

Resident Selection Criteria Plan
Figueroa Square Apartment Community
303 West Avenue J.
Robstown, Texas 78380

Figueroa Square Apartments does not discriminate on the basis of age, race, color, creed, religion, sex, national origin, handicap or familial status.

Any applicant or resident who thinks their rights have been violated under the Fair housing laws should contact the HUD Regional Office:

Attention: Fair Housing & Equal Opportunity
Hipolito Garcia Post Office & Courthouse
615 E. Houston Street, Suite 347
San Antonio, TX 78205
Call Toll Free 1-800-424-8590

This property houses 6 elderly households.

Management will accept applications from all interested persons during normal business hours, unless notice is posted indicating otherwise. Applications will be accepted at the Administrative Office located at 625 W. Ave. F., Robstown, Texas 78380, Monday thru Friday, 8 AM to 4 PM.

Written application on property prescribed forms must be completed in detail, dated and signed, in order to be considered for the processing and admission/placement on waiting list.

Should the applicant be personally unable to complete the application form, the applicant shall be present to provide information to someone assisting in the completion of the application. The applicant and person assisting the applicant must provide identification (driver's license or other type of picture ID). The applicant may take the application, complete it and return it in person at applicant's convenience or mail it to the management office. The application will not be officially timed and dated for waiting list until the application is returned and has been checked for completeness.

Applicants placed on the waiting list should contact the management office every 180 days to renew and/or update their application and demonstrate desire for residency.

- 1) Management will review application information to tentatively determine eligibility. Should the application indicate that applicant(s) is/are ineligible for the program(s) administered at this project under guidelines set forth in HUD Handbook 4350.3 (i.e. overqualified, not of eligible age, etc.) management will formally notify applicant(s) in writing

Management will conduct an initial screening with applicants to:

- 1) Review application information with applicants
- 2) Answer questions from applicants
- 3) Explain the waiting list procedures and program requirements
- 4) Estimate time on waiting list for the applicable program

As part of the screening process, Management will screen applicants and residents by utilizing the Nueces County Sheriff's Department to obtain criminal history reports.

As part of the screening process, Management will screen applicants and residents by utilizing the U. S. Department of Justice' National Sex Offender Public Website (NSOPW) to access nationwide sex offender data.

Family size must be appropriate for an available unit, which meets HUD's requirements and policy on Occupancy Limits. Should an appropriate unit not be available, the applicant will be placed on a waiting list for the required unit size. Occupancy standards specify the minimum and maximum number of household members who will be permitted to occupy dwelling units of various sizes, depending on family size, composition and extenuating circumstances, such as the ages and disabilities of household members.

Subject to the guidelines listed below, the number of persons occupying dwelling units of various sizes (number of bedrooms) will be as follows:

<u>No. of Bedrooms</u>	<u>Min. No. of Persons</u>	<u>Max. No. of Persons</u>
1	1	2
2	2	4
3	3	6
4	4	8

Factors, which affect the position on the Waiting List, are:

- 1) This property will admit only extremely low-income families until the 40% target ratio is met
- 2) In chronological order, the owner will select eligible applicants from the waiting list whose incomes are at or below the extremely low-income limit to fill the first 40% of expected vacancies in the property. Once this target has been reached, the owner will admit applicants in waiting list order.
- 3) Date applied and time of application
- 4) Bedroom unit size
- 5) Number in household members
- 6) Date and unit number offered; if not accepted, state reason given
- 7) Reason(s) for moving applicant to an inactive status
- 8) In-House Transfers

Once a unit is offered to an applicant(s), the applicant(s) will have three (3) calendar days to accept the unit and make reasonable arrangements with management to pay the required security deposit and set a move in date. Should the three-day grace period end on a weekend, an extension will be granted until the close of the next business day. Failure of the applicant(s) to contact management with an answer during the grace period will constitute rejections of the offer.

An applicant may reject an apartment when offered without being moved from their place on the waiting list in case of hardship (lack of funds for deposit or rent is not a hardship.) Applicant(s) should provide clear written evidence of the conditions preventing the move. Should the applicant(s) reject a unit in the absence of a hardship or fail to move into an accepted unit on a schedule move-in date in the absence of a hardship, applicant(s) will be placed at the bottom of the waiting list.

Any household member who was evicted in the last three years from federally assisted housing for drug-related criminal activity will be denied.

A household in which any member is currently engaged in illegal use of drugs or for which the owner has reasonable cause to believe that a member's illegal use or pattern of illegal use of a drug may interfere with the health, safety, and right to peaceful enjoyment of the property by other residents will be denied.

Applicant(s) may be denied for one or more of the following reasons:

- 1) The apartment community does not have the size unit to accommodate the family composition
- 2) Incomplete application/application not signed
- 3) Falsification of application
- 4) Applicant is required to disclose and provide verification of SSNs for all household members, and must do so within 90 days of being offered a unit. The owner/agent has the discretion to allow 1 additional 90 day period if the tenant has made timely attempts to obtain the verification.
- 5) Failure to meet eligibility requirements set by HUD
 - a) Over income;
- 6) Poor rental history including, but not limited to, non-payment of rent, failure to cooperate with applicable recertification procedures violation of house rules, violation of lease, history of disruptive behavior and/ or housekeeping habits.
- 7) Documented criminal record for the last three (3) years, including **DRUG-RELATED** criminal activity to include illegal manufacture, sale, distribution, use or possession with intent to manufacture, sell, distribute or use of controlled substance, management will consider evidence of rehabilitation. **SEX OFFENDERS WILL AUTOMATICALLY BE DENIED HOUSING.**
- 8) Failure to meet resident selection criteria

- 9) Applicants must update their applications every (6) months with current information. Any applicant that fails to supply the requested update information within 7 days from original owner request will be automatically purged from the active waiting list. Failure to update application at the required interval or failure to respond to program oriented management requests; the required interval for applicants to contact management of their continued interest in occupancy at this community is every six (6) months
- 10) Unable to contact Applicant(s) due to change in telephone number/address (failure to update application)
- 11) Any action or conduct by Applicant or Applicant's Family, which would indicate that they would interfere with Management or not follow rules and regulations as residents
- 12) Any household member's behavior, from abuse or pattern of abuse of alcohol, may interfere with the health, safety, and right to peaceful enjoyment of the property by other residents

. All applicants whose application is rejected will receive notification of the rejection in writing and the reasons for the denial of the application stated. The applicant will be allotted 14 days to dispute the rejection.

. The owner may consider extenuating circumstances in the screening process and while evaluating information obtained during this process to assist in determining the acceptability of an applicant for tenancy, provided such considerations are consistent and not discriminatory.

. The household includes family members who did not declare citizenship or non-citizenship status, or sign a statement electing not to contend noncitizen status.

Applicants will be screened and those who meet the screening criteria will be considered for housing. Those applicants:

- 1) Whose annual income falls below the low-income limits
- 2) Whose application contains accurate information, completed, date and signed the application form
- 3) Whose past performance in meeting financial obligations was satisfactory
- 4) Who has no criminal history in the last three (3) years involving crimes of physical violence to persons or property or other criminal acts which may adversely affect the health, safety, or welfare of themselves, other residents or the viability of the apartment complex. This includes, but is not limited to, possessions, sale or use of illegal substances. Management will consider evidence of rehabilitation.
- 5) **WHO HAS NO HISTORY OF SEXUAL OFFENSES.**

- 6) Whose living and housekeeping habits will not adversely affect other residents or the property
- 7) Who contacts management at the required interval to demonstrate continuing desire for residency

Student Eligibility for Section 8 Assistance:

1. Owners must determine a student's eligibility for Section 8 assistance at move-in, annual recertification (when an in-place tenant begins receiving Section 8), and at the time of an interim recertification if one of the family composition changes reported is that a household member is enrolled as a student.
2. Section 8 assistance shall not be provided to any individual who:
 - a. Is enrolled as either a part-time or full-time student at an institution of higher education for the purpose of obtaining a degree; certificate, or other program leading to a recognized educational credential;
 - b. Is under the age of 24;
 - c. Is not married;
 - d. Is not a veteran of the United States Military;
 - e. Does not have a dependent child;
 - f. Is not a person with disabilities, as such term is defined in 3(b) (3) (E) of the United States Housing Act of 1937 (42 U.S.C. 1437a (b)(3)(E) and was not receiving section 8 assistance as of November 30, 2005.
 - g. Is not living with his or her parents who are receiving Section 8 assistance; and
 - h. Is not individually eligible to receive Section 8 assistance and has parents (the parents individually or jointly) who are not income eligible to receive Section 8 assistance.
3. For a student to be eligible independent of his or her parents, the student must demonstrate the absence of, or his or her independence from parents. While owners may use additional criteria for determining the students independence from parents, owners must use and the student must meet, at a minimum all of the following criteria to be eligible for Section 8 assistance. The student must:
 - a. Be of legal contract age under state law;
 - b. Have established a household separate from parents or legal guardians for at least one year prior to application

- for occupancy, or, meet the U. S. Department of Education's definition of an independent student.
- c. Not be claimed as a dependent by parents or legal guardians pursuant to IRS regulations; and
- d. Obtain a certification of the amount of financial assistance that will be provided by parents, signed by the individual providing the support. This certification is required even if no assistance will be provided.

Section 8 assistance shall be provided when a student is classified as Vulnerable Youth:

- A student meets HUD's definition of a vulnerable youth when:
 - The individual is an orphan, in foster care, or a ward of the court or was an orphan, in foster care, or a ward of the court at any time when the individual was 13 years of age or older;
 - The individual is, or was immediately prior to attaining the age of majority, an emancipated minor or in legal guardianship as determined by a court of competent jurisdiction in the individual's State of legal residence.
 - The individual has been verified during the school year in which the application is submitted as either an unaccompanied youth who is a homeless child or youth (as such terms are defined in section 725 of the McKinney-Vento Homeless Assistance Act) (42 U. S. C. 11431 et seq.), or as unaccompanied, at risk of homelessness, and self-supporting, by
 - A local educational agency homeless liaison, designated pursuant to the McKinney-Vento Homeless Assistance Act;
 - The director of a program funded under the Runaway and Homeless Youth Act or a designee of the director;
 - The director of a program funded under subtitle B of title IV of the McKinney-Vento Homeless Assistance Act (relating to emergency shelter grants) or a designee of the director, or
 - A financial aid administrator; or
 - The individual is a student for whom a financial aid administrator makes a documented determination of independence by reason of other unusual circumstances.
 - If an ineligible student applies for or is a member of an existing household receiving Section 8 assistance, the assistance for the household will not be prorated but will be terminated.

SSN Disclosure and Verification:

There are two exemptions related to the SSN Disclosure and Verification process.

1. Individuals who do not contend eligible immigration status;
2. Participant's age 62 or older as of January 31, 2010, whose initial determination of eligibility was begun before January 31, 2010.

Only U.S. Citizens or eligible non-citizens may receive assistance. This means that at least one family member must be able to provide proof of citizenship or eligible non-citizen status. If some family members are not able to provide proof of citizenship, assistance will be prorated accordingly, based on the number of confirmed eligible family members. Applicants not claiming citizen/eligible immigrant status are exempt from the requirement to disclose/verify their SSN.

Tenant Selection will be as follows:

(Handicapped) Applicants with a physical impairment requiring a unit which has been modified to accommodate their specific needs will be given priority only for those accessible units as they become available.

Applicants will be selected:

- 1) If not more than 40% of the assisted units that have become available in each year has been leased to families whose income do not exceed 30% of the area median income (extremely low-income) at the time of admission the next application meeting this qualification will be selected. If *not* then:
- 2) The skipped applicant will be next in line for housing. If *not* then:
- 3) In chronological order using the Date and Time Application was received, with the oldest applications being offered units first.

Security Deposit Policy:

The landlord will hold the security deposit for the period the tenant occupies the unit. After the tenant moves from the unit, the landlord will determine whether the tenant is eligible for a refund of any or all of the security deposit. The amount of the refund will be determined in accordance with the conditions and procedures outlined in the lease.

Minimum Rent:

The owners must charge households a minimum rent of \$25.00. If a Utility Allowance is available to residents, the \$25.00 may result in the household not paying this minimum amount of rent. Owners must waive this minimum monthly rent requirement to any family unable to pay due to financial hardships. The financial hardship exemption constitutes the only statutory exemption and includes these hardship situations.

Hardships Exceptions:

- 1) The family has lost Federal, State or Local government assistance or is waiting for eligibility determination (including legal immigrants);
- 2) The family would be evicted if the minimum rent requirement was imposed;
- 3) The family whose income has decreased due to a change in circumstances, including, but not limited to, loss of employment;
- 4) A death in the family has occurred;
- 5) Other situations as may be determined by the Owner of HUD

Existing resident transfers will be selected before applicants:

Management will maintain a list by bedroom size of that resident(s) needing transfers. Resident's name shall be placed on this list on the day management becomes aware of the needed change. Families under housed shall be given preference over families over housed in the transfer process.

Current residents needing special consideration; individual who is 62 years or older and/or individual who has a physical or mental impairment; or is regarded as having such impairment, will be accommodated before over and under housed residents. Any decision not to transfer a resident(s) will be documented.

Additionally, the following conditions prevail:

- 1) Applicant is required to disclose and provide verification of SSNs for all household members, and must do so within 90 days of being offered a unit. The owner/agent has the discretion to allow 1 additional 90-day period if the tenant has made timely attempts to obtain the verification.
- 2) Persons under the age of 6 in *applicant households* that were added to the applicant household within the 6 months of the date of admission. The family must disclose and provide verification of the SSN within 90 days of the date of admission. An additional 90-day extension must be granted if delays are due to circumstances beyond the family's control.
- 3) When adding a new household member who is under the age of six to an *existing household*, the tenant must disclose and provide verification of the SSN of the individual to be added within 90 days of adding the new member. An additional 90-day extension must be granted if delays are due to circumstances beyond the family's control.
 - a. The applicant may retain his/her place on the waiting list for the 90-day period during which the applicant is trying to obtain documentation.
 - b. After 90 days, if the applicant has not obtained the documentation, the applicant will be determined ineligible and removed from the waiting list.

- c. The applicant is unable to submit the required documentation within the first 90-day period.
- 3) Provide a birth certificate or legal guardianship document for all household members under the age of (18) eighteen years old
 - 4) Picture ID on all household members who are eighteen (18) years of age or older
 - 5) Current employment and all other income or lack of income will be verified
 - 6) Criminal history on all household members who are eighteen (18) years of age or older will be reviewed
 - 7) **WILL NOT LEASE TO SEX OFFENDERS**
 - 8) An interview will be conducted to assure all requirements are met
 - 9) Upon receipt of all information, eligibility will be determined
 - 10) An orientation session involving all members of the household may be required before occupancy

Preference/Priorities:

The owner of this property does not recognize federal preferences. However, marketing and outreach will include special efforts to attract applicants who are least likely to apply, applicants with incomes below the extremely low-income limit, and applicants with incomes below the very low-income limit. Should the property fall below the required 40% level for extremely low income applicants, higher income applicants may be skipped in order to reach the 40% requirement. This is the only priority consideration that will be used by Figueroa Square and will only be used if the current ratio falls below 40%. If the property does have 40% of the new move-ins that fall within the extremely low income level, applicants will be selected from the waiting list on a first-come, first-serve basis based on application date and time. Transfer requests from other RHA properties and Figueroa Square Apartments on Ruben Chavez Road have priority over wait list applicants.

Additional Information:

The waiting list will remain open until such time that an announcement stating otherwise is posted at the leasing office. Should the applicant pool exceed the number of applicants that may be housed within a 1-year time period, the management may opt to close the list for a specific period of time. This date and period of closure must be stated within the closure notice posted in the leasing office. Management will announce the waiting list closure and the reasons for said closure by way of newspaper advertisement in a newspaper of general circulation. The announcement will include the closure date. The announcement will be posted at the leasing office. Management will announce the waiting list opening using this same method and include day and time applications will be accepted.

Subsidized residents that live at this property are subject to annual and or special unit inspections. Residents are also obligated to visit the office at scheduled times of the year in order to facilitate annual recertification's to be performed as required by this HUD program. In accordance with the language contained within the lease, residents whose

income or family composition changes between annual recertifications are required to notify management of these changes immediately. Residents of this property are required to follow all lease requirements as well as published community policies and rules.

Management will adhere to the Violence against Women Act and the Department of Justice Reauthorization Act of 2005 (VAWA). The following factors will be the means of which Management will comply to VAWA. See attachment (A)

1. The Landlord may not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse.
2. The Landlord may not consider criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse.
3. The Landlord may request in writing that the victim, or a family member on the victim's behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

Management will adhere to HUD's mandated use of the EIV System in accordance with 24 CFR 5.233. New regulatory provision requires all PHA's to use EIV as a 3rd party source to verify employment and income during all mandatory interim and reexams.

PHA's will utilize all the EIV features to reduce administrative and subsidy payment errors. The "Existing Tenant Search" function reports will be used to determine if any applicants are currently residing at another Multifamily Housing or Public and Indian Housing (PIH) location at the time of application processing whereby they could be receiving rental assistance. Proper steps will be taken to address the discrepancy. The PHA will follow up with the respective PHA to confirm the individual's program status before admission. RHA will pull on a quarterly basis the "Identity Report", the "New Hire Report", the "Deceased Tenant Report" and the "Multiple Subsidy Report".

Authorization for Release of Information Signatures:

The head of household, spouse, co-head, and all other adult members must sign Forms HUD-9887/9887A Authorization for Release of Information prior to acceptance and for each annual recertification. The unit applied for must be the family's sole place of residence. The applicant must agree to pay the program required rent.

Should any information contained within the Property Tenant Selection Plan, be modified in any way, each pending applicant will be notified of this change in writing. This Tenant Selection Plan is available to the public.

Figueroa Square Apartments adheres to all federal, state and local fair housing and equal housing opportunity laws.

Complaints alleging violations of these requirements can be referred to the United States Department of Housing and Urban Development, address located on page one of this Resident Selection Criteria Plan.

Applicant

Date

Co-Applicant

Date

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.

Revised & Approved: 06-2019



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 Agency (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 PHA's when applying or begin 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 public. Disclosure of information about individuals and families is restricted by the Privacy Act of 1974. Such information is released to appropriate Federal, State or Local agencies to verify 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 regulation that governs 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 affect 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 determination 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.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 _____, 20_____.

Signature of Head of Household

Date

Signature of Spouse

Date

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

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

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

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, it any to:

ROBSTOWN HOUSING AUTHORITY
ATTN: Section 8 Multifamily Housing Program Manager
625 W. Ave. F.
Robstown, Texas 78380

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MFH/S8NC ☐

1 BDRM ☐

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

PROVIDE YOUR COMPLETE ADDRESS AND PHONE NUMBER. IF YOU DO NOT HAVE A PHONE, PROVIDE A NUMBER WHERE RHA CAN LEAVE A MESSAGE FOR YOU.

AN INCOMPLETE APPLICATION WILL NOT BE PROCESSED!

PREFERENCE QUESTIONS:

1. Why are you applying for housing? _____
2. How many people reside in your house? _____
3. How many bedrooms does your residence have? _____
4. Does your house have indoor plumbing? ☐Yes ☐No
5. Does your house have a kitchen? ☐Yes ☐No
6. How much is your monthly income? \$ _____
7. How much is your monthly rent? \$ _____
8. How much are your monthly utility expenses (electric, gas, sewer, garbage and water)? \$ _____
9. Will you require an ADA504 Accessible Unit? ☐Yes ☐No

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Robstown Housing Authority
625 W. Ave. F. - Robstown, Texas 78380

APPLICATION for MULTIFAMILY HOUSING

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

This application is valid for all Multifamily (MFH) properties operated by the Robstown Housing Authority hereinafter referred to as "PHA".

To be qualified for admission to MFH housing an applicant must:

- a. Be a family as defined in PHA's Admission and Continued Occupancy policy;
- b. Document citizenship or eligible 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 documentation of Social Security numbers for all family members;
- e. Meet or exceed the Applicant Selection Criteria;
- f. Pay any money owed to PHA or any other housing authority;
- g. Not have had a lease terminated by a PHA 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.

The PHA will conduct a criminal record check on all adult applicants.

The PHA will be contacting all former landlords for the period of three years from the date of application.

The applicant has the option and may choose **NOT** to disclose the following:

Their gender; Their marital status; The SSN of a household member that does not contend eligible immigration status.

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).

Each applicant who meets the above qualifications will receive one unit of the size and type needed. If the applicant accepts the offer, the applicant will be offered a lease. If the applicant refuses the offer without good cause, the application will be withdrawn from the waiting list and the applicant will not be permitted to reapply for 12 months.

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

The Housing Authority is an Equal Housing Provider

APPLICATION for MULTIFAMILY OWNED HOUSING

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 _____
4. Are you seeking housing due to a Presidentially Declared Disaster? ☐Yes ☐No If yes, why? _____

Family Information

5. 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

6. 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

7. Do you have any specific custody arrangements of any children in the household? ☐Yes ☐No Specify: ☐Full ☐Joint
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: _____
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. How did you hear about our property? ☐Friend ☐Family ☐Social Media ☐Signage ☐Newspaper ☐Other
12. Current Landlord's name and phone # _____
Current Landlord's Address _____
Date Family Moved to this location _____
13. Most recent former address, Street, Apt. # _____
Most recent former City, State and Zip _____
Most recent former Area Code and Phone # _____
14. Have you lived in any other States? ☐Yes ☐No If yes, list States _____

Screening

15. Have you ever been evicted from housing? ☐ Yes ☐ No If yes, why? _____
16. 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
17. If you are age 62 or older as of January 31, 2010, and **do not** have a SSN, were you receiving HUD rental assistance at another location on January 31, 2010? ☐ Yes ☐ No If yes, please describe _____
18. Is anyone in your household subject to a lifetime sex offender registration in any State? ☐ Yes ☐ No If yes, please describe _____
19. 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: _____
20. Is anyone in your household currently on parole or probation? ☐ Yes ☐ No If yes, please explain: _____

Qualifying for Deductions in Calculating Rent

21. Is the head of household or spouse age 62 or older or a person with a disability? ☐ Yes ☐ No
22. 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 expenses:
Type of expense: _____
23. 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: _____
24. 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: _____
25. 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 family member: _____
26. Driver's License or State ID #: Applicant: _____ Co-applicant: _____ Automobile: Year: _____
Make: _____ Model: _____ License Plate #: _____
27. Do you want an apartment at an all elderly development? ☐ Yes ☐ No (Head or spouse over 62)

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.

For office use only:

Application accepted by: _____ Date: _____ Time: _____

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.