

THIS SECTION FOR OFFICE USE ONLY	
Date Received _____	Received By _____
Time Received _____ AM / PM	No. of Bedrooms _____

Revised 01/01/2017

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!

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: _____

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.

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 You must check if applicable. Have you, 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.** _____

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

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

Color: _____ License Tag # _____ State: _____

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

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.

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) | Law Enforcement Agencies |
| Present Employers | Retirement Systems |
| Welfare Agencies | Veterans Administration |
| Courts and Post Offices | State Unemployment Agencies |
| Social Security Administration | Credit Providers and Credit Bureaus |
| Law Enforcement Agencies | Banks and other Financial Institutions |
| Support and Alimony Providers | 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