	Wednesday	9:00 am – 12:00 pm
Three Rivers	Monday & Thursday	9:00 am - 3:00 pm
Smiley	Tuesday	9:00 am - 10:30 am
Nixon	Tuesday	11:00 am - 4:00 pm

Dear Applicant:

The Housing Authority wishes to thank you for your interest in our program. Please check below the properties that you wish to apply for:

Kenedy **Karnes City** **Falls City** **Three Rivers** **Smiley** **Nixon**
 Kenedy Section 8 **Nixon Section 8**

To speed up the application process you are required to bring in the following items when you turn in your application

- ❖ **Certified Birth Certificate & Social Security Card for every household member on the application**
- ❖ **Current Driver's License and/or picture ID cards of all adult members listed on the application**
- ❖ **Income verification for all household member (**Last 4-6 consecutive check stubs**, TANF Statement, Current Social Security or SSI Award Letter, VA, Pensions, Unemployment benefits, etc.)**
- ❖ **Child Support statement showing the amount you receive in child support.**
- ❖ **Last year's Income tax return**
- ❖ **Current Food Stamp Award Letter**
- ❖ **Last 4 (complete) Consecutive Bank Statements**
- ❖ **Child Care statement of child care costs**

Please return application **COMPLETE – ALL BLANKS** must be filled in and signatures of ALL adult members in appropriate spaces

WAITING LIST POLICY

I understand that I am on the active Waiting List for:

_____ Housing Choice Voucher Program (Section 8)

_____ Low Rent Housing

- 1 Bedroom
- 2 Bedroom
- 3 Bedroom
- 4 Bedroom

To stay on the active waiting list, I must visit or contact the Housing Authority office six months from the date below. At that time, I will report any changes in family size, income, etc. If at any time my address or telephone number should change, I will notify the office immediately.

I also understand that if I do not contact the office at the end of six months, I will no longer be on the active waiting list.

Applicant Signature

Date



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI 451 7th Street,
SW Washington, DC 20410

December 2005



KENEDY HOUSING AUTHORITY
 116 Stewart Avenue
 Kenedy, Texas 78119
 830-583-2321



Application for Public Housing and Section 8

Household Information: Complete the following information for each household member that will occupy the unit at time of move-in:

Legal Name of Head of Household _____

Marital Status: Married Single Widowed Separated Divorced

Ethnicity: Hispanic Non-Hispanic
 Race: White Black Indian/Native Alaskan Other

Present Street Address: _____ City _____ State _____ Zip _____

How Long _____ Mailing Address if different from above _____

Previous Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email _____

Driver's License Number or Other Type of Legal Identification: _____

In emergency, who can we contact locally? Name: _____

Phone Number: _____ Relation: _____

Household Member List the legal names of all the people who live with you. Start with the Head of Household, then spouse or co-head, then minors (oldest to youngest), and then any other adults.

Name (Last, First, MI)	Relationship to the Head of Household	Sex (M/F)	Birth Date (mm, dd, yyyy)	Student (Y/N)	Social Security Number

Type: Unit size is based on family composition:

1st Choice: 1 BR 2 BR 3 BR 4 BR

2nd Choice: 1 BR 2 BR 3 BR 4 BR

Would you or anyone in your household benefit from a special needs unit?

(Mobility, vision, or hearing impairment)

Yes No

Housing References: *failure to disclose past landlord history is ground for denial.*

List the **past landlord history** *(If additional space is required, use the back of this page.)*

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
1.	_____	_____	Own <input type="checkbox"/>	From: _____
	_____	_____	Rent <input type="checkbox"/>	To: _____
	Phone: (____) _____			
2.	_____	_____	Own <input type="checkbox"/>	From: _____
	_____	_____	Rent <input type="checkbox"/>	To: _____
	Phone: (____) _____			
3.	_____	_____	Own <input type="checkbox"/>	From: _____
	_____	_____	Rent <input type="checkbox"/>	To: _____
	Phone: (____) _____			

List three Character References

Name	Address	Phone No.

Household Information

1. Will anyone else live in the unit on either a full-time or part-time basis, such as children temporarily absent, children in a joint custody arrangement, children away at school, unborn children, children in the process of being adopted, or temporarily absent family members? Yes No

If YES, explain _____

2. Do you expect the number of household members to change in the future? Yes No

If YES, explain how many members will be added or reduced, and when that change will take place.

3. Have any of the household members used names or a social security number other than the names and numbers used above? Yes No

If YES, explain _____

4. Are any or ALL members of the household full-time students? Yes No

If YES, explain _____

5. Have you or any member of your household ever been, arrested, convicted or plead guilty for any crime? Yes No

If YES, provide the nature of the crime(s): _____
 Date: _____ State: _____ City _____
 County: _____

Are any of the above convictions a felony? Yes No
 If yes, explain _____

Are you or any members of your household subject to a lifetime registration requirement under a state sex offender registration program? Yes No
 If yes, please explain _____

Are there any criminal charges pending now? Yes No
 If yes, please explain _____

Are you currently on probation / parole? Yes No
 If yes name of probation/parole officer _____ Phone No. _____

Have you ever been on probation / parole? Yes No
 If yes name of probation/parole officer _____ Phone No. _____
 When? _____ City/County? _____

Do you live in subsidized housing now or have you in the past? Yes No
 If YES, where? _____ From _____ To _____
 Were you evicted? _____ If YES, why? _____

6. Do you owe money to another Public Housing Authority, Section 8 Agency or another subsidized housing program? Yes No If yes, who _____

7. Have you or your spouse/co-applicant ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason? Yes No
 If YES, explain _____

8. Why do you want to move from your current residence? _____

9. Are you or a family member a victim of VAWA? Yes No
 If yes, who? _____

10. Do you know or are you related to any of our residents or staff? Yes No
 If yes, who

Name	Address	Phone No.

11. Have you ever used a social security number other than the one you listed above? Yes No

If yes, what is it: _____

Income Information:

Earned income is counted only for household members 18 or older and members who are legally emancipated. Unearned income such as a grant or benefit is counted for all household members, including minors.

Include all GROSS income (before taxes) each household member expects to earn in the next 12 months. (Check either YES or NO to each question.)

Do YOU or ANYONE in your household receive OR expect to receive income from:

1. Employment wages or salaries? Self-employment? Regular pay as a member of the Armed Forces? Yes No

(Include overtime, tips, bonuses, commission and payments received in cash.)

<u>Household Member</u>	<u>Name of Company</u> <i>(or note if self-employed)</i>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Unemployment benefits or worker's compensation? Yes No

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Public Assistance, General Relief or Temporary Aid to Needy Families (TANF)? Yes No

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. (a) Child Support or Spousal Support (alimony)? Yes No

(We must count court ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered, rather, received directly from the payer.)

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(b) How is the support received? (Check all that apply)

Child Support Enforcement Agency Name of Agency: _____

Court of Law Name of Court: _____

Directly from Individual Name of Person: _____

Other

Explain: _____

(c) If money is not actually received, are you taking legal action to remedy? Yes No

Explanation: _____

5. Social Security, SSI or any other payments from the Social Security Administration? Yes No

<u>Household Member</u>	<u>SSA Office</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

6. Regular payments from a pension, retirement benefit, annuities, or Veteran's benefits? Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

7. Regular payments from a severance package? Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

8. Regular payments from any type of settlement? (For example, insurance settlements) Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

9. Disability, death benefits or life insurance dividends? Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

10. Regular gifts or payments from anyone outside of the household? Yes No

(This includes anyone supplementing your income or paying any of your bills.)

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

11. Educational grants, scholarships, or other student benefits? Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

12. Regular payments from lottery winnings or inheritances? Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

13. Regular payments from rental property or other types of real estate transactions? Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

14. Regular royalty payments? Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

15. Do you or any other household member expect any change in income in the next 12 months? Yes No

If YES, explain: _____

Current Monthly Expense

Rent _____	Phone _____	Medical _____	Credit Card _____
Electric _____	Auto Pymt _____	Cable _____	Credit Card _____
Gas _____	Auto Ins. _____	Insurance _____	Loan _____
Water _____	Child Care _____	Rentals _____	Other _____

Do you have any other regular monthly payments besides those listed about? Yes No

Asset Information:

Include all assets and the corresponding annual interest rate, dividends or any other income derived from the asset. An asset is defined as any lump sum amount that you hold in your name and currently have access to. Include the value of the asset and corresponding income from the asset in the space provided.

INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

1. Checking or savings account? Yes No

(four consecutive bank statements will be required)

<u>Household Member</u>	<u>Bank or Financial Institution</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. CDs, money market accounts or treasury bills? Yes No

<u>Household Member</u>	<u>Bank or Financial Institution</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

3. Stocks, bonds or securities? Yes No

<u>Household Member</u>	<u>Source (Broker's Name)</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

4. Trust funds? Yes No

<u>Household Member</u>	<u>Bank or Financial Institution</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

Are any of the above listed trusts irrevocable? Yes No

5. Pensions, IRAs, 401Ks, 403Bs, KEOGH or other retirement accounts? Yes No

<u>Household Member</u>	<u>Location of Account</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

6. Cash on hand? Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

7. Surrender value of a whole life, universal life, or endowment insurance policy which is available to the policy holder before death? Yes No

<u>Household Member</u>	<u>Life Insurance Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

8. Real estate, rental property, land contract/contract for deeds or other real estate's holdings? *(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property)* Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

9. Personal property as an investment? *(This includes paintings, coin or stamp collections, artwork collections or show cars and antiques. This does not include your personal belongings such as your car, furniture or clothing.)* Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

10. Do you have a safe deposit box containing contents with a monetary value? Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

11. Have you or any household member disposed of or given away any asset(s) for LESS than fair market value within the past 2 years? Yes No

<u>Household Member</u>	<u>Description of Asset Disposed</u>	<u>Amount Received</u>
_____	_____	_____

Explanation: _____

Pets

Do you have any pets?

Yes No

If yes, what kind? _____ Size _____ weight _____

Vehicle Information

Do you operate a vehicle that will be parked on the property? (Who is the vehicle registered under:			
Name _____			
<u>Vehicle Identification:</u>			
1.	License #:	State Issued:	Make/Model/Year: _____
2.	License #:	State Issued:	Make/Model/Year: _____

All questions that were answered YES on this application will be verified through the appropriate third-party source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers (where applicable), and any other information required to expedite this process.

Signature Clause:

I understand that Kenedy Housing Authority is relying on this information to prove my household's eligibility for housing assisted under a program of the U.S. Department of Housing and Urban Development (HUD). I certify that all information and answers to the questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I consent to have Kenedy Housing Authority verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information and expedite this process in anyway possible. I understand that my occupancy is contingent on meeting management's resident selection criteria and the HUD Neighborhood Stabilization Program.

I understand that in compliance with the FAIR CREDIT REPORTING ACT the processing of this application includes but is not limited to making any inquiries deemed necessary to verify the accuracy of the information I provided, including procuring consumer reports from consumer credit reporting agencies and obtaining credit information from other credit institutions.

I hereby grant the *Kenedy Housing Authority* the right to process this application for the purpose of obtaining a Rental/Lease Agreement with the Housing Authority. Additionally, I authorize all corporations, companies, law enforcement agencies, academic institutions, current and former employers and past and present Landlord's to release information they may have about me and release them from any liability and responsibility from doing so. A photographic or faxed copy of this authorization shall be as valid as the original.

WARNING: UNDER TITLE 18, SECTION 1001 OF THE US CODE, IT IS A FELONY TO MAKE FALSE STAEMENTS KNOWINGLY AND WILLINGLY TO ANY REPRESENTATIVE OR AGENT OF A DEPARTMENT OR AGENCY OF THE UNITED STATES; ANYONE WHO DOES SO SHALL BE FINED UP TO \$10,000 OR IMPRISONED UP TO 5 YHEARS, OR BOTH. NOTICE: Any attempt to obtain Public Housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempts is crime under the Texas Penal Code.

I DO HEREBY CERTIFY THAT I HAVE REVIEWED ALL ANSWERS AND CERTIFICATIONS WITH APPLICANT PRIOR TO SIGNATURES:

I understand that this is not a contract and does not bind either party. The above information is full, true and complete to the best of my knowledge. I have no objections to inquiries being made for purpose of verifying statements made herein.

All household members 18 and over must sign below:

Signature	Date
Signature	Date
Signature	Date
Signature	Date

For office use only:

Application Date: _____ Time: _____ Unit Size: _____ Bdrm(s)

Relay Texas Call Types

For TY and TDD calls please dial
1-88-735-2989
Or dial 711 for the voice interactive system

1-800-735-2989 will process the call faster as it does not have the interactive voice message as used in 711. On the other hand, 711 is easier to remember

Housing Authority of the City of Kenedy

116 Stewart Avenue

Kenedy, Texas 78119

Phone (830) 583-2321

Fax (830) 583-3990

**AUTHORIZATION FOR THE
RELEASE OF INFORMATION**

PURPOSE

The Housing Authority of the city of Kenedy may use this authorization and the information obtained with it to administer and enforce program rules and policies

AUTHORIZATION

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation in the Authority's Low Income, and Section 8 Housing program.

I authorize the Housing Authority of the City of Kenedy to obtain information about me or my family that is pertinent to eligibility for or participation in the Authority's Low Income Public Housing Program.

INFORMATION COVERED Inquiries may be made about:

- | | |
|---------------------------------|-------------------------------|
| Child Care Expenses | Identity and Marital Status |
| Credit History | Medical Care |
| Family Composition | Social Security Numbers |
| Pensions and Assets | Residences and Rental History |
| Handicapped Assistance Expenses | Food Stamp Eligibility |
| TANF Verification | |

INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION

Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from:

- | | |
|-----------------------------------|---|
| Courts | Handicapped Assistance |
| Credit Bureaus | Medical Care |
| Landlords | Pensions/Annuities |
| Schools and colleges | |
| Alimony | US Dept. of Veterans Affairs |
| Child Care | Utility Companies |
| Attorney General Office of Texas | Welfare Agencies |
| Welfare Agencies | Department of Human Services |
| Department of Public Safety (DPS) | United States Postal Service |
| | Bank Institutions (Any and all accounts accruing & non-accruing accounts) |

CONDITIONS

I/We agree that photocopies of this authorization may be used for the purposes stated above.

Signature

Date

Signature

Date

APPLICANT/TENANT CERTIFICATION

All family members age 18 and older should review the information on this application and **MUST sign below.**

Giving True and Complete Information

I certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have reviewed the application form and certify that the information shown is true and correct.

Reporting Changes in Income or Household Composition

I know I am required to report immediately in writing any changes in income and any changes in the household size, when a person moves in or out of the unit. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me.

Reporting on Prior Housing Assistance

I certify that I have disclosed where I received any previous Federal housing assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

No Duplicate Residence or Assistance

I certify that the apartment will be my principal residence and that I will not obtain duplicate Federal housing assistance while I am in this current program. I will not live anywhere else without notifying the Housing Authority immediately in writing. I will not sublease my assisted residence.

Cooperation

I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays, denial or termination of assistance, or eviction.

Criminal and Administrative Actions for False Information

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal and State criminal law. I also understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance or termination of tenancy.

Signature of Household Adults

- 1) _____ Date _____
- 2) _____ Date _____
- 3) _____ Date _____
- 4) _____ Date _____

For discrimination complaints, call 1-800-669-9777