

THIS SECTION FOR OFFICE USE ONLY

Date: _____

Received By: _____

Time: _____

Bedroom Size: _____

ELIGIBILITY APPLICATION FOR PUBLIC HOUSING

Gonzales Housing Authority
410 Village Drive
Gonzales, Texas 78629
(830) 672-3419

We will provide assistance to individuals with a handicap or disability to insure equal access to this document. If you require assistance or help in understand this document we will provide assistance. You must notify this office to arrange for assistance.

THIS FORM MUST BE COMPLETED IN FULL AND SIGNED BY ALL PERSONS AGE 18 AND OVER. Failure of the applicant or participant to sign this application constitutes grounds for denial of eligibility or termination of assistance or tenancy.

Complete this form in your own handwriting in ink. Use the correct legal name for each person who will reside in the apartment as it appears on the Social Security card or other legal forms of identification. All persons age 18 and over must sign this application certifying the information pertaining to them is correct. Do not leave blank any section of the application. If that section does not apply to you, write N/A.

APPLICANT INFORMATION:

Legal Name of Head of Household: _____

Marital Status:
Married [] Single [] Widowed [] Separated [] Divorced [] County/State of Divorce _____

Present Street Address: _____ How Long? _____

Mailing Address: _____ Home Phone: _____

Previous Address: _____ Work Telephone: _____

Type of Legal Identification: _____ Driver's License Number: _____

In an emergency who can we contact locally? _____

Address: _____ Phone: _____ Relation: _____

HOUSEHOLD COMPOSITION:

Race of Head of Household (check one)

- White
- Black/African American
- American Indian/Alaskan Native
- Asian
- Native Hawaiian/Other pacific Islander

Ethnicity (check one)

- Hispanic or Latino
- Not Hispanic or Latino

Adults (age 18 & over)			Relation	Sex	Social Security	Elderly/	Date of	Place of
Last,	First	MI	to Head	M/F	Number	Disabled	Birth	Birth

Children (under age 18) Last, First MI	Sex M/F	Social Security Number	Date of Birth	Place of Birth	Name & Address of Absent Parent (not living with child)

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, specify requirements: _____

PROGRAM INTEGRITY INFORMATION

Have you or any household member ever lived in public housing or received housing assistance? Yes _____ No _____

If yes, under whose name? _____

Where? _____ Date: From _____ to _____

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

If yes, what name? _____

Have you or any household member ever used any other name or social security number than the one used on this application? Yes _____ No _____. If yes, list: _____

Have you or any household member ever been arrested for drug or alcohol related activity, or violent criminal activity? Yes _____ No _____. If yes, give name of household member _____

Explain: _____

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 money on any type of claim to any Housing Authority in the United States where you or any household member has lived after age 18? Yes _____ No _____. If yes, where? _____ How much _____

TOTAL HOUSEHOLD INCOME:

List all money earned or received by **everyone** living in the household. This includes but is not limited to gross wages, self-employment, child support, Social Security, SSI, Worker’s Compensation, Unemployment benefits, retirement benefits, TANF, Veteran’s benefits, alimony, babysitting, rental property income. Income from banks such as interest on savings bonds, checking accounts, and CDs. Also include any regular contributions to the household from any person outside the household.

Name of Household Member Who Receives Income	Source or Type of Income (Name of Employer, Company, Absent Parent, TANF, SS, SSI, VA, Bank, Individual, etc.)	How Often? (Monthly, Weekly, Bi-weekly)	Gross Income (Cash or Check before deductions)	List any changes anticipated

Is the Head of Household or Spouse of the Head of Household in the Armed Services? _____

Does anyone help you pay bills regularly? Yes _____ No _____

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

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

If yes, explain _____

BANKING INFORMATION

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

Name of Bank	Account Number	Type	Joint / Indiv.	Balance	
				Current	6 month Avg.
				\$	\$
				\$	\$
				\$	\$
				\$	\$

ASSETS

Do any household members have or receive income from assets: (check all that apply)

- Real Estate
- Stocks/Bonds
- Insurance Settlements
- Trusts
- Pension Fund
- Company Retirement
- Certificate of Deposit
- Other: _____

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

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

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

CHILDCARE EXPENSE

Do you pay for Child Care expenses? Yes [] No []

If yes, Name of Child: _____ How much per month? _____
 Name of Child: _____ How much per month? _____
 Name of Child: _____ How much per month? _____
 Name of Child: _____ How much per month? _____

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 the next 12 months? : \$ _____

CURRENT MONTHLY EXPENSES

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 regular monthly payments besides those above? Yes [] No []

If yes, explain _____

WORK HISTORY OF ADULT MEMBERS

Family Member	From	To	Employer

ADDITIONAL PUBLIC HOUSING SUITABILITY SCREENING

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

If yes, by whom? _____ When? _____

Why? _____

List the addresses and landlord references:

- 1) _____ Did you sign a lease? Yes No
 Address you currently live at _____ City, State, Zip Code _____
 Phone _____ From _____ To _____
 Name of Landlord or Person you are living with and relationship _____ (Month/ Year) (Month/ Year)
- 2) _____ Did you sign a lease? Yes No
 Address you lived at _____ City, State, Zip Code _____
 Phone _____ From _____ To _____
 Name of Landlord or Person you are living with and relationship _____ (Month/ Year) (Month/ Year)
- 3) _____ Did you sign a lease? Yes No
 Address you lived at _____ City, State, Zip Code _____
 Phone _____ From _____ To _____
 Name of Landlord or Person you are living with and relationship _____ (Month/ Year) (Month/ Year)
- 4) _____ Did you sign a lease? Yes No
 Address you lived at _____ City, State, Zip Code _____
 Phone _____ From _____ To _____
 Name of Landlord or Person you are living with and relationship _____ (Month/ Year) (Month/ Year)
- 5) _____ Did you sign a lease? Yes No
 Address you lived at _____ City, State, Zip Code _____
 Phone _____ From _____ To _____
 Name of Landlord or Person you are living with and relationship _____ (Month/ Year) (Month/ Year)

LIST THREE CHARACTER REFERENCES

Name	Address	Phone

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

Name	Address	Phone

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

Name	Address	Phone

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

If yes, what kind? _____ Size _____ Weight _____

Do You own a vehicle(s)? Yes _____ No _____

If yes, list Make: _____ Model: _____ Color: _____ Tag # _____

Make: _____ Model: _____ Color: _____ Tag # _____

APPLICANT/TENANT CERTIFICATION

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

I/We do hereby attest that all the information* given to the Housing Authority of the City of _____ on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that I/We must report any changes in income, assets, family composition, or address to the Housing Authority with 14 days of such change. I/We further understand that false statements or information are punishable under Federal Law and are grounds for denial of this application and subsequent housing.

I/We understand that this application is valid for six (6) months unless renewed or updated by the applicant.

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

SIGNATURE OF SPOUSE OF HEAD OF HOUSEHOLD

DATE

SIGNATURE OF OTHER ADULT

DATE

*After verification by this Housing Authority, the information will be electronically submitted to the Department of Housing and Urban Development or its agent on Form HUD-50058 (Family Report). For additional information on its use, see the Right of Information/Federal Privacy Act Notice, HUD-9886.

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 or local Fair Housing hot

**Gonzales Housing Authority
CRIMINAL CHECK ACKNOWLEDGMENT**

(Applicant #1)

(Household members 16 years old and older MUST sign Criminal History Acknowledgement to authorize criminal history check.)

I, the undersigned, have been notified and do understand that the Gonzales Housing Authority, as part of the applicant screening process for assisted housing, is authorized by the Housing Opportunity Program Extension Act of 1996 to order a criminal history report on me from the Texas Department of Public Safety.

I hereby certify that the Housing Authority has reviewed with me and I understand the Authority's One Strike Policy.

(Applicant Signature)

Date

**Gonzales Housing Authority
CRIMINAL CHECK ACKNOWLEDGMENT**

(Applicant #2)

(Household members 16 years old and older MUST sign Criminal History Acknowledgement to authorize criminal history check.)

I, the undersigned, have been notified and do understand that the Gonzales Housing Authority, as part of the applicant screening process for assisted housing, is authorized by the Housing Opportunity Program Extension Act of 1996 to order a criminal history report on me from the Texas Department of Public Safety.

I hereby certify that the Housing Authority has reviewed with me and I understand the Authority's One Strike Policy.

(Applicant Signature)

Date

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

PHA requesting release of information; **(Cross out space if none)**
(Full address, name of contact person, and date)

IHA requesting release of information; **(Cross out space if none)**
(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 that you 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; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and 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 household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

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

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental 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.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years 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(I)(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 concerning unearned income (i.e., interest and dividends). 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 regarding any period(s) within the last 5 years when I have received assisted housing benefits.

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 expires 15 months after signed.

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 Act Notice. 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). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. 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, the HA and any owner (or any employee of HUD, the HA or the owner) 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, the HA or the owner responsible for the unauthorized disclosure or improper use.