



APPLICATION for HOUSING CHOICE VOUCHER PROGRAM

This is a Section 8 application and cannot be used for the Public Housing program.

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

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

To be qualified for a voucher an applicant must:

- a. Be a family as defined in PHA's Administrative Plan;
- b. Meet the HUD requirements on citizenship or 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 PHA office.
- d. Provide original birth certificates and documentation of Social Security number for all family members. Provide valid identification for family members 18 years old and older;
- e. Meet or exceed the Applicant Selection Criteria on prior criminal activity;
- f. Pay any money owed to PHA or any other housing authority;
- g. Not have had a lease terminated by a PHA or Section 8 voucher terminated in the past 12 months;
- h. Be able and willing to comply with voucher terms and conditions;
- i. Not be engaged in any criminal activity that threatens the life, health, safety, possessions, or right to peaceful enjoyment of other residents and not be 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. Each applicant who meets the above qualifications will receive a voucher of the size needed.

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

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

The Pearsall Housing Authority is an Equal Housing Provider

FOR PHA USE ONLY:**DATE SUBMITTED:****TIME:****RECEIVED BY:****APPLICATION FOR HOUSING CHOICE VOUCHER PROGRAM**

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 Only4. Race of Head: ☐ Caucasian/White ☐ African American/Black ☐ Asian or Pacific Islander
☐ Native American/ Alaska Native ☐ Pacific Islander/Hawaiian Native5. 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.

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

Family Income

7. Please list the source & amount of all income expected in the next 12 months for all family members. Include earnings and benefits received from TANF, VA, Social Security, SSI, SSID, Unemployment, Worker's Compensation, Child Support, etc. Example: Wages, \$150/week, SSI, \$421/month

Income Source	Amount \$	Frequency
		☐ Week ☐ Month ☐ Year
		☐ Week ☐ Month ☐ Year
		☐ Week ☐ Month ☐ Year
		☐ Week ☐ Month ☐ 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 value of all assets? _____
9. Do you own any real estate? ☐ Yes ☐ No If yes, what is the address? _____
 Have you sold any real estate in the past two years? ☐ Yes ☐ No If yes, what was the address?

10. Current Landlord's name and phone # _____
 Date Family Moved to this location _____
11. Have you ever been evicted from housing? ☐ Yes ☐ No If yes, why? _____

Screening

A "yes" answer will not automatically disqualify you for admission.

12. Have you ever been evicted from housing? ☐ Yes ☐ No If yes, why? _____

13. 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
14. Do you have any past due utility bills? ☐ Yes ☐ No If yes, please describe and give amount owed:

15. 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:

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

Deductions for Calculating Rent

17. 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 # 20

18. 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 expense:

Type of expense: _____

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

19. 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: _____

20. 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: \$ _____

21. 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: _____

22. Drivers License or State ID #: Applicant: _____ Co-applicant: _____
Automobile: Year: _____ Make: _____ Model: _____ License: _____

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.