

# Hallettsville Housing Authority

Hallettsville Village Apartments  
103 Village Drive  
Hallettsville, Texas 77964  
(361) 798-5845 TDD/TTY Dial 711



## DO NOT TAKE APPLICATION APART

### INSTRUCTIONS TO THE APPLICANT:

The following items are required when your application is turned in:

- Copies of Certified Birth Certificates and Social Security Cards, for all family or household members listed on this application. In the alternative, you may provide, for verification of age and Social Security number, the documents listed on the attached "Appendix 3: Acceptable Forms of Verification".
- Current driver's license and/or picture I.D. card of all adult members listed on this application.
- Income verification; i.e.: at least four (4) current pay stubs, TANF statement, current award letter from Social Security, SSI, VA, pensions, unemployment benefits, etc., and current bank statement.
- Child support statement indicating the amount you receive in child support every month.
- Childcare statement/invoice which indicates your childcare costs.
- Any medical bills and prescription medicine costs you have paid out of pocket (applies only to disabled persons or those over 62 years of age).

Return this application complete, with no blank spaces whatsoever. This means if a question does not apply to you, you must mark such question as "N/A". Signatures of all adult members must be supplied in the appropriate signature lines.

*We strongly suggest you call and make an appointment with us to turn in this application so we may review it with you to determine if all the above items are included and no information is missing.*

**Incomplete applications and/or those with missing information cannot be processed.**

### Appendix 3: Acceptable Forms of Verification

Factor to be Verified	ACCEPTABLE SOURCES			Verification Tips	
	Written <sup>b</sup>	Third Party <sup>c</sup>	Oral <sup>d</sup>		
• Age. *(See Chapter 3 Paragraph 3-28C)*	• None required.	• None required.		<ul style="list-style-type: none"> <li>• Birth Certificate</li> <li>• Baptismal Certificate</li> <li>• Military Discharge papers</li> <li>• Valid passport</li> <li>• Census document showing age</li> <li>• Naturalization certificate</li> <li>• Social Security Administration Benefits printout</li> </ul>	<ul style="list-style-type: none"> <li>• Amounts awarded but not received can be excluded from annual income only where applicants have made reasonable efforts to collect amounts due, including filing with courts or agencies responsible for enforcing payments.</li> </ul>
• Alimony or child support. *(See Chapter 5, Paragraphs 5-6F and 5-10 F)*		<ul style="list-style-type: none"> <li>• Copy of separation or divorce agreement provided by ex-spouse or court indicating type of support, amount, and payment schedule.</li> <li>• Written statement provided by ex-spouse or income source indicating all of above.</li> <li>• If applicable, written statement from court attorney that payments are not being received and anticipated date of resumption of payments.</li> </ul>	<ul style="list-style-type: none"> <li>• Telephone or in-person contact with ex-spouse or income source documented in file by the owner.</li> </ul>	<ul style="list-style-type: none"> <li>• Copy of most recent check, recording date, amount, and check number</li> <li>• Recent original letters from the court.</li> </ul>	<ul style="list-style-type: none"> <li>• Notarized statement or affidavit signed by applicant indicating amount received if applicable, notarized statement or affidavit from applicant indicating that payments are not being received and describing efforts to collect amounts due.</li> </ul>

**NOTE:** Requests for verification from "a third party source" must be accompanied by a Consent to Release form "HUD-9887-A".

**NOTE:** If the original document is witnessed but is a document that should not be copied, the owner should record the type of document, any control or serial numbers, and the issue. The owner should also initial and date this notation in the file.

**NOTE:** For all oral verification, file documentation must include facts, time and date of contact, and name and title of the third party.

**NOTE:** For use of EVI Income Reports as third party verification of employment and income a current Consent for Release form HUD-9887 must be on file.

### Appendix 3: Acceptable Forms of Verification

Actor to be Verified	ACCEPTABLE SOURCES			
	Written <sup>a</sup>	Third Party <sup>b</sup>	* Provided by Applicant <sup>c</sup>	*Provided by Applicant
Social security number. See Chapter 3, Paragraph 3-31.	<ul style="list-style-type: none"> <li>• None required.</li> </ul>	<ul style="list-style-type: none"> <li>• None Required</li> </ul>	<ul style="list-style-type: none"> <li>• Original Social Security card</li> <li>• "Original document issued by a federal or state government agency which contains the name, SSN, and other identifying information of the individual."</li> <li>• Driver's license with SSN</li> <li>• Identification card issued by a medical insurance provider, or by an employer or trade union.</li> <li>• Earnings statements on payroll stubs</li> <li>• Bank statement</li> <li>• Form 1099</li> <li>• Benefit award letter</li> <li>• Retirement benefit letter</li> <li>• Life insurance policy</li> <li>• Court records</li> </ul>	<ul style="list-style-type: none"> <li>• N/A</li> </ul>

**NOTE:** Requests for verification from "a third party source" must be accompanied by a Consent to Release form "HUD-9887-A".

**OTE:** If the original document is witnessed but is a document that should not be copied, the owner should record the type of document, any control or serial numbers, and the user. The owner should also initial and date this notation in the file.

**OTE:** For all oral verification, file documentation must include facts, time and date of contact, and name and title of the third party.

**NOTE:** For use of EV Income Reports as third party verification of employment and income a current Consent for Release form HUD-9887 must be on file."

**OTE:** See examples and requirements found in Paragraph 5.13.B.1

**JD Occupancy Handbook**

**Appendix 3: Acceptable Forms of Verification**

### Appendix 3: Acceptable Forms of Verification

Factor to be Verified	ACCEPTABLE SOURCES			Self-Declaration	Verification Tips
	Written	Third Party*	Oral		
Assets disposed of for less than fair market value. <i>(See Chapter 5, Paragraph 5.7.C.8)</i>	<ul style="list-style-type: none"> <li>• None required.</li> </ul>	<ul style="list-style-type: none"> <li>• None required.</li> </ul>	<ul style="list-style-type: none"> <li>• None required.</li> </ul>	<ul style="list-style-type: none"> <li>• Certification signed by applicant ("and/or tenant") that no "family" member has disposed of assets for less than fair market value during "the" preceding two years.</li> <li>• If applicable, certification signed by the owner of the asset disposed of that shows:</li> <ul style="list-style-type: none"> <li>- Type of assets disposed of;</li> <li>- Date disposed of;</li> <li>- Amount received; and</li> <li>- Market value of asset at the time of disposition.</li> </ul> </ul>	<ul style="list-style-type: none"> <li>• Only count assets disposed of within a two-year period prior to certification or recertification.*</li> </ul>

\*NOTE: Requests for verification from "a third party source" must be accompanied by a Consent to Release form "HUD-9887-A".

\*NOTE: If the original document is witnessed but is a document that should not be copied, the owner should record the type of document, any control or serial numbers, and the issuer. The owner should also initial and date this notation in the file.

\*\*NOTE: For all oral verification, file documentation must include facts, time and date of contact and name and title of the third party.

\*\*\*NOTE: For use of EV Income Reports as third party verification of employment and income a current Consent for Release form HUD-9887 must be on file.\*

**Hallettsville Housing Authority  
103 Village Dr  
Hallettsville, TX 77964**

**APPLICATION for PUBLIC/ PHA-OWNED HOUSING**

**Instructions: Please read Carefully. Incomplete applications will not be processed.**

This application is valid for all public housing properties operated by the Hallettsville Housing Authority hereinafter referred to as "HHA".

To be qualified for admission to public housing an applicant must:

- a. Be a family as defined in HHA's Tenant Selection Plan;
- b. Document citizenship or eligible immigration status or pay a higher rent;
- c. Have an Annual Income at the time of admission that does not exceed the income limits established by HUD that are posted in HHA office;
- d. Provide documentation of Social Security numbers for all family members unless exception is verified;
- e. Meet or exceed the Applicant Selection Criteria;
- f. Pay any money owed to HHA or any other housing authority;
- g. Not have had a lease terminated by a HHA in the past 12 months;
- h. Be able and willing to comply with the HHA lease;
- i. Not have any family members 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 family members engaged in any drug-related criminal activity;
- j. Not have any family members subject to a lifetime sex offender registration in any state.

Complete applications will be entered on the waiting list in the order received. The waiting list will then be processed in order according to unit type and size (and admission preferences if applicable).

Each applicant who meets the above qualifications will receive one unit of the size and type needed. If the applicant accepts the offer, the applicant will be offered a lease. If the applicant refuses the offer without good cause, the application will be withdrawn from the waiting list.

**Applicants with disabilities will be given assistance, if requested, with the completion of the application at HHA's office at the address above.**

HHA will conduct a criminal record check on all adult applicants or those for whom adult records are available.

**The Housing Authority Is an Equal Housing Provider**

## **APPLICATION for PUBLIC/ PHA-OWNED HOUSING**

Date of Application: \_\_\_\_\_

Time of Application: \_\_\_\_\_

App # \_\_\_\_\_

1. Name of head of household: \_\_\_\_\_

2. Name of adult co-head of household: \_\_\_\_\_

3. Current address, Street, Apt. # \_\_\_\_\_

Current City, State and Zip \_\_\_\_\_

Current Area Code, Home & Work Phone #s \_\_\_\_\_

**For Statistical Purposes Only**

4. Race of Head:  Caucasian/White  African American/Black  Asian or Pacific Islander  
 Native American/ Alaska Native  Pacific Islander/Hawaiian Native

5. Ethnicity of Head:  Hispanic/Latino  Non-Hispanic/Non-Latino

## **Family Information**

6. List all persons who will live in the unit, including foster children, live-in aides (if needed for the care of a family member). No one except those listed on this form may live in the unit. You may choose to decline to disclose gender or marital status.

	First Name & Last Name if different from Head's	Date of Birth	Gender	Social Security Number	Relation to Head	Disabled Person?	Birthplace/ Country	Full-time Student
H				_____	Head			
2				_____				
3				_____				
4				_____				
5				_____				
6				_____				
7				_____				
8				_____				

### Family Income Information

7. Please list the source and amount of all income expected for the coming 12 months for all family members, including but not limited to all earnings and benefits received from working, TANF, VA, Social Security, SSI, SSID, Unemployment, Worker's Compensation, pension, Child Support, etc.  
 Example: Wages, \$150/week, SSI, \$421/month

Family Member Name	Income Source	Amount	Frequency - Per
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year

8. Do you have a checking or savings account or own any Certificates of Deposit, stocks, bonds, etc?

Yes  No If yes, describe the type of asset(s) please: \_\_\_\_\_

What is the market value of all assets? \_\_\_\_\_

9. Do you own any real estate?  Yes  No If yes, what is the address? \_\_\_\_\_

10. Have you sold any real estate in the past two years?  Yes  No If yes, what was the address? \_\_\_\_\_

11. Current Landlord's name and phone # \_\_\_\_\_

Current Landlord's Address \_\_\_\_\_

Date Family Moved to this location \_\_\_\_\_

12. Most recent former address, Street, Apt, # \_\_\_\_\_

Most recent former City, State and Zip \_\_\_\_\_

Most recent former Area Code and Phone # \_\_\_\_\_

### Screening

13. Have you ever been evicted from housing?  Yes  No If yes, why? \_\_\_\_\_

14. Have you ever lived in public housing before?  Yes  No If yes, where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Name of Lessee: \_\_\_\_\_

Do you owe any money to the housing authority?  Yes  No \_\_\_\_\_

15. Do you have any past due utility bills?  Yes  No If yes, please describe and give amount owed: \_\_\_\_\_

16. Have you, or any member of the applicant household ever been arrested or convicted of a crime other than a traffic violation?  Yes  No If yes, please explain the problem and who was involved: \_\_\_\_\_

17. Is anyone in your household currently on parole or probation?  Yes  No If yes, please explain: \_\_\_\_\_

18. Are you or any member of your household subject to state sex offender registration:  Yes  No  
 Please list all states that your and members of your household have resided in:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

19. Were you 62 year of age or older as of 01/31/2010?  Yes  No If yes and you do not have a SSN were you receiving HUD rental assistance at another location on 01/31/2010  Yes  No If yes you qualify for the exemption of providing a SSN. Would you like to claim this exemption?  Yes  No

### Qualifying for Deductions in Calculating Rent

20. Is the head of household or spouse age 62 or older or a person with a disability?  Yes  No If yes, please answer the following questions. If no, please skip down to question # 21

21. Does your household have any medical expenses (include insurance, Medicare deduction, doctor bills, dentist bills, hospital bills, clinic costs, medicine, therapy, supplies, medical transportation, etc.)?  Yes  No If yes, please describe the type of expense (not your medical condition) and the unreimbursed amount you spend per month on each medical expenses:

Type of expense: \_\_\_\_\_

Monthly medical expense: \$ \_\_\_\_\_ Name, address & phone # of person who can verify expense: \_\_\_\_\_

22. Do you have any expenses on behalf of a household member with disabilities so an adult in the family can work?  Yes  No If yes, describe the nature of the expense and the monthly amount: \_\_\_\_\_  
Name, address & phone # of someone who can verify the expense: \_\_\_\_\_

23. Do you have childcare expenses for children under age 13 so an adult in the family can work, go to school or attend job training?  Yes  No If yes, Name, address and phone # of childcare provider: \_\_\_\_\_  
Monthly unreimbursed child care cost: \$ \_\_\_\_\_

24. Is any member of the household age 18 or older (other than family head and spouse) a full time student or person with a disability?  Yes  No If yes, Name of the family member and name and address of someone who can verify this information: Name of family member: \_\_\_\_\_  
Name, address & phone # of someone who can verify this information: \_\_\_\_\_

25. Drivers License or State ID#: Applicant: \_\_\_\_\_ Co-applicant: \_\_\_\_\_  
Automobile: Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ License: \_\_\_\_\_

26. Do you need an accessible apartment?  Yes  No 504 Accessibility Coordinator - Cristi LaJeunesse  
27. Do you want to have a pet in your apartment?  Yes  No

**PHA will be contacting all former landlords for the period three years from the date of application**

I/we certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified. I/we authorize the release of information to the Housing Authority by my/our employer(s), the Texas Health and Human Services Commission, the Social Security Administration, and/or other business or government agencies. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission.

\_\_\_\_\_  
Applicant Signature

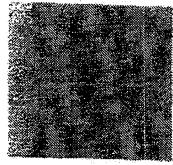
\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-applicant Signature

\_\_\_\_\_  
Date

**Warning:** 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or an agency of the United States shall be fined not more than \$10,000 or shall be imprisoned for not more than five years or both.

Hallettsville Housing Authority  
Hallettsville Village Apartments  
108 Village Drive  
Hallettsville, Texas 77964  
(361) 798-5845



## REQUIRED ADDITIONAL APPLICATION INFORMATION

1. Are you or any member of your household subject to state sex offender registration in any state?  
Yes \_\_\_\_\_ No \_\_\_\_\_
2. List the states where you and members of your household have resided.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



government agencies. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission.

---

Applicant Signature

Date

---

Co-applicant Signature

Date

**Warning:** 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or an agency of the United States shall be fined not more than \$10,000 or shall be imprisoned for not more than five years or both.

Hallettsville Village Apartments [REDACTED] does not discriminate against persons with disabilities in the admissions or access to, or treatment or employment in, its federally assisted programs and activities. Hallettsville Housing Authority has been designated to coordinate compliance with the nondiscrimination requirements contained in the department of housing and urban Development regulations, implementing section 504 (24CFR, part 8 dated June 2, 1988) Hallettsville Village, 103 Village Drive, Hallettsville, TX 77964, (361)798-5845 or TDD/TTY 1(800)545-1833 ext. 921.

### Member Information

Please list each member who will live in the unit. The bottom of the page explains what to put in each column.

### **Explanation of columns:**

**Member's Name:** Enter the last name, first name, then the middle initial  
**Social Security Number:** If a member has a social security number you must enter it if the member is age 6 or older or if the member has an income. If a member does not have a social security number, but has an alien number,

Enter the alien number. A member has neither a social security number nor an alien number. Write None.

Date of Birth: Enter the month, day and year. Example: 6/13/55  
Relationship to Head: Indicate how this member is related to the Head.

**Examples:** Spouse, Co-head, Son, Daughter, Foster-child.

Sex: Either Male or Female  
Race: Enter one of the following:

3. Asian/Pacific Islander      4. American Indian/Alaskan Native  
 1. White      2. Black

*See page 1.*  
This information is for statistical purposes only and your answer does not affect your position on our waiting lists or your chances of getting a unit.

Hispanic. Enter Yes or No. (This information is for statistical purposes only and your answer does not affect your position on our waiting lists or

your chances of getting a unit).  
Occupation: Enter the occupation of the Head, Spouse, and all  
members over age 18. Examples: Clerk, Nurse, Truck driver. If an adult  
member does not work, enter N/A.

**Full-Time Student:** Answer this only for members who are ages 18 or older. Enter Yes if the member is a full-time student and No if the member is not. If you answer Yes, provide the required information on the Verification Information sheet.

**Pregnant/Adopting/Legal Guardianship:** If a member is pregnant or in the legal process of adopting or becoming a legal guardian, enter the number of additional members expected because of the pregnancy or adoption legal guardianship. Typically if someone is pregnant or adopting, you would answer 1; you would answer 2 if a person were pregnant with twins or if 2 children were being adopted. Leave this entry blank if it doesn't apply to this member. If you do not enter a number, complete the accompanying information sheet.

corresponding information on the Verification Information sheet.

**Handicapped/Disabled:** You don't have to claim handicapped/disabled status for any member, but doing so may place you in a higher position on some waiting lists or give you a lower rent if you are accepted as a tenant. If you wish to be considered for these preferences and you indicate that a member is handicapped or disabled, please complete the corresponding information on the Verification Information sheet.

Equal Housing Opportunity

## Verification Information

Complete this page for each individual who will live in the unit, who is a full-time student, handicapped, disabled, pregnant, or in the legal process of adopting or becoming a legal guardian. If none of the categories on this page applies to any Household Member, it is not necessary to complete this page. Simply enter N/A here \_\_\_\_\_, initial the upper right-hand corner of the page, and proceed to the next page.

### Full-Time Student Information

Member Name (Last, First, Initial)	Name and Address of the School or Vocational Facility

### Pregnancy or Adoption Information

Member Name	Name and Address of Doctor or Organization who can Verify Information

**Handicap or Disability Information:** This information is voluntary. However, there are certain program benefits which are available to applicants and residents who are handicapped or disabled. If you do not wish to be considered for these benefits, or they do not apply to you, please enter N/A here \_\_\_\_\_, initial the upper right-hand corner of the page, and proceed to the next page.

Member Name (Last, First, Initial)	Handicap or Disability (optional) (If claiming, select definition from below.)

### Explanations:

**Handicapped:** A physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration; substantially impedes the person's ability to live independently, and is such that the person's ability to live independently could be improved by more suitable housing conditions.

**Chronic Mental Illness:** A severe and persistent mental or emotional impairment that seriously limits ability to live independently, and that could be improved by more suitable housing conditions.

**Disabled, USC:** a physical or mental impairment that manifested itself before age 22 and that results in functional living limitations and that requires some type of individually planned care or special services.

**Disabled, SSA:** A physical or mental impairment that makes the person unable to participate in a substantially gainful activity that he or she was able to do before. If the disability is blindness, the person must be 55 years old or older to qualify under this definition.

## **Financial Information**

Complete these pages for each member who will live in the unit who has any income or assets, or who causes any medical handicap, or child-care expenses.

You do not need to complete these pages for a live-in attendant. You may photocopy these pages if necessary.

**Income:** List all employment and non-employment income for all household members. Include Salary and Wages (Gross Amount), Social Security (Green Check), Supplemental Income (Gold Check), IRA, Keogh, V.A. Pension, other pensions and annuities, General Assistance (Welfare), ANFC, Child Support and any other sources of income.

**Assets** List assets of all household members, including savings and checking accounts, certificates of deposit, stocks, bonds, real estate (including your home if you own it), and any other assets.

Equal Housing Opportunity

**Financial Information (continued)**

**Expenses:** List any medical, handicap, or child-care expenses that are paid because of this household member  
(For example, list child-care expenses for the child who needs the care, not for the person who pays for the care).

Name (Last, First, Initial)	Type of Expense W (medical) C (child-care) H (handicap) (circle one)	Est. Total Expenses (circle one)	Name and Address of Doctor or Provider who can Verify Information
	1. Working 2. Looking for work 3. School	\$ ____ per wk. \$ ____ per mo.	
	1. Working 2. Looking for work 3. School	\$ ____ per wk. \$ ____ per mo.	
	1. Working 2. Looking for work 3. School	\$ ____ per wk. \$ ____ per mo.	
	1. Working 2. Looking for work 3. School	\$ ____ per wk. \$ ____ per mo.	
	1. Working 2. Looking for work 3. School	\$ ____ per wk. \$ ____ per mo.	
	1. Working 2. Looking for work 3. School	\$ ____ per wk. \$ ____ per mo.	

List any assets that you have disposed of, transformed, given away, or sold for less than the market value during the last 2 years, e.g., a house, car, or cash.

Description of Asset	Date Disposed Of	Fair Mkt. Value	Disposition Costs (e.g., Realtor, CD Penalty)	Amount Received	Name and Address of Bank, Institution, Real Estate Agent or Appraiser who can Verify

Do you expect any changes in your income, assets, or expenses during the next twelve months?  Yes  No

If yes, please explain (use the back of this page if necessary).

*Equal Housing Opportunity*

### Family Summary Sheet

Member No.	Last Name of Family Member	First Name	Relationship to Head of Household	Sex	Date of Birth
Head					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Hallettsville Village Apartments  
103 Village Dr  
Hallettsville, TX 77964

**Owner's Summary of Family**

Member No.	Last Name of Family Member	First Name of Family Member	Relationship to Head of Household	Sex	Date of Birth	Declaration	Date Verified
Head							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

**ATTACHMENT 4**

**Owner's Notice No. 1 For An Applicant Family**

Dear: Applicant(s)

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than United States citizens, Nationals, or certain categories of eligible non citizens in the following HUD programs:

- a. Public and Indian Housing Programs
- b. Section 8 Housing Assistance Payments Programs
- c. Section 235 of the National Housing Act
- d. Section 236 of the National Housing Act
- e. Section 101/Rent Supplement Program

You have applied, or are applying for assistance under one of these programs; therefore, you are required to declare U.S. citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance. To do this you should:

1. Complete a Family Summary Sheet, using the attached blank format (identified as Attachment 5) to list all family members who will reside in the assisted unit.
2. Have a Declaration Format (Attachment 6) completed by each family member (including yourself) who is listed on the Family Summary Sheet. If there are 10 people listed on the Family Summary Sheet, you should have 10 completed copies of the Declaration Format. The Declaration Format has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each Declaration Format.
3. Submit the Family Summary Sheet, the Declaration Format and any other forms and/or evidence to the name and address listed below by return of application

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached formats or determining the type of documentation required, please contact Anita Barrera-Rocha at (361) 798-5845. She will be happy to assist you.

Also, if you are unable to provide the required documentation by the date shown above, you should immediately contact this office and request an extension, using the block provided on the Declaration Format. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain family members of your family are eligible for assistance, your family may be eligible for proration of assistance. That means that when assistance is available, a reduced amount may be provided for your family, based on the number of members who are eligible.

If assistance becomes available and other aspects of your eligibility review show that you are eligible for housing assistance, it may be provided to you prior to the final determination of this Section 214 review, depending on how far the review has progressed and the information that

Applicant	Date
Co-applicant	Date
Manager	Date

## DECLARATION OF SECTION 214 STATUS

**NOTICE TO APPLICANTS AND TENANTS:** In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

I, \_\_\_\_\_, certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

- ( ) I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- ( ) I have eligible immigration status and I am 62 years of age or older. (attach proof of age); or
- ( ) I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
  - [ ] Immigrant status under 101 (a) (15) or 101 (a) (20) of the INA/3; or
  - [ ] Permanent residence under 249 of INA 4/; or
  - [ ] Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA /5; or
  - [ ] Parole status under 212(d)(5) of the INA /6; or
  - [ ] Threat to life or freedom under 243(h) of the INA /7; or
  - [ ] Amnesty under 245A of the INA 8/.

---

Signature

---

Date

\*PARENT/GUARDIAN must sign for family members under age 18. DO NOT sign child's name.

<sup>1</sup>**Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

- <sup>2</sup> **Eligible immigration status and 62 years of age or older.** For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- <sup>3</sup> **Immigrant status under §§101(a)(15) or 101(a)(20) of INA.** A noncitizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [*immigrant status*]). This category includes a noncitizen admitted under §§210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.
- <sup>4</sup> **Permanent residence under §249 of INA.** A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].
- <sup>5</sup> **Refugee, asylum, or conditional entry status under §§207, 208, or 203 of INA.** A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [*refugee status*], pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
- <sup>6</sup> **Parole status under §212(d)(5) of INA.** A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [*parole status*].
- <sup>7</sup> **Threat to life or freedom under §243(h) of INA.** A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h)) [*threat to life or freedom*].
- <sup>8</sup> **Amnesty under §245A of INA.** A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].

**Instructions to Housing Authority:** Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.

**Instructions to Family Member for Completing Form:** On opposite page, print or type first name, middle initial(s), and last name. Place an "X" or "✓" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "✓" in the box below the signature if the signature is by the adult residing in the unit who is responsible for Child.

*Declaración de una muestra de ciudadanía  
Americana o no ciudadanía sin estado  
de inmigración requerido*

Yo, \_\_\_\_\_ certifico, bajo penalidad de juramento falso, que, en mi total conocimiento, estoy en los Estados Unidos legalmente porque (por favor marque la respuesta correcta):

- Soy ciudadano, ciudadano naturalizado de los Estados Unidos; o
- Tengo estado de inmigración legal y tengo 62 años de edad o mayor. Adjunte evidencia de una prueba de su edad (solamente la persona subsidiada al 19 de Junio de 1995 puede calificar en esta categoría); o
- Tengo estado de inmigración requerido como está marcado debajo (vea la hoja adjunta para más explicaciones). Adjunte documentos del Servicio de Inmigración y Naturalización que den evidencia del estado de inmigración requerido y el formulario de consentimiento de verificación firmado.
  - Estado de inmigrante bajo §§101(a)(15) o 101(a)(20) del Acta de Nacionalidad de Inmigrante
  - Residencia permanente bajo §249 o Acta de Nacionalidad de Inmigrante.
  - Estado de refugiado, asilo, o entrada condicional bajo §§207, 208 o 203 del Acta de Nacionalidad de Inmigrante.
  - Estado de libertad provisional bajo §§212(d)(5) del Acta de Nacionalidad de Inmigrante.
  - Amenaza de vida o libertad bajo la sección 243(h) del Acta de Nacionalidad de Inmigrante.
  - Amnistía bajo §245A del Acta de Nacionalidad de Inmigrante.

---

Fecha

Firma

- Marque aquí si un adulto está firmando por un menor de edad.

*1/ Advertencia:* 18 U.S.C. 1001 estipula, entre otras cosas, que quien sea intencionalmente y voluntariamente haga o use un documento o escritura que contenga una afirmación o entrada falsa, ficticia o fraudulenta, en cualquier materia dentro de la jurisdicción de cualquier departamento o agencia de los Estados Unidos, será multado no más de \$10.000 o puesto en la cárcel por no más de cinco años, o ambos.

*Muestra del formulario de consentimiento de verificación*

Yo, por lo tanto, doy mi consentimiento a las Autoridades de Vivienda de la ciudad para dar evidencia de mi estado de inmigración requerido, sin responsabilidad para más uso o transmisión de evidencia por la entidad que recibe a:

- A. El Departamento de la Vivienda y Desarrollo Urbano (DVDU) como se requiere por el DVDU y
- B. El Departamento de Servicios de Inmigración y Naturalización (SIN) para propósitos de verificación del estado de inmigración de la persona.

Este aviso se requiere para informar que es posible que la evidencia del estado de inmigración requerido sea dado por el DVDU. La evidencia del estado de inmigración requerido será dado solamente por el Departamento de Servicios de Inmigración y Naturalización de los Estados Unidos con el propósito de establecer elegibilidad para ayuda financiera y no para otro propósito. El Departamento de la Vivienda y Desarrollo Urbano no es responsable de otro uso o transmisión de la evidencia u otra información por el SIN.

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Fecha

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Firma

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Firma para un niño y la relación

Todos los miembros de la familia deben firmar un formulario de consentimiento de verificación personal, si han declarado que tienen estado de inmigración de no ciudadano.

Para los niños menores de 18 años de edad, el formulario de consentimiento de verificación debe ser firmado por el adulto responsable que residerá en la unidad.

**ATTACHMENT 6**

**APPLICANT DECLARATION FORMAT**

**INSTRUCTIONS:** Complete this format for each member of the household listed on the Family Summary Sheet.

Last Name	First Name	Middle Name
Relationship to head of household:	Sex:	Birthdate:
Social Security number:	Alien Registration Number:	
Admission number: <small>(this is an 11-digit number found on INS Form I-94, Departure Record)</small>		
Nationality: <small>(Enter the foreign nation or country to which you owe legal allegiance. This is normally, but not always the country of birth)</small>		
SAVE Verification number: <small>(To be entered by owner if and when received)</small>		

**INSTRUCTIONS:** Complete the Declaration below by printing or typing the person's first name, middle initial, and the last name in the space provided. Then review the blocks designated below and either complete block 1, 2 or 3.

**DECLARATION**

I, \_\_\_\_\_ Print or type first name \_\_\_\_\_ Middle initial \_\_\_\_\_ Last name \_\_\_\_\_

hereby declare, under penalty of perjury, that I am:

(I)

1. A citizen or national of the United States

If you checked this block, no further information is required. Sign and date below and forward this form to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who resides in the assisted unit and who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: \_\_\_\_\_

2. A noncitizen with eligible immigration status in the category checked below:

- (i) A noncitizen lawfully admitted for permanent residence, as defined by section 101(a) (20) of the Immigration and Nationality Act (INA) as an immigrant, as defined by section 101(a) (15) of the INA (8 U.S.C. 1001 (a) (20) and 1101 (a) (15), respectively. [immigrants] (This category includes a noncitizen admitted under section 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker], who has been granted lawful resident status);
- (ii) A noncitizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of the discretion by the Attorney General under section 249 of the INA (8 U.S.C. 1259);
- (iii) A noncitizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under section 203 (a) (7) of the INA (8 U.S.C. 1153 (a) (7) ) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic nation calamity;

(2)

- (iv) A noncitizen who is lawfully present in the United States as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212 (d) (5) of the INA (8 U.S.C. 1182 (d) (5)) [parole status];
- (v) A noncitizen who is lawfully present in the United States as a result of the Attorney General's withholding deportation under section 243 (h) of the INA (8 U.S.C. 1253 (h)) [threat to life or freedom] ; or
- (vi) A noncitizen lawfully admitted for temporary or permanent residence under section 245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].

If you check this block, you should submit the following documents:

- a. Verification Consent Format (Attachment 9)

**AND**

- b. One of the following documents:

- (1) Form I-551, Alien Registration Receipt Card (for permanent resident aliens) ;
- (2) Form I-94, Arrival-Departure Record, with one of the following annotations:
  - (i) "Admitted as Refugee Pursuant to section 207" ;
  - (ii) "Section 208" or "Asylum"
  - (iii) "Section 243 (h)" or "Deportation stayed by Attorney General";
  - (iv) "Paroled Pursuant to Sec. 212 (d) (5) of the INA";
- (3) If Form I-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents:
  - (i) A final court decision granting asylum (but only if no appeal is taken) ;
  - (ii) A letter from an INS asylum office granting asylum (if application is filed on or after October 1, 1990) or from an INS district director grant asylum (if application filed before October 1, 1990) ;

(3)

- (iv) a letter from an INS asylum officer granting withholding of deportation (if application filed on or after October 1, 1990).
- (4) Form I-688, Temporary Resident Card, which must be annotated "section 245A" or "section 210";
- (5) Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a .12 (11)" or "Provision of Law 274a .12";
- (6) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.
- (7) Form I-152, Alien Registration Receipt Card

If this block is checked, sign and date below and submit the documentation required above with this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult residing in the unit and responsible for the child should sign and date the format.

If for any reason, the documents shown in paragraph b. above are not currently available, complete the request for extension block below.

---

Signature

Date

Check here if adult signed for a child: \_\_\_\_\_

**Request For Extension**

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

---

Signature

Date

Check here if adult signed for a child: \_\_\_\_\_

(4)

3. Not contending eligible immigration status and I understand that I  
am not eligible for financial assistance.

If you checked this block, no further information is required and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult living in the unit and responsible for the child should sign and date below.

---

Signature

---

Date

Check here if adult signed for a child: \_\_\_\_\_

### Verification Consent Form

**INSTRUCTIONS:** Complete this format for each noncitizen family member who declared eligible immigration status on the Declaration Format. If this format is being completed on behalf of a child, it must be signed by the adult responsible for the child.

#### CONSENT

I, \_\_\_\_\_ hereby consent to the following:  
(print or type first name, middle initial, last name)

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it to the following:
  - a. HUD, as required by HUD; and
  - b. The DHS for purposes of verification of the immigration status of the individual.

#### NOTIFICATION TO FAMILY:

Evidence of eligible immigration status shall be released only to the DHS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the DHS.

Signature

Date

Check here if adult signed for a child: \_\_\_\_\_



CERTIFICATION OF ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE

Property Name: Hallettsville Housing Authority

Resident Name:

Resident Name:

Address: 103 Village Drive  
Hallettsville, Texas 77964

I/We hereby certify that: (check one) I/We did (  ) did not (  ) dispose of 1 or more assets for less than fair market value in the 24 month period preceding

If asset(s) were disposed of for less than fair market value, describe below.

ITEM #1	ITEM #2	ITEM #3
DATE OF DIVESTITURE:		
TYPE OF ASSET:		
CASH VALUE OF:		
FAIR MARKET VALUE:		
AMOUNT RECEIVED:		
Social Security Debit Card		

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD 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 this verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 or the owner responsible, for the unauthorized disclosure or improper use. Penalty provisions for misusing the Social Security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

Head of Household

Date

Spouse/Co-Head

Date

Manager

Date

Hallettsville Housing Authority does not discriminate against persons with disabilities in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).