

SECTION 8/PUBLIC HOUSING CHANGE FORM

DATE:

TIME:

HEAD OF HOUSEHOLD

SOCIAL SECURITY

LAST NAME

FIRST NAME

MI

CHANGE OF ADDRESS

ADDRESS

APT #

CITY

STATE

ZIP

PHONE

CHANGE OF EMPLOYMENT

MONTHLY SALARY \$

EMPLOYER'S NAME

ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

SUPERVISOR

PAID PER HR

DATE EMPLOYED

POSITION

CHANGE OF EMPLOYMENT STATUS:

NO LONGER EMPLOYED AS OF ____/____/____

CURRENTLY A FULL-TIME STUDENT

FULL-TIME STUDENT

PART-TIME STUDENT

IF SO WHERE? MCC TSTC BAYLOR OTHER: _____ (GED CLASSES NOT APPLICABLE)

CHANGE OF STUDENT STATUS:

NO LONGER A FULL-TIME STUDENT AS OF ____/____/____

PRESENT SOURCE OF INCOME

UNEMPLOYMENT \$

PENSION \$

SS \$

AFDC \$

CHILD SUPPORT \$

VETERAN \$

SSI \$

OTHER \$

CHANGE OF HOUSEHOLD COMPOSITION

INDICATED INDIVIDUAL(S) THAT YOU WOULD LIKE TO **REMOVE** FROM APPLICATION

1. NAME	SOCIAL SECURITY #	DATE OF BIRTH
2. NAME	SOCIAL SECURITY #	DATE OF BIRTH

CHANGE OF HOUSEHOLD COMPOSITION

INDICATED INDIVIDUAL(S) THAT YOU WOULD LIKE TO **ADD** TO APPLICATION

1. RELATIONSHIP TO HEAD	LAST NAME	FIRST NAME	MI
SOCIAL SECURITY #	DATE OF BIRTH	BIRTH CITY	BIRTH STATE
DISABLED OR HANDICAPPED? YES <input type="checkbox"/> NO <input type="checkbox"/>		MALE: <input type="checkbox"/> FEMALE: <input type="checkbox"/>	
ETHNIC INFORMATION (Check the on that applies) WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> INDIAN OR ALASKAN NATIVE <input type="checkbox"/>			
ASIAN/PACIFIC ISLANDER <input type="checkbox"/> HISPANIC <input type="checkbox"/> OTHER <input type="checkbox"/>			

INCOME

MONTHLY INCOME & SOURCE

EMPLOYMENT \$	UNEMPLOYMENT \$	PENSION \$
SS \$	TANF \$	CHILD SUPPORT \$
VETERAN \$	SSI \$	OTHER \$

IF EMPLOYED
EMPLOYER'S NAME ADDRESS CITY STATE ZIP

2. RELATIONSHIP TO HEAD	LAST NAME	FIRST NAME	MI
SOCIAL SECURITY #	DATE OF BIRTH	BIRTH CITY	BIRTH STATE
DISABLED OR HANDICAPPED? YES <input type="checkbox"/> NO <input type="checkbox"/>		MALE: <input type="checkbox"/> FEMALE: <input type="checkbox"/>	
ETHNIC INFORMATION (Check the on that applies) WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> INDIAN OR ALASKAN NATIVE <input type="checkbox"/>			
ASIAN/PACIFIC ISLANDER <input type="checkbox"/> HISPANIC <input type="checkbox"/> OTHER <input type="checkbox"/>			

INCOME

MONTHLY INCOME & SOURCE

EMPLOYMENT \$	UNEMPLOYMENT \$	PENSION \$
SS \$	TANF \$	CHILD SUPPORT \$
VETERAN \$	SSI \$	OTHER \$

IF EMPLOYED
EMPLOYER'S NAME ADDRESS CITY STATE ZIP

**LOCAL PREFERENCE CLAIM FORM
For Public Housing and Section 8 Applicants**

READ CAREFULLY AND CHECK ONLY THE PREFERENCES THAT APPLY TO YOU.

- **VETERAN'S PREFERENCE:**
The head of household and/or spouse is currently a member of the Armed Forces, or the head of the household and/or spouse has an honorable discharge from the Armed Forces.

In the case of a divorce or legal separation, the head of the household or former spouse must provide the Waco Housing Authority with documentation that the head or spouse has rights to benefits; there is no right to the veteran's preference.

- **EMPLOYMENT PREFERENCE:**
Families whose head of household or spouse is employed.

Families whose head of household or spouse has been given a bona fide offer of employment.

This preference does not require a minimum of income, but the family's annual income cannot exceed current very low income guidelines by HUD. Must have a minimum of 20 working hours a week for Section 8 and 24 hours a week for Public Housing

No minimum length of time is required for the head or spouse to be employed. After move-in the employment must continue for six months or longer.

- **ELDERLY:**
Head of Household or Spouse is 62 years of age or older.

- **DISABLED AND HANDICAPPED HEAD OF HOUSEHOLD:**
This preference only applies to the Head of Household.

- **JOB TRAINING / SCHOOL PREFERENCE:**
The head of household or spouse is currently enrolled and participating in a job-training program that prepares them for entering or re-entering the job market.

Families where the head of household or spouse is a graduate of a job-training program that prepared them for entering or re-entering the job market.

Head of Household is currently enrolled in educational programs working toward a degree. Must be a full-time student (twelve hours or more) or give verifiable justification for carrying a lesser number of hours.

- **DOMESTIC VIOLENCE PREFERENCE:**
Household annual income cannot exceed current income guidelines by HUD

Must be certified by the Family Abuse Center that provides shelter or counseling to victims of domestic violence.

The Housing Authority shall determine that the domestic violence occurred recently (within 1 year) or is of a continuing nature.

The applicant shall certify that the person who engaged in such violence will not reside with the family unless Housing Authority has advance written approval.

The Housing Authority may deny or terminate assistance to the family for breach of certification.

FOR PUBLIC HOUSING RESIDENTS ONLY

TARGET UP AND OUT:

For families living in Public Housing who wish to move into the private sector and receive rental assistance through the Section-8 Program, and participate in the home ownership program. Families must meet the following guidelines:

1. Families must have resided in public housing a **minimum of one year**, and **participate in the Family Self-Sufficiency Program**.
2. The family must participate in a job training program or attend an institution of higher learning or must maintain an earned income for a minimum of one year.
3. Families must be crime and drug free. This includes all persons on the lease.
4. Families must have a record of timely rent payments, for a twelve (12) month period. No balances left from month to month. Rent must be paid on or before the 5th of each month.
5. All school-age children must be attending school regularly. School verification with authorized signature.
6. Families must have established a pattern of keeping their apartment and premises clean both inside and outside with no graffiti. This includes roof, yard, stairways and porches.
7. Must be in good standing with Public Housing at time of transfer.
8. Development managers must certify that the families have met the requirements.

I understand that my application is not a determination of eligibility for assisted housing / public housing. I will not immediately be offered housing, but will be placed on a Waiting List with other applicants, who may claim and/or are entitled to LOCAL PREFERENCE. The eventual extension of housing benefits will be based upon my place on the waiting list.

Social Security Number

Applicant Signature

Date

INPUT CLERK:

DATE: