Monahans Housing Authority

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

Ginger Carrell – Executive Director

Rental Property

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 and ORIGINAL PHOTO ID (for all household members 18 years of age and older 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 y IDENTIFICACIÓN CON FOTO ORIGINAL (para todos los miembros del hogar mayores de 18 años) DEBEN PRESENTARSE EN EL MOMENTO DE LA SOLICITUD o la SOLICITUD NO SERÁ ACEPTADA.

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APPLICATION FOR MHA RENTAL PROPERTY

What you will need at time you turn in application

1) $15 application fee for EACH household member over 18 years of age.
Bring money order, we do not accept cash.
2) Original Current Driver's License or Photo ID
for each household member 18 years of age or older.
3) Original Social Security card for each household member.

THIS PROGRAM IS NOT INCOME BASED!!

MHA Rental Property – General Public
Rent Rates and Security Deposits
(Effective 5/14/2024)

RENTAL TERM	SECURITY DEPOSIT	RENT
Month-to-Month	$750.00	$750.00
3 Months	$700.00	$700.00
6 Months	$650.00	$650.00
1 Year	$600.00	$600.00

THIS SECTION FOR OFFICE USE ONLY	
Date Received_____ Time Received_____ AM / PM	Received By_____ No. of Bedrooms_____

Revised 06/13/2019

APPLICATION FOR HOUSING - MHA RENTAL PROPERTY

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!

$15.00 APPLICATION FEE IN CHECK/MONEY ORDER made payable to MHA **CHECK OR MONEY ORDER**

DOCUMENTS REQUIRED AT TIME OF APPLICATION OR APPLICATION WILL NOT BE ACCEPTED:

ORIGINAL Social Security card for each household member

ORIGINAL CURRENT PHOTO ID for each household member over 18 years of age.

ABOUT YOU

Full name *(exactly as shown on driver's license or government ID card):*

_____

Current street address:_____

City, State, Zip Code:_____

Mailing address ***if different from street address***: _____

City, State, Zip Code:_____

Home Phone (with area code):_____ Work Phone:_____

Cell Phone:_____ Email_____

Driver's license # and state: _____

OR government photo ID: _____

Former last name(s) (maiden and married): _____

Social Security #_____ Date of Birth:_____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated

Are you a U.S. Citizen? ☐ Yes ☐ No

Current Landlord:_____

Address:_____

City, State, Zip: _____

Dates From: _____ To:_____

Previous Landlord: _____

Address:_____

City, State, Zip: _____

Dates From: _____ To:_____

Present employer:_____

Address:_____

City, State, Zip: _____

Your Position:_____

Your net **monthly** income is over $ _____

Date you began this job:_____

YOUR SPOUSE OR OTHER OCCUPANT

Full name *(exactly as shown on driver's license or government ID card):*

_____

Current street address: _____

City, State, Zip Code: _____

Mailing address ***if different from street address***: _____

City, State, Zip Code: _____

Home Phone (with area code): _____ Work Phone: _____

Cell Phone: _____

Driver's license # and state: _____

OR government photo ID: _____

Former last name(s) (maiden and married): _____

Social Security # _____ Date of Birth: _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated

Are you a U.S. Citizen? ☐ Yes ☐ No

Current Landlord: _____

Address: _____

City, State, Zip: _____

Dates From: _____ To: _____

Previous Landlord: _____

Address: _____

City, State, Zip: _____

Dates _____ _____

Present employer: _____

Address: _____

City, State, Zip: _____

Your Position: _____

Your net **monthly** income is over $ _____

Date you began this job: _____

If you and/or your spouse or other occupant receives help paying your bills regularly, the person providing that financial help must complete a Private Income Verification form.

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 and/or your spouse or other occupant owe any debt to any housing authority or landlord in the United States where you and/or your spouse or other occupant have/has lived after age 18? ☐ Yes ☐ No

If yes, where? _____ How much? $_____

RENTAL/CRIMINAL HISTORY FOR YOU *You must check if applicable.* Have you ever:

☐ Been evicted or asked to move out?
☐ Moved out of a dwelling before the end of the lease term without the owner's consent?
☐ Declared bankruptcy?
☐ Been sued for rent?
☐ Been sued for property damage?
☐ Been charged, detained, or arrested for a felony or sex crime that was resolved by conviction, probation, deferred adjudication, court-ordered community supervision, or pretrial diversion?
☐ Been charged, detained, or arrested for a felony or sex-related crime that has not been resolved by any method?
☐ Been arrested for drug or alcohol-related activity or for violent criminal activity?

Are you currently required to report to a probation or parole officer? ☐ Yes ☐ No

If "yes", for what charge(s)? _____

Please indicate below the year, location and type of each felony and/or sex crime other than those resolved by dismissal or acquittal. We may need to discuss more facts before making a decision. ***You represent that the answer is "no" to any item not checked above.***_____

_____

_____

VEHICLES *List all vehicles owned or operated by you, your spouse, or any other occupant (including cars, trucks, motorcycles, etc.):*

#1 - Make: _____ *(Chevrolet, Ford, etc.)* Model: _____ *(Camaro, Mustang, etc.)* Year: _____

Color: _____ License Tag # _____ State: _____

#2 - Make: _____ *(Chevrolet, Ford, etc.)* Model: _____ *(Camaro, Mustang, etc.)* Year: _____

Color: _____ License Tag # _____ State: _____

_____

EMERGENCY INFORMATION FOR YOU - *Emergency contact person over 18 years of age who will not be living with you:*

Name: _____ Relationship: _____

Current street address: _____

City, State, Zip Code: _____

Home Phone (with area code): _____ Work Phone: _____

Cell Phone: _____

If you die or are seriously ill, missing, or incarcerated according to an affidavit of *(check one or more):*
☐ the above person ☐ your spouse, or ☐ your parent or child, we may allow such person(s) to enter your dwelling to remove all contents, as well as your property in the mailbox, storerooms, and common areas. If no box is checked, any of the above are authorized at our option. If you are seriously ill or injured, you authorize us to call EMS or send for an ambulance at your expense. We are not legally obligated to do so.

RENTAL/CRIMINAL HISTORY FOR YOUR SPOUSE OR OTHER OCCUPANT

You must check if applicable. Has your spouse, or any occupant listed in this Application ever:

☐ Been evicted or asked to move out?
☐ Moved out of a dwelling before the end of the lease term without the owner's consent?
☐ Declared bankruptcy?
☐ Been sued for rent?
☐ Been sued for property damage?
☐ Been charged, detained, or arrested for a felony or sex crime that was resolved by conviction, probation, deferred adjudication, court-ordered community supervision, or pretrial diversion?
☐ Been charged, detained, or arrested for a felony or sex-related crime that has not been resolved by any method?
☐ Been arrested for drug or alcohol-related activity or for violent criminal activity?

Are you currently required to report to a probation or parole officer? ☐ Yes ☐ No

If "yes", for what charge(s)? _____

Please indicate below the year, location and type of each felony and/or sex crime other than those resolved by dismissal or acquittal. We may need to discuss more facts before making a decision. ***You represent that the answer is "no" to any item not checked above.***_____

EMERGENCY INFORMATION FOR SPOUSE OR OTHER OCCUPANT - *Emergency contact person over 18 years of age who will not be living with you:*

Name:_____ Relationship: _____

Current street address:_____

City, State, Zip Code:_____

Home Phone (with area code):_____ Work Phone:_____

Cell Phone: _____

If you die or are seriously ill, missing, or incarcerated according to an affidavit of *(check one or more):*
☐ the above person ☐ your spouse, or ☐ your parent or child, we may allow such person(s) to enter your dwelling to remove all contents, as well as your property in the mailbox, storerooms, and common areas. If no box is checked, any of the above are authorized at our option. If you are seriously ill or injured, you authorize us to call EMS or send for an ambulance at your expense. We are not legally obligated to do so.

All applicants age 18 years 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 and income is accurate and complete to the best of my/our knowledge and belief. I/we understand that I/we must report any changes in contact information to the Housing authority within fourteen (14) days of such change. I/we further understand that false statements or information are grounds for denial of this application.

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

Applicant Signature:_____

Spouse/Other Occupant Signature: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I/we authorize the Monahans Housing Authority to: (1) share the above information with owner's utility providers, and (2) verify by all available means, the above, including, but not limited to, reports from any of the following agencies:

Previous Landlords
(including previous housing authorities)
Present Employers
Welfare Agencies
Courts and Post Offices
Social Security Administration
Law Enforcement Agencies
Support and Alimony Providers

Law Enforcement Agencies
Retirement Systems
Veterans Administration
State Unemployment Agencies
Credit Providers and Credit Bureaus
Banks and other Financial Institutions
Utility Companies

before, during and after tenancy on matters relating to my/our lease, income history and other information reported by employer(s) to any state employment security agency (e.g., Texas Workforce Commission). Work history information may be used only for this Rental Application. Authority to obtain work history information expires 365 days from the date of this Application.

I/we understand that previous or current information regarding me/us or my/our household may be needed. Verifications and inquiries that may be requested include but are not limited to:

Identity and Marital Status	Employment
Credit and Criminal Activity	Income

I/we understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my/our eligibility for and continued rental housing with the Monahans Housing Authority. I/we 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 Monahans Housing Authority and will stay in effect for a year and one month from the date signed or as long as I/we am/are a tenant(s) of this housing authority, whichever is longer. I/we understand I/we have a right to review my/our file and correct any information that I/we can prove is incorrect.

SIGNATURES

APPLICANT SIGNATURE	(PRINT NAME)	DATE
SPOUSE/OTHER APPLICANT SIGNATURE	(PRINT NAME)	DATE

****IF PLANNING TO HAVE A PET; THE BREED OF PET NEEDS TO BE APPROVED, PET FEE PAID, PAPERWORK COMPLETED BEFORE THE PET CAN MOVE IN.**

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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 prior to issuance of keys to unit

Gas Provider:

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

Electricity Providers:

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
Summer Energy: 888-594-9299 – Use promo code APT25

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.