



**SECTION 8
PUBLIC HOUSING**

SECTION 8 NEW CONSTRUCTION

Please Note! These charges may apply!

- 1 BEDROOM
- 2 BEDROOM
- 3 BEDROOM
- 4 BEDROOM

\$150.00 DEPOSIT/PH
\$100.00 DEPOSIT/ELD/PH
\$230.00 UTILITIES/PH/S8
+ PRORATED OR FULL RENT

ANSWER ALL THE QUESTIONS **DO NOT LEAVE ANYTHING BLANK**. IF A QUESTION DOES NOT APPLY TO YOU WRITE "N/A OR "NONE".

MAKE SURE YOU PROVIDE YOUR COMPLETE ADDRESS AND PHONE NUMBER.

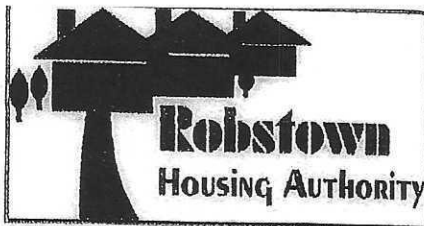
IF YOU DO NOT HAVE A PHONE, PROVIDE A PHONE NUMBER WHERE A MESSAGE CAN BE LEFT FOR YOU.

AN **INCOMPLETE** APPLICATION WILL NOT BE PROCESSED!!

PREFERENCE QUESTIONS

1. Why are you applying for housing? _____

2. How many people live in your house? _____
3. How many bedrooms does your house have? _____
4. Does your house have indoor plumbing? _____
5. Does your house have a kitchen? _____
6. How much is your monthly income? _____
7. How much rent do you pay? _____
8. How much are your monthly utility bills (including electricity, gas, sewer and water)? _____
9. Will you require an ADA/504 Accessible Unit? YES _____ NO _____



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ATTACHMENT 3

APPLICANT / TENANT CERTIFICATION

APPLICANT(S)'S / TENANT(S)'S STATEMENT

I/We certify that the information given to the Robstown Housing Agency on household composition, income, net family assets, and allowance deductions is accurate and complete to the best of my knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Date: _____

Head of Household Signature: _____

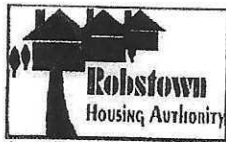
Other Signature: _____

Other Signature: _____

Other Signature: _____

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hotline at 800-424-8590. (Within the Washington D.C. Metropolitan Area, call 426-3500.)

* After verification by this Housing Agency, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 (Tenant Data Summary), a computer generated facsimile of the form or on magnetic tape. See the Federal Privacy Act Statement for more information about its use.



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ATTACHMENT 5
FEDERAL PRIVACY ACT STATEMENT

The U. S. Department of Housing and Urban Development (HUD) collects information on tenants in HUD-assisted rental housing. The U.S. Privacy Act of 1974 established requirements governing HUD's use and disclosure of the information it collects on individuals and families.

Public Housing Agencies (PHA's) operating such housing send HUD information on their tenants' income, family composition, rent, etc. This information was already given by the tenants to the PHAs when applying or being re-examined. It is transferred to HUD forms used for data collection. The forms may be sent to a contractor who key punches the information in preparation for processing by HUD computers.

USE: HUD uses the information for budget development, program evaluation and planning, and reports to the President and Congress. HUD also uses the information to monitor compliance with Federal requirements on eligibility and rent and to verify the accuracy and completeness of income information.

PUBLIC ACCESS: Summaries of tenant data are available to the public. Disclosure of information about individuals and families is restricted by the Privacy Act of 1974. Such information relevant to eligibility and rent determinations and when applicable to other civil, criminal, or regulatory matters.

The Privacy Act restricts HUD's disclosure of information on individuals and families but does not restrict the PHA from releasing such information. There may be State and Local laws or regulations that govern disclosure by the public housing agency.

INFORMATION REQUIREMENTS: Giving your Social Security number to HUD or the PHA is voluntary. Failure to give it does not effect your eligibility or the amount of your payment. HUD uses the Social Security number as an identifier in computer-matching to check the eligibility and rent determinations made by the PHA.

The other information must be provided to HUD so that it can carry out its monitoring and data collection responsibilities. Failure to do so may result in eviction or the withdrawal of housing assistance (depending on the housing program).

AUTHORITY: HUD is permitted to ask for the information by the U.S. Housing Act of 1937 as amended, 42 U.S.C., 1437 et. Seq., the Housing and Community Development Act of 1981, Public Law 97-35, 85 Stat., 348, 408.

SIGNATURE:

I have read this Federal Privacy Act Statement on this date: _____.

Head of Household Signature: _____

Other Signature: _____

Other Signature: _____

Other Signature: _____

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hotline at 1-800-424-8590. (Within the Washington D.C. Metropolitan Area, call 426-3500)

AUTHORIZATION

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)
U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

PHA or IHA requesting release of information (full address, name of contact person, and date):

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD, and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n. This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- Public Housing
- Housing Choice Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD’s assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant’s eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

Signatures:

Head of Household		Date	
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Advisory. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). Purpose: This form authorizes HUD and the above-named HA to request income information to verify your household’s income in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent: HUD and the HA (or any employee of HUD or the HA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

DPS Computerized Criminal History (CCH) Verification Form

Section 1: Applicant must acknowledge the information in Section 1. Signature & date required.

Applicant Name (Print):

I acknowledge that a Computerized Criminal History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411, Subchapter F <https://statutes.capitol.texas.gov/>.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is **not** allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process, I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online [Crime Records General Information | Department of Public Safety \(texas.gov\)](#) Review of Personal Criminal History or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me. **Acknowledge by signing below.**

Applicant Signature:	Date:
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Section 2: Agency use only. Must be completed by authorized personnel conducting search.

Agency Name:

Authorized User:

Signature of Authorized User:

Date of Name-Based CCH Search:

Section 3: Agency use only. CHRI Name Based Tracking information. Check all that apply.

Purpose for CHRI Search.	<input type="checkbox"/> Applicant <input type="checkbox"/> Volunteer <input type="checkbox"/> Contractor <input type="checkbox"/> Other:
Is any part of the Criminal History Record Information (CHRI) stored by agency?	Reminder: DPS does not recommend storing any part of CHRI. <input type="checkbox"/> NO, CHRI is not stored by agency. <input type="checkbox"/> YES, CHRI is stored by agency.
CHRI Retention Period	<input type="checkbox"/> Temporarily Only <input type="checkbox"/> Annual <input type="checkbox"/> None Stored/Saved <input type="checkbox"/> Other:
CHRI Storage Method	<input type="checkbox"/> Physical/Printed (paper copy) <input type="checkbox"/> Digital/Electronic (saved anywhere on device/computer)
CHRI Retention Purpose	Explain:
Date CHRI Destroyed	
Destruction Method	Explain:

[CHRI + Audit Resources Link](#)



625 W. Ave. F. • Robstown, Texas 78380 • (361) 387-4525 • Fax: (361) 387-5913

HOUSING AUTHORITY OF THE CITY OF ROBSTOWN, TEXAS

**REQUEST TO NUECES COUNTY SHERIFF'S DEPARTMENT FOR
CRIMINAL HISTORY INFORMATION UNDER OPEN RECORDS ACT**

**TO: NUECES COUNTY SHERIFF'S DEPARTMENT
Identification Section
901 Leopard
Corpus Christi, Texas 78401**

I/we want to request a copy of my/our criminal history record, if any, that are in the files of the Nueces County Sheriff's Department. I/we understand that such records will include arrests and convictions for misdemeanors and/or felonies (if any) as well as any probation or paroles. My/our name and other relevant information is provided below.

FOR THE HEAD OF HOUSEHOLD	FOR THE SPOUSE/CO-HEAD OR ANYONE OVER THE AGE OF 18
Printed Name	Printed Name
Date of Birth	Date of Birth
Social Security No.	Social Security No.
Texas Driver's License or ID#	Texas Driver's License or ID#
Authorizing Signature	Authorizing Signature
Date	Date

This authorization is good for 12 months from the date of signature.

This request is being made pursuant to section 552. 023 of the Texas Government Code (Texas Open Records Act) which grants all citizens a special right of access to confidential information on themselves in state government files.

Please release my/our complete criminal history record, if any to:

**ROBSTOWN HOUSING AUTHORITY
Attn: Low Rent Manager
625 W. Ave F.
Robstown, Texas 78380**

HOUSING AUTHORITY OF THE CITY OF ROBSTOWN, TEXAS

**REQUEST TO PULL CLIENTS SEX OFFENDER REPORT VIA
THE DRU SJODIN NATIONAL SEX OFFENDER PUBLIC WEBSITE
UNDER THE OPEN RECORDS ACT**

I authorize the Robstown Housing Authority to secure my sex offender record, if any, that may or may not be on file via the **Dru Sjodin National Sex Offender Public Website**. I understand that such record will include arrests and convictions as well as any probation or paroles. My name and other relevant information is provided below.

FOR THE HEAD OF HOUSEHOLD	FOR THE SPOUSE/CO-HEAD OR ANYONE OVER THE AGE OF 18
Printed Name	Printed Name
Date of Birth	Date of Birth
Social Security #	Social Security #
Tx Driver's License or ID#	Tx Driver's License or ID#
Authorizing Signature	Authorizing Signature
Date	Date

The authorization is good for 12 months from the date of signature.

This request is being made pursuant to section 552.023 of the Texas Government Code (Texas Open Records Act) which grants all citizens a special right of access to confidential information on themselves in state government files.

Please proceed and secure my sex offender report and keep it on file with the:

**ROBSTOWN HOUSING AUTHORITY
625 W. Ave. F.
Robstown, Texas 78380**

The Robstown Housing Authority does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.



625 W. Ave. F. – Robstown, Texas – (361) 387-4525 – Fax (361) 387-5913

APPLICATION FOR HOUSING

1. Applicant's Name: _____ Phone: _____
Date of Birth: _____ Sex: _____

2. Present Address: _____ Phone: _____

3. Residence for the past three years:

Address	Landlord	LL/Address	Phone	From/To

4. Marital Status (Check One) Single _____ Married _____ Divorced _____
Widowed _____ Separated _____

5. Social Security #: _____ Drivers License #: _____
State: _____

6. Type of License: _____

7. Employer: _____ Address: _____

8. Kind of Work: _____ How Long: _____

9. Phone at Work: _____ Monthly Income: _____

10. Spouse's Maiden Name: _____
Date Of Birth: _____

11. Spouse's Social Security #: _____
Driver's License #: _____

12. List Name, Age, Relationship of all persons to be occupying the premises:

Name	Relationship	DOB	Sex	Social Security #

13. List all vehicles to be parked on the premises by applicant, spouse or children
(Cars, Trucks, Recreational Vehicles, Motorcycles, Trailers, Etc.)

Model	Make	Lic. Plate #	Year

14. Name of Bank: _____ City: _____
Account Number: _____

15. Retail Credit Reference: _____ City: _____

16. Active Credit Reference: _____ City: _____

17. Reason for Leaving Present Residence: _____
18. Have you or your spouse ever been Evicted?: _____
Why: _____
19. Have you or your spouse ever broken a rental agreement or lease contract?: _____
20. Have you or your spouse ever been sued for non-payment of rent or damage to rental property?: _____
21. Have you or your spouse ever been convicted of a felony?: _____

In case of Emergency Notify: _____

Work Phone: _____

Home Phone: _____

Street Address: _____

City/State: _____

Relationship: _____

Other Information: _____

22. Relatives:

Name	Address	Phone #	Relationship

23. Friends:

Name	Address	Phone #

24. Employment History:

1. Name: _____ Address: _____ Phone: _____

Employment Date From: _____ To: _____

Reason for Leaving: _____

2. Name: _____ Address: _____ Phone: _____

Employment Date From: _____ To: _____

Reason for Leaving: _____

3. Name: _____ Address: _____ Phone: _____

Employment Date From: _____ To: _____

Reason for Leaving: _____

25. Have you ever been in Public Housing before? Yes _____ No _____ Section 8 _____
Where: _____

26. Have you every applied for Housing Assistance before? Yes _____ No _____
Section 8 _____ Where: _____

27. Church Preference: _____ Family Physician: _____

~~Print name of person who will occupy the premises~~

Warning: Section 1001 of Title 18 of the United States Code makes it a criminal offense to make willfully false statements or misrepresentation of any department or agency of the United States as to any matter within its jurisdiction. In addition, If you give false information or fail to report any income, you may have to pay back part or all the money paid by the government on your behalf as well as standing a chance of losing your home.

Applicant Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

For Office Use Only:

Application Taken By: _____ Date: _____ Time: _____