**HOUSING WAITLIST CERTIFICATION & HOUSEHOLD INFORMATION**

**Buffalo Crossing Apartments – Cross Plains Housing Authority**

Please complete all sections of this form to secure your position on the waitlist.

Please return the form via scan and email to: cpha@txol.net

Or mail/drop off at: PO Box 487 / 233 N Main St., Cross Plains, TX 76443

Attn: Kristin Boggs

***PLEASE PRINT***

|  |  |
| --- | --- |
| Name: (Head of Household) | Social Security Number: |
| Street Address: | City, State, Zip: |
| Home Phone: | Marital Status: Single, Married, Separated, Divorced (Please circle one) |
| Cell Phone: | Email: |

***ACCOMODATION REQUEST***

|  |  |
| --- | --- |
| \_\_\_\_ NO | I am NOT requesting accommodation due to a disability.  |
| \_\_\_\_ YES | I am requesting accommodation(s) due to a disability, as described below.  |
| Requested Accommodation(s): \_\_\_None \_\_\_Ground Floor \_\_\_Wheelchair \_\_\_Vision \_\_\_Hearing \_\_\_Other |
| Description of how accommodation relates to disability: |   |

***Remainder of Page Intentionally Left Blank***

 ***FAMILY MEMBER INFORMATION***

*(List only persons who will live with you if your application is approved or if your household composition changes)*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Member  | Name | SSN | DOB | Sex\* | Age | Relation to Head of Household | Monthly Income | Income Source\*\* |
| 1 | Head of Household Above | Provided Above |   |   |   |   |   |   |
| 2 |   |   |   |   |   |   |   |   |
| 3 |   |   |   |   |   |   |   |   |
| 4 |   |   |   |   |   |   |   |   |
| 5 |   |   |   |   |   |   |   |   |
| 6 |   |   |   |   |   |   |   |   |
| 7 |   |   |   |   |   |   |   |   |
| \* | M or F |  |  |  |  |  |  |  |
| \*\* | Full Time Employed (FTE), Part Time Employed (PTE), or Other - If Other, please provide explanation in writing. |

If Head of Household or co-HOH is employed, where is your employer located?

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***INCOME LIMITS: Callahan County, TX*** (Effective June 15, 2023)

Please circle the one the best represents your household.

|  |  |
| --- | --- |
| **AMFI %** | **Number of Household Members** |
| 1 | 2 | 3 | 4 | 5 |
| 30 | $15,400  | $17,600  | $19,800  | $21,950  | $23,750  |
| 50 | $25,650  | $29,300  | $32,950  | $36,600  | $39,550  |
| 60 | $30,780  | $35,160  | $39,540  | $43,920  | $47,460  |
| 80 | $41,000  | $46,850  | $52,700  | $58,550  | $63,250  |
| 120 | $61,600  | $70,400  | $79,080  | $87,840  | $94,920  |

Very Low Income = at or < 30% AMFI
Low Income = >30% but <50% AMFI
Moderate Income = >50% but <80% AMFI

***CERTIFICATION of HOUSEHOLD INFORMATION***

*(Please initial)*

\_\_\_\_\_\_\_\_I certify that all the information provided on this form is true and accurate to the best of my knowledge.

\_\_\_\_\_\_\_\_I will provide an update to the City of Cross Plains if any of this information should change while I am on the waiting for housing assistance or while I am a resident at Buffalo Crossing Apartments.

\_\_\_\_\_\_\_\_I will confirm with the City of Cross Plains every 6 months that I am still interested in remaining on the waitlist. Failing to do so could result in my removal from the waitlist and I will have to reapply.

\_\_\_\_\_\_\_\_I understand that filling out and submitting this form does not guarantee me a housing unit. It only secures my place in line to be considered for housing once a unit becomes available. Additional income and personal information will be collected to determine my eligibility for housing.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Head of Household Name (Print) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Head of Household Name Co-HoH Signature

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case File No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Revision No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_