



Monahans Housing Authority

209 S. Dwight Ave., Monahans, Texas 79756
Phone: (432) 943-5962 • Fax: (432) 943-6234

Ginger Carrell – Executive Director

Public Housing

THIS APPLICATION MUST BE COMPLETED IN FULL AND SIGNED BY ALL PERSONS AGE 18 AND OVER. Failure of the applicant or participant to sign this application constitutes grounds for denial of eligibility or termination of assistance or tenancy.

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

****APPLICATION IS CONSIDERED INCOMPLETE AND WILL NOT BE ACCEPTED IF ANY OF THESE ITEMS ARE MISSING****

ORIGINAL Social Security Card, ORIGINAL birth certificate (hospital birth certificates ARE NOT ACCEPTABLE), ORIGINAL PHOTO ID (for all household members 18 years of age and older), and PROOF OF ALL HOUSEHOLD INCOME MUST BE SUBMITTED AT THE TIME OF APPLICATION or the APPLICATION WILL NOT BE ACCEPTED.

ESTA SOLICITUD DEBE SER COMPLETADA EN SU TOTALIDAD Y FIRMADA POR TODAS LAS PERSONAS MAYORES DE 18 AÑOS. El hecho de que el solicitante o participante no firme esta solicitud constituye motivo para la denegación de la elegibilidad o la terminación de la asistencia o el arrendamiento. Complete este formulario de su puño y letra con tinta. Use el nombre legal correcto para cada persona que residirá en el apartamento tal como aparece en la tarjeta de Seguro Social u otras formas legales de identificación. Todas las personas mayores de 18 años deben firmar esta solicitud certificando que la información que les pertenece es correcta. No deje en blanco ninguna sección de la aplicación. Si una sección no se aplica a usted, escriba N/A.

****LA SOLICITUD SE CONSIDERA INCOMPLETA Y NO SE ACEPTARÁ SI FALTA ALGUNO DE ESTOS ELEMENTOS****

Tarjeta de Seguro Social ORIGINAL, certificado de nacimiento ORIGINAL (los certificados de nacimiento del hospital NO SON ACEPTABLES), IDENTIFICACIÓN CON FOTO ORIGINAL (para todos los miembros del hogar mayores de 18 años) y PRUEBA DE TODOS LOS INGRESOS DEL HOGAR DEBEN PRESENTARSE EN EL MOMENTO DE LA SOLICITUD o la SOLICITUD NO SERÁ ACEPTADA.



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APPLICATION FOR MHA PUBLIC HOUSING

What you will need for EVERYONE at time you turn in application

- 1) ORIGINAL Social Security Card
- 2) ORIGINAL Birth Certificate (hospital birth certificates are NOT acceptable)
- 3) ORIGINAL Current Driver's License or Photo ID for each household member 18 years of age or older.
- 4) Proof of ALL household income (check stubs, social security awards letter, TANF, child support, food stamps, pension, etc....)

**THIS PROGRAM IS INCOME BASED. WE NEED ALL
HOUSEHOLD INCOME REPORTED.**

FY 2026 Income Limits – Ward County, TX

(Effective 5-1-2026)

FY 2026 Income Limit Category	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
Extremely Low (30%) Income Limits	\$17,600	\$21,640	\$27,320	\$33,000	\$38,680	\$44,360	\$50,040	\$55,250
Very Low (50%) Income Limits	\$29,300	\$33,500	\$37,700	\$41,850	\$45,200	\$48,550	\$51,900	\$55,250
Low (80%) Income Limits	\$46,900	\$53,600	\$60,300	\$66,950	\$72,350	\$77,700	\$83,050	\$88,400

Deposit Amounts for Public Housing Apartments

\$250 – 1 Bedroom

\$350 – 2 Bedroom

\$450 – 3 Bedroom

\$550 – 4 Bedroom

THIS SECTION FOR OFFICE USE ONLY	
Date Received: _____	Received By: _____
Time Received: _____ AM / PM	Bedroom Size: _____

Revised 01/23/2019

APPLICATION FOR ADMISSION – PUBLIC HOUSING

HOUSING AUTHORITY OF THE CITY OF MONAHANS, TEXAS

209 S. Dwight Avenue ; Phone 432-943-5962 Fax 432-943-6234

ALL MONAHANS HOUSING AUTHORITY PROPERTIES ARE SMOKE FREE!

We will provide assistance to individuals with a handicap or disability to insure equal access to this document. If you require assistance or help in understand this document we will provide assistance. You must notify this office to arrange for assistance.

THIS FORM MUST BE COMPLETED IN FULL AND SIGNED BY ALL PERSONS AGE 18 AND OVER. Failure of the applicant or participant to sign this application constitutes grounds for denial of eligibility or termination of assistance or tenancy.

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

ORIGINAL Social Security Card, ORIGINAL birth certificate (hospital birth certificates ARE NOT ACCEPTABLE), ORIGINAL PHOTO ID (for all household members 18 years of age and older), and PROOF OF ALL HOUSEHOLD INCOME MUST BE SUBMITTED AT THE TIME OF APPLICATION or the APPLICATION WILL NOT BE ACCEPTED.

I. APPLICANT INFORMATION:

Name of Head of Household: _____ Street Address: _____

Daytime Phone: _____ (City) _____ (State) _____ (Zip Code)

Email _____ Head of Household: Married Single Divorced Widow (Circle one)

Mailing Address If Different From Street Address: _____

II. HOUSEHOLD COMPOSITION:

Race of Head of Household (check one)

- ☐ White
- ☐ Black/African American
- ☐ American Indian/Alaskan Native
- ☐ Asian
- ☐ Native Hawaiian/Other pacific Islander

Ethnicity (check one)

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

Names of Adults (age 18 & over)			Relation to Head	Sex M/F	Social Security Number	Elderly/Disabled	Date of Birth	Place of Birth
Last	First	MI						

Names of Children (under age 18)			Sex M/F	Social Security Number	Date of Birth	Place of Birth	Name & Address of Absent Parent (not living with child)
Last	First	MI					

Which of the following do you claim? (check one)

- ☐ I am a citizen, naturalized Citizen or National of the United States
☐ I am a non-citizen with eligible immigration status.
☐ I am a non-citizen without eligible immigration status.
☐ Pending verification

In case of emergency contact:

Name: _____ Telephone: _____

Address: _____
Street City State Zip

Does anyone in your household require special accommodation due to a disability? Yes [] No []

If yes, specify requirements: _____

Do you pay for Assistance Care or for auxiliary apparatus for a disabled household member in order for them or another family member to work? Yes [] No []

If yes, itemize: _____

III. TOTAL HOUSEHOLD INCOME:

List all money earned or received by **everyone** living in the household. This includes, but is not limited to, gross wages, self-employment, child support, Social Security, SSI, Worker's Compensation, Unemployment benefits, retirement benefits, TANF, Veteran's benefits, alimony, babysitting, rental property income. Income from banks such as interest on savings bonds, checking accounts, CDs, etc. Also include any regular contributions to the household from any person outside the household. **PROOF OF ALL INCOME FOR ALL HOUSEHOLD MEMBERS MUST BE SUBMITTED AT THE TIME OF APPLICATION OR THE APPLICATION WILL NOT BE ACCEPTED**

Name of Household Member Who Receives Income	Source or Type of Income (Name of Employer, Company, Absent Parent, TANF, SS, SSI, VA, Bank, Individual, etc.)	How Often? (Monthly, Weekly, Bi-weekly)	Gross Income (Cash or Check before deductions)	List any changes anticipated

Is the Head of Household or Co-Head of Household in the Armed Services? Yes [] No []

Does anyone help you pay bills regularly? Yes [] No []

If yes, who? _____ How often? _____ How much? \$ _____

IV. ASSETS

Do any household members have or receive income from assets (check all that apply):

- | | |
|---|---|
| ☐ Real Estate | ☐ Insurance Settlements |
| ☐ Stocks/Bonds | ☐ Certificate of Deposit |
| ☐ Savings Accounts | ☐ Trusts |
| ☐ Company Retirement | ☐ Checking Account |
| ☐ Pension Fund | ☐ Other: _____ |

Has any member of the household given away or sold any asset for less than fair market value in the past 2 years?

Yes [] No []

If yes, what? _____ What was its fair market value \$ _____

How much did you actually receive? \$ _____

V. CHILD CARE AND MEDICAL INFORMATION

Do you pay for Child Care for children age 12 or younger while you work or attend school? Yes [] No []

If yes, Name of Child Care Provider: _____ How much per month? \$ _____

If the Head of Household or Co-Head of Household are age 62 or older OR are disabled regardless of age, list all medical expenses anticipated for the next 12 months that will not be reimbursed by insurance or other outside source. (This includes, but is not limited to: prescriptions, physicians' bills, hospital bills, insurance premiums, and over-the-counter medications) **Documentation for these expenses is required at time of application.**

Medical Expense	Yearly Total	Medical Expense	Yearly Total

VI. GENERAL INFORMATION

(A landlord is a person/business with whom you have/had a written lease and to whom you pay/paid rent. DO NOT list relatives/friends/acquaintances as landlords unless you have/had a written lease with them and pay/paid rent to them.)

Current Landlord : _____ Address: _____

City, State, Zip: _____ Phone: (____) _____

Dates From: _____ To: _____

Previous Landlord : _____ Address: _____

City, State, Zip: _____ Phone: (____) _____

Dates From: _____ To: _____

Have you or any household member ever lived in public housing, Section 8 housing or received housing assistance?

Yes [] No []

If yes, under whose name? _____

Where? _____

Dates from : _____ to: _____

Do you owe money on any type of claim to any Housing Authority or landlord in the United States where you or any household member has lived after age 18? Yes [] No []

If yes, where? _____ How much? \$ _____

Does any household member 18 years or older have a debt with a utility company or previous landlord? Yes [] No []

If yes, with whom? _____ How much? \$ _____

Have you or any household member ever used any other name or social security number than the one used on this application? Yes [] No []

If yes, list: _____

Are you or any household member required to report to a probation or parole officer? Yes [] No []

If yes, explain: _____

Have you or any household member ever been arrested for drug or alcohol related activity or for violent criminal activity?

Yes [] No []

If yes, give name of household member: _____

Explain: _____

Do you own a vehicle or vehicles? Yes [] No []

If yes, for each vehicle list:

Make: _____ Model: _____ Color: _____ Tag # _____
(Example: Chevrolet, Ford, etc.) (Example: Camaro, Mustang, etc.)

Make: _____ Model: _____ Color: _____ Tag # _____

APPLICANT/TENANT CERTIFICATION

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

I/We do hereby attest that all the information* given to the Housing Authority of the City of Monahans, Texas, on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that I/We must report any changes in income, assets, family composition or address to the Housing Authority with 14 days of such change. I/We further understand that false statements or information are punishable under Federal law and are grounds for denial of this application and subsequent housing.

I/We understand that this application is valid for six (6) months unless renewed or updated by the applicant.

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

SIGNATURE OF CO- HEAD OF HOUSEHOLD

DATE

SIGNATURE OF OTHER ADULT

DATE

SIGNATURE OF OTHER ADULT

DATE

*After verification by this Housing Authority, the information will be electronically submitted to the Department of Housing and Urban Development or its agent on Form HUD-50058 (Family Report). For additional information on its use, see the Right of Information/Federal Privacy Act Notice, HUD-9886.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national toll-free hotline at 1-800-424-8590 or local Fair Housing hotline at 1-800-739-3611.

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PERSONAL DECLARATION

This form must be completed in your own handwriting. You must use the correct legal name(s) for each member of your household. ALL adult members of household must sign below certifying that the information pertaining to them is correct. **PLEASE PRINT**

HOUSEHOLD COMPOSTION: List all persons who will be living in your home, listing head of household first.

Adults (Legal Names)	Dates of Birth	Relationships to Head of Household	Social Security Numbers	Indicate if : Married(M) Separated(S) Divorced(D) Single(SL) Widowed(W)

Children (Names as they appear on SS Card)	Dates of Birth	Relationships to Head of Household	Social Security Numbers	Absent Parent's Name

If separated or divorced, list name and address of spouse/ex-spouse as follows:

Name

Street Address

City, State, Zip

SS No. (if known)

Signature

Date:

Signature

Date:

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to The Housing Authority of the City of Monahans any information or materials needed to complete and verify my application for participation, and/or maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

I also consent for HUD or the PHA to release information from my file about my rental history to HUD credit bureaus, collection agencies, or future landlords. This includes records on my payment history and any violations of my lease or PHA policies

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to:

Identity and Marital Status	Employment, Income, and Assets	Veterans Administration
Medical Allowances	Child Care Allowances	Credit and Criminal Activity

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

Previous Landlords: (including previous PHAs)	Past and Present Employers Welfare Agencies	Veterans Administration Retirement Systems
Courts and Post Offices	State Unemployment Agencies	Banks and other Financial Institutions
Schools and Colleges	Social Security Administration	Credit Providers and Credit Bureaus
Law Enforcement Agencies	Medical and Child Care Providers	Utility Companies
Support and Alimony Providers		

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the PHA may, in the course of its duties, exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Administration; and State Welfare and Food Stamp Agencies.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the PHA and will stay in effect for a year and one month from the date signed or as long as I am a client of this housing authority, whichever is longer. I understand I have a right to review my file and correct any information that I can prove is incorrect.

PRIVACY NOTICE

HUD, the PHA and any Owner (or employee of any of these) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

SIGNATURES:

HEAD OF HOUSEHOLD

(PRINT NAME)

DATE

SPOUSE

(PRINT NAME)

DATE

ADULT

(PRINT NAME)

DATE

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FOR" MUST BE PREPARED AND SIGNED SEPARATELY
PREPARED AND SIGNED SEPARATELY

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Declaration of U.S. Citizenship or Non-Citizens with Eligible Immigration Status

I, _____, certify under Penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- ☐ I am a citizen, naturalized citizen or national of the United States; or
- ☐ I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age (only person assisted as of 6-19-95 can qualify in this category); or
- ☐ I have eligible immigration status as checked below (see attachment for explanation). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
- ☐ Immigrant status under 101 (a) (15) or 101 (a) (20) of INA
- ☐ Permanent residence under 249 or INA
- ☐ Refugee, asylum, or conditional entry status under 207, 208 or 203 of the INA
- ☐ Parole status under 212 (d) (5) of the INA
- ☐ Threat of life or freedom under Section 243 (h)
- ☐ Amnesty under 245A of the INA
- ☐ I am not an eligible immigrant, I am not contending my status, and I am relinquishing housing assistance under 24 CFR §5.506

Signature

Date

☐ Check box if an adult is signing for a minor

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly 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 or imprisoned for not more than five years, or both.

Supplement and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing.

Instructions: Optional Contact Person or Organization: You will have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information but, if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing address:	
Telephone No.:	Cell Phone No.:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No.:	Cell Phone No.:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact (check all that apply):	
☐ Emergency	☐ Assist with Recertification Process
☐ Unable to contact you	☐ Change in lease terms
☐ Termination of rental assistance	☐ Change in house rules
☐ Eviction from unit	☐ Other: _____
☐ Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy, or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the <i>Housing and Community Development Act of 1992</i> (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR Section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the <i>Fair Housing Act</i> , and the prohibition on age discrimination under the <i>Age Discrimination Act of 1975</i> .	

☐ Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the *Paperwork Reduction Act of 1995* (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the *Housing and Community Development Act of 1992* (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the *Paperwork Reduction Act*, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550 authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN) which will be used by HUD to protect disbursement data from fraudulent actions.



Monahans Housing Authority

209 S. Dwight Monahans, Texas 79756

Calvin L. Carrell – Executive Director

Certification of Domestic Violence, Dating Violence, or Stalking

Purpose of Form: The Violence Against Women and Justice Department Reauthorization Act of 2005 protects qualified tenants and family members of tenants who are victims of domestic violence, dating violence, or stalking from being evicted or terminated from housing assistance based on acts of such violence against them.

I, _____, certify that I am a victim of domestic violence, dating violence, or stalking. As proof, I will provide

☐ a valid Protective Order

☐ a letter from a shelter

☐ not applicable

I agree not to allow the offender _____ (offender's name) on the Housing Authority property. I understand that should I permit the offender in my apartment, my lease will be terminated.

SIGNED: _____

DATE: _____

*Note: The Monahans Housing Authority does not discriminate on the basis of employment status in the admission of, access to, employment, or treatment in its federally assisted programs and/or activities.

**Note: The Monahans Housing Authority, upon request, will provide/respond to reasonable accommodations/requests from tenants or applicants with disabilities for accessibility. Reasonable accommodations, can be provided, as necessary or feasible, to include adjustments to policies or physical alterations.



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e. abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

Monahans Housing Authority
209 S. Dwight Ave.
Monahans, TX 79756

**I hereby acknowledge that the PHA provided me with the
Debts Owed to PHAs & Termination Notice:**

Signature

Date

Printed Name

Monahans Housing Authority

209 S. Dwight, Monahans, Texas 79756
Phone: (432) 943-5962 Fax: (432) 943-6234

Release of Personal Information

I, _____, give the following person(s):

Name:

Relationship:

◆ _____	_____
◆ _____	_____
◆ _____	_____
◆ _____	_____

the right to call MHA and inquire regarding the following information concerning me:

☐ All Matters

☐ Housing Status

☐ Income

☐ Medical

☐ Rental Payment History

☐ Personal Information

☐ Household Members

☐ Other: _____

I, _____, give Monahans Housing Authority the right to contact the same above listed person(s) to inquire about the above listed information concerning me that may be needed for my housing with Monahans Housing Authority.

Tenant Signature

Date



Monahans Housing Authority

209 S. Dwight Ave., Monahans, Texas 79756
Phone: (432) 943-5962 • Fax: (432) 943-6234

Notice to Prospective Tenants

Once your name comes up on the waiting list and you are being offered housing, you must be able to provide the following:

- Applicable security deposit (Public Housing only)
- Prorated rent
- Proof of gas/electric utility accounts in head/co-head's name emailed to Sonia prior to issuance of keys to unit

Gas Provider: (this is the only gas provider in Monahans)

Texas Gas Service: 432-943-2793 or 1-800-700-2443

Electricity Providers: (you can choose whichever company you want)

TXU Energy: 214-812-4600 or 800-242-9113 Use promo code - **RENT**

Reliant Energy: 800-218-7130

Texas/New Mexico: 817-731-0099

Stream Energy: 866-447-8732

First Choice Power: 866-469-2464

Oncor Electric Delivery: 888-313-6862

Xcel Energy: 866-950-3303

Direct Energy: 888-305-3828

Amigo Energy: 800-350-6044

Remove and keep this page for your information.

**When you call to get service set up,
Have a confirmation email sent to
sonia@monahansha.com**

**You will NOT be allowed to move in or
sign the lease until email is received.**