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APPLICATION for PUBLIC HOUSING

This is not a Section 8 application and cannot be used for the Housing Voucher 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 admission to public housing an applicant must:

- a. Be a family as defined in PHA's Admission and Continued Occupancy policy;
- 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 public housing agency in the past 12 months;
- h. Be able and willing to comply with the PHA lease;
- i. Not have any family members engaged in any criminal activity that threatens the life, health, safety, or right to peaceful enjoyment of the premises by other residents, and not have any family members 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. The waiting list will then be processed in order according to unit type and size (and admission preferences if applicable).

Applicants with disabilities will be given assistance, if requested, with the completion of the application at 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:

BEDROOM SIZE:

APPLICATION FOR PUBLIC HOUSING

1. Name of head of household: _____
2. Name of adult co-head of household: _____
3. Physical Address: _____
4. Mailing Address: _____
5. Current Area Code, Home & Work Phone #s _____

For Statistical Purposes Only

4. Race of Head: Caucasian/White African American/Black Asian or Pacific Islander
 Native American/ Alaska Native Pacific Islander/Hawaiian Native
5. 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 Information

7. Please list the source and amount of **all income expected for the coming 12 months for all family members**, including but not limited to all earnings and benefits received from working, TANF, VA, Social Security, SSI, SSID, Unemployment, Worker's Compensation, pension, Child Support, etc.
 Example: Wages, \$150/week, SSI, \$421/month

Family Member Name	Income Source	Amount \$	Frequency – Per
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> 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 market value of all assets? _____
9. Do you own any real estate? Yes No If yes, what is the address? _____

10. Have you sold any real estate in the past two years? Yes No If yes, what was the address? _____

11. Current Landlord's name and phone # _____
 Current Landlord's Address _____
 Date Family Moved to this location _____
12. Most recent former address, Street, Apt. # _____
 Most recent former City, State and Zip _____
 Most recent former Area Code and Phone # _____

Screening

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

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

16. 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:

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

Qualifying for Deductions in Calculating Rent

18. 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 # 21
19. 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 expense: \$ _____ Name, address & phone # of person who can verify expense: _____
20. 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: _____

21. 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: \$ _____
22. 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: _____

23. Drivers License or State ID #: Applicant: _____ Co-applicant: _____
Automobile: Year: _____ Make: _____ Model: _____ License: _____
24. Do you want an apartment at an all elderly building? Yes No (Head or spouse over 62)
25. Do you want to have a pet in your apartment? Yes No

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.