

Application for Public Housing

Centerville Housing Authority
 130 E. Main Street, PO Box 249
 Centerville, TX 75833-0249
 Phone: 903-536-2378

DATE: _____
TIME: _____
UNIT SIZE: _____ BEDROOM(S)
ETHNICITY:
<input type="checkbox"/> HISPANIC <input type="checkbox"/> NONHISPANIC
RACE: <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK
<input type="checkbox"/> INDIAN/NATIVE ALASKAN
<input type="checkbox"/> OTHER

General Family Information

Legal Name of Head of Household _____

 Your Name if Family Head is not present

Marital Status:

Married Single Widowed Separated Divorced County/State of Divorce _____

Present Street Address _____

_____ How Long? _____

Mailing Address _____

_____ Home Telephone _____

Previous Address _____ Work Telephone _____

Type of Legal Identification _____

Driver's License Number _____

In emergency, who can we contact locally? Name _____

Address _____ Tel. No. _____ Relation _____

Email Address: _____

Household Members

List the legal names of all the people who live with you. Start with the head of household, then spouse or co-head, then minors (oldest to youngest), and then any other adults

Fam Mem	Legal Names	Relation to Head	Sex	Age	Birth Date	Occupation or School Name	Social Security Number	Birthplace
1								
2								
3								
4								
5								
6								
7								
8								

Do you expect anyone to move in or out of your household within the next twelve months?..... Yes No

If yes, explain _____

Does anyone live with you now who is not listed above?..... Yes No

If yes, explain _____

Are any members of your household pregnant?..... Yes No

Name of Household Member _____

Special Needs

Does anyone in your household claim a mobility, visual, or hearing impairment or other special need which would require a special type of unit or other accommodation? Yes No

If yes, please describe _____

Program Integrity Information *(these questions apply to all household members)*

Have you ever lived-in assisted housing before? Yes No

If yes, when? _____ Where? _____ Under what name? _____

Who was head of household? _____

Have you ever used a name other than the one you are now using?..... Yes No

If yes, what name? _____

Have you ever used a social security number other than the one you listed above? Yes No

If yes, what is it? _____

Has anyone in your household ever been arrested?..... Yes No

If yes, who? _____ When? _____ For what? _____

Has anyone in your household been arrested or convicted for the use, sale, manufacture, or distribution of controlled substances (drugs)? Yes No

If yes, who? _____ When? _____ For what? _____

Have you ever been evicted? Yes No

If yes, where? _____ When? _____ For what? _____

Does anyone in your household currently use a controlled or illegal drug?... [] Yes [] No

If yes, explain _____

Have you ever been evicted from Public or Assisted Housing for violent criminal or drug-related activity?..... [] Yes [] No

If yes, explain _____

Do you owe any money to another Public Housing Authority, a Section 8 Agency or other subsidized housing program? [] Yes [] No

If yes, who _____

Are you or any household member required to report to a probation or parole officer? [] Yes [] No

If yes, who is the officer? _____ Phone No. _____

Total Income Received by Family Members

List all money received or earned by everyone living in the household. Include all money from Employment, Self-Employment, Unemployment compensation, Child Support, Regular Contributions, Social Security, SSI, Retirement, Disability, Workers' Compensation, TANF, Veterans Benefits, Rental Property Income, Stock Dividends, Interest, Alimony, Annuities, and other sources.

Family Member	Source	Rate	Type of Income	Annualized Income
				\$
				\$
				\$
				\$
				\$

Has anyone in your household applied for any benefits or money which is in the process of being approved?..... [] Yes [] No

If yes, explain _____

Does anyone outside of your household pay any of your bills or give you regular gifts (food, clothing, cigarettes, etc.) [] Yes [] No

If yes, who? _____ how much? _____ how often? _____

Are you entitled to: Child Support?..... [] Yes [] No
Alimony? [] Yes [] No
Maintenance? [] Yes [] No

Do you receive child support, alimony, or maintenance? [] Yes [] No

If yes, from whom? _____ Amount? _____

Does anyone in your household receive an educational scholarship or grant? [] Yes [] No

If yes: Name _____ Source _____ Amount \$ _____ per _____

Banking Information

Where do you bank? What type of accounts do you have there? (Checking, Savings)

Name of Bank	Account Number	Type	Joint/ Indiv.	Balance	
				Current	6 mo. avg.
				\$	\$
				\$	\$
				\$	\$

Asset Information

Have you ever owned a home or property?[] Yes [] No

List all other Assets other than checking or savings accounts, such as stocks, bonds, annuities, savings bonds, credit union shares, retirement accounts

Description of Asset	Location of Asset	Value of Asset
		\$
		\$
		\$

Child Care Expense

Do you pay childcare expenses?[] Yes [] No

If yes: Child's Name _____ Amount: \$ _____ Per _____
 Child's Name _____ Amount: \$ _____ Per _____
 Child's Name _____ Amount: \$ _____ Per _____
 Child's Name _____ Amount: \$ _____ Per _____

Handicapped Assistance Expense

Family Member	Amount	Per	Reason
	\$		
	\$		

Medical and Unusual Expenses (Elderly/Disabled Families Only)

Medicare? \$ _____ per _____
 Other health insurance?..... \$ _____ per _____
 Regular payments on medical bills?..... \$ _____ per _____
 Regular payments for medicine?..... \$ _____ per _____
 Anticipated healthcare-related expenses in next twelve months: \$ _____

Current Monthly Expenses (From preceding month)

Rent _____ Phone _____ Medical _____ Credit Card _____
 Electric _____ Auto Pmt _____ Cable _____ Credit Card _____
 Gas _____ Auto Ins _____ Insurance _____ Loan _____
 Water _____ Child Care _____ Rentals _____ Other _____

Do you have any other regular monthly payments besides those above?.....[] Yes [] No

If yes, specify: _____

Work History of Adult Members

Where was the last place of employment for all adult household members?

Household Member	From	To	Employer

Additional Public Housing Suitability Screening

Have you ever been evicted?[] Yes [] No

If yes, by whom? _____ When? _____ Why? _____

List the address and landlord references for past three years

Address	Landlord	From	To	Telephone

References

List three Character References

Name	Address	Telephone

List the names of family relations or friends who are currently living in public housing, Section 8 housing, or other subsidized housing.

Name	Address	Telephone

List the names of family relations or friends who are currently living in this Housing Authority

Name	Address	Telephone

Pets

Do you have any pets?[] Yes [] No

If yes, what kind? _____ Size _____ Weight _____

Vehicles (How many vehicles does the family own?)

Owner	Make	Model	Year	Color	Tag No.	State

WARNING: UNDER TITLE 18, SECTION 1001 OF THE US CODE, IT IS A FELONY TO MAKE FALSE STATEMENTS KNOWINGLY AND WILLINGLY TO ANY REPRESENTATIVE OR AGENT OF A DEPARTMENT OR AGENCY OF THE UNITED STATES; ANYONE WHO DOES SO SHALL BE FINED UP TO \$10,000 OR IMPRISONED UP TO 5 YEARS, OR BOTH.

NOTICE: Any attempt to obtain Public Housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime under the Texas Penal Code.

<p>I DO HEREBY CERTIFY THAT I HAVE REVIEWED ALL ANSWERS AND CERTIFICATIONS WITH APPLICANT PRIOR TO SIGNATURES</p>	<p>PHA Representative initial here: _____</p>
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I understand that this is not a contract and does not bind either party. The above information is full, true, and complete to the best of my knowledge. I have no objections to inquiries being made for purpose of verifying statements made herein.

Signature of Head of Household _____ Date _____

Signature of Co-head _____ Date _____

If either Head or Co-head is not present, why? _____

Signature of PHA Representative _____

E.I.D. (Earned Income Disallowance) *(Head of Household)*

Answer the follow question to determine if family member qualifies for EU.

1.

- A. Have you experienced an increase in earnings as a result of New Employment or Increased earnings in existing employment?

AND

- B. Is family member a resident of Public Housing on or after October 1, 1999, or a Section 8 disabled family member on or after April 20, 2001?

YES **NO** *(please circle one)* - **if NO**, member does NOT qualify for E.I.D.

2. If **YES**, does **ONE** of the following apply?

Unemployed for the past 12 months **OR**

Earning less than minimum wage x 10 hours a wk. x 50 (currently \$2575) **OR**

Experienced an increase in earning while participating in an economic self-sufficiency or other job training program, **OR**

Received cash assistance, benefits, or services under any state program for TANF or Welfare to Work within the previous six months prior to employment, even if the amount received is less than \$500 **OR**

Received services from TANF or Welfare to Work over at least \$500 over the previous six months. (This applies to one-time payment benefits; wage subsidies, transportation, and childcare benefits, not to monthly maintenance payments.)

If you answered **YES** to **ONE** of the above, the family member qualifies for E.I.D.

If **NO**, the family member does not qualify.

PERSONAL DECLARATION

THIS FORM MUST BE COMPLETED **IN YOUR OWN HANDWRITING**. YOU MUST USE THE CORRECT LEGAL NAME FOR EACH MEMBER OF YOUR HOUSEHOLD. ALL ADULT MEMBERS OF THE HOUSEHOLD MUST SIGN BELOW CERTIFYING THE INFORMATION PERTAINING TO THEM. PLEASE PRINT.

I. **HOUSEHOLD COMPOSITION:** List all persons who will be living In your home, listing head of household first.

ADULTS (<i>Legal Name</i>)	DATE OF BIRTH	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER	INDICATE IF MARRIED (M) WIDOWED (W) SEPARATED (S) DIVORCED (D)
1.				YR:
2.				YR:
3.				YR:
4.				YR:

CHILDREN (<i>name as It appears on SS card</i>)	DATE OF BIRTH	RELATIONSHIP TO HEAD OF HOUSEHOLD	SCHOOL NAME	ABSENT PARENT'S NAME	ABSENT PARENT'S ADDRESS
1.					
2.					
3.					
4.					
5.					
6.					

If separated or divorced, list name and address of spouse/ex-spouse as follows:

Name

Name

Address

Address

City,

State

Zip

City

State

Zip

APPLICANT/TENANT CERTIFICATION

All family members age 18 and older should review the information on this application and **MUST** sign below.

Giving True and Complete Information

I certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have reviewed the application form and certify that the information shown is true and correct.

Reporting Changes in Income or Household Composition

I know I am required to report immediately in writing any changes in income and any changes in the household size when a person moves in or out of the unit. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me.

Reporting on Prior Housing Assistance

I certify that I have disclosed where I received any previous Federal housing assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

No Duplicate Residence or Assistance

I certify that the apartment will be my principal residence and that I will not obtain duplicate Federal housing assistance while I am in this current program. I will not live anywhere else without notifying the Housing Authority immediately in writing. I will not sublease my assisted residence.

Cooperation

I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays, termination of assistance, or eviction.

Criminal and Administrative Actions for False Information

I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal and State criminal law. I also understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance or termination of tenancy.

Signature of Household Adults

1. _____ Date _____
2. _____ Date _____
3. _____ Date _____
4. _____ Date _____

For discrimination complaints, call 1-800-669-9777