

WACO HOUSING AUTHORITY & AFFILIATES

Housing Assistance Application

Form must be completed in your own handwriting, Please Print, Use Blue or Black Ink

<p style="text-align: center; margin: 0;">Do Not Write In This Area - WHA USE ONLY</p>	NAME (HEAD OF HOUSEHOLD)		
	MAILING ADDRESS		
	CITY, STATE, ZIP		
	HOME PHONE NUMBER		
	WORK or OTHER PHONE NUMBER		
<table style="width: 100%; border: none;"> <tr> <td style="width: 20%; border: none;">Bedroom Size</td> <td style="border: none;">Application No.</td> </tr> </table>	Bedroom Size	Application No.	
Bedroom Size	Application No.		

APPLYING FOR:

() Public Housing (Kate Ross, South Terrace, Estella Maxey)

(check the program(s) that you are applying for)

If any changes occur on any of the information after your application is submitted, you will need to come to the Waco Housing Authority and fill out a change form.

ETHNIC INFORMATION: (Check the one that applies to you)

() White () Black/African American () Indian/Alaskan () Asian/Pacific () Hispanic () Other _____

HOUSEHOLD MEMBERS

List all persons who will be living in your household, beginning with head of household at #1.

No	LEGAL NAME (Must use correct legal name)	Relationship to Head of Household	Social Security Number	Occupation or School Name	Date of Birth	City & State of Birth	Age	Sex
1		HOH						
2								
3								
4								
5								
6								
7								
8								

EMERGENCY CONTACT

NAME	PHONE NUMBER(S)
ADDRESS	RELATIONSHIP

PERSONAL REFERENCES

(relatives, close friends, employers, Pastor, neighbors, etc.)

NAME	PHONE NUMBER
ADDRESS	RELATIONSHIP

NAME	PHONE NUMBER
ADDRESS	RELATIONSHIP

NAME	PHONE NUMBER
ADDRESS	RELATIONSHIP

RESIDENCE HISTORY

(List where you have lived for at least the last three years beginning with where you live now)
 (If you live with someone else that pays the rent or owns the property, list that person as your landlord)

PRESENT STREET ADDRESS	MOVE-IN DATE	CURRENT RENT
CURRENT LANDLORD NAME	CURRENT LANDLORD'S PHONE NUMBER	

PREVIOUS ADDRESS	MOVE-IN DATE	MOVE-OUT DATE	RENT
LANDLORD NAME	LANDLORD'S PHONE NUMBER		

PREVIOUS ADDRESS	MOVE-IN DATE	MOVE-OUT DATE	RENT
LANDLORD NAME	LANDLORD'S PHONE NUMBER		

INCOME

List all income of household members listed on page 1 (including benefits for children)
 (Salary, Tips, Social Security, SSI, TANF, Food Stamps, Pensions, Child Support, etc.)

FAMILY MEMBER	SOURCE OF INCOME (Job, SS, SSI, TANF, Individual, child support)	AMOUNT	HOW OFTEN (weekly, monthly, bi-monthly, etc.)

INCOME INFORMATION

(These questions apply to all household members)

	YES	NO
Has anyone in your household applied for any benefits or money which is in the process of being approved?		
Does anyone outside of your household pay for any of your bills or expenses?		
Are you entitled to () Child Support () Alimony () Maintenance?		
Do you receive () Child Support () Alimony () Maintenance?		
Does anyone in your household receive an educational scholarship or grant?		

Have you or anyone in your household ever owned a home or property?		
---	--	--

ASSETS

List all assets of all "Household Members listed on page 1. (real estate, boats, mobile homes, etc.)

ASSETS	CASH VALUE

VEHICLES

How many vehicles does the family own? _____

Owner	Make	Model	Year	Color	License #	State

BANKING INFORMATION

List banking information for all "Household Members" listed on page 1. (checking, savings, credit union shares, annuities, stocks, bonds, CD's, etc.)

Name of Financial Institution	Type of Account	Current Balance

CREDIT HISTORY

CREDITOR	PHONE NUMBER
ADDRESS	CREDIT TYPE (loan, credit card, car payment, etc.)

CREDITOR	PHONE NUMBER
ADDRESS	CREDIT TYPE (loan, credit card, car payment, etc.)

MONTHLY EXPENSES

(From preceding month)

Rent		Telephone		Medical		Credit Card	
Electric		Auto Payment		Cable		Credit Card	
Gas		Auto Insurance		Insurance		Loan	
Water		Child Care		Rentals		Other	

CHILDCARE EXPENSES

Do you pay childcare expenses? () Yes () No

If yes, list each child's name below	Amount	Per (Month, Weekly, etc.)

HANDICAPPED ASSISTANCE EXPENSES

FAMILY MEMBER(S)	Amount	Per (Month, Weekly, etc.)	Reason

MEDICAL AND UNUSUAL EXPENSES*ELDERLY FAMILIES ONLY*

	Amount	Per (Month, Weekly, etc.)
Medicare		
Other health insurance		
Regular payments on medical bills		
Regular payments for medicine		
Anticipated healthcare related expenses in the next 12 months		

AUTHORIZATIONS, REPRESENTATIONS AND CERTIFICATIONS

I/We do hereby authorize the Waco Housing Authority to release information regarding any of the following information for purposes of verifying information on my/our apartment rental application. I understand that previous or current information regarding me/us may be needed. Verifications made may include any of the groups or individuals as defined below. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participations as a qualified tenant.

Groups or Individuals that may be asked:

Past and present employers	Welfare Agencies	Veterans Administration
Support & Alimony Providers	State Unemployment	Retirement Systems
Educational Institutions	Social Security Administration	Medical & Child Care Providers
Banks & other financial Institutions	Previous Landlords (including	Criminal History
Tenant Tracker	Public Housing Agencies)	Texas Dept. of Transportation

I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance.

WARNING: Title 18, Section 1001 of the U.S. Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the United States or the Department of Housing and Urban Development.

***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 Federal Law.*

SIGNATURE

Head of Household, as listed on page 1 of this application, must sign below certifying that the information on this application is true and correct.

Signature of Head of Household _____ Date _____

Drivers License #: _____ State: _____

The back page of this application will be given to you after your application is checked over. There is important information on both sides of this page. Please initial below to show receipt of this information.

I acknowledge receipt of the notice, "Reasonable Accommodations for Applicants with Disabilities."
(Please initial, this is for page 7 of this application)

Initials _____ Date _____

I acknowledge receipt of the HUD notice, "Things You Should Know" about fraud.
(Please initial, this is for page 8 of this application)

Initials _____ Date _____

**HOUSING AUTHORITY OF THE CITY OF WACO, TEXAS
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 twelve (12) 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.
- **DISPLACEMENT:**
The household has been displaced due to a nationally declared disaster area.
- **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:

**Notice to all Applicants:
Reasonable Accommodations for Applicants with Disabilities**

The Housing Authority is a public agency that provides low rent housing to eligible families including families with children, elderly families, disabled families, and single people. PHA is not permitted to discriminate against applicants on the basis of their race, religion, sex, color, national origin, age, disability, or familial status. In addition, PHA has a legal obligation to provide “reasonable accommodations” to applicants if they or any family members have a disability. A reasonable accommodation is a structural change a PHA can make to its units or common areas, or a modification of a rule, policy, procedure, or service, that will assist an otherwise eligible applicant or resident with a disability to make effective use of a PHA’s programs. Examples of reasonable accommodations would include:

- Making alterations to a PHA unit so it could be used by a family member with a wheelchair;
- Adding or altering unit features so they may be used by a family member with a disability;
- Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing impaired member;
- Permitting a family to have a large dog to assist a family member with a disability in a PHA family development where the size of dogs is usually limited;
- Making a large type of documents, Braille documents, cassettes or reader available to an applicant with a vision impairment during the application process;
- Making a sign language interpreter available to an applicant with a hearing impairment during the interview or meetings with PHA staff;
- Permitting an outside agency or individual to assist an applicant with a disability to meet the PHA’s applicant screening criteria.

An applicant family that has a member with a disability must still be able to meet essential obligations of tenancy. They must be able to pay rent, to care for their apartment, to report required information to the Housing Authority, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you or a member of your family have a disability and think you might need or want a reasonable accommodation, you may request it at any time in the application process or at any time you need an accommodation. This is up to you. If you would prefer not to discuss your situation with the housing authority, that is your right.

Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

Purpose	This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.
Penalties for Committing Fraud	<p>The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:</p> <ul style="list-style-type: none"> ○ Evicted from your apartment or house ○ Required to repay all overpaid rental assistance you received ○ Fined up to \$10,000 ○ Imprisoned for up to 5 years ○ Prohibited from receiving future assistance <p>Your State and local governments may have other laws and penalties as well.</p>
Asking Questions	When you fill out your application, you should know what is expected of you. If you do not understand something, say so. Ask questions.
Completing The Application	When you give your answers to application questions, you must include the following information:
Income	<ul style="list-style-type: none"> ○ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.) ○ Any money you receive on behalf of your children (child support, social security for children, etc.) ○ Income from assets (interest from a savings account, credit union, or certificate of deposit - dividends from stock, etc.) ○ Earnings from second job or part time job ○ Any anticipated income (such as a bonus or pay raise you expect to receive)
Assets	<ul style="list-style-type: none"> ○ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc. that are owned by you and any adult member of your family's household who will be living with you ○ Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children
Family/household Members	<ul style="list-style-type: none"> ○ The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you
Signing the Application	<ul style="list-style-type: none"> ○ Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate. ○ When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information. ○ Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State or private agencies to verify that it is correct.
Recertifications	<p>You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:</p> <ul style="list-style-type: none"> ○ All income changes, such as pay increases and/or benefits, change or loss of job and/or benefits, etc., for all household members ○ Any move in or out of a household member ○ All assets that you or your family/household members own and any assets that were sold in the last 2 years for less than their full value
Beware of Fraud	<p>You should be aware of the following fraud schemes:</p> <ul style="list-style-type: none"> ○ Do not pay any money to file an application ○ Do not pay any money to move up on the waiting list ○ Do not pay for anything not covered by your lease ○ Get a receipt for any money you pay ○ Get a written explanation if you are required to pay any money other than rent (such as maintenance charges)
Reporting Abuse	If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline (800) 347- 3735. You can also write to: HUD-OIG HOTLINE, (GFI), 451 Seventh Street, S.W., Washington, DC. 20410.



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e. abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

I hereby acknowledge that the PHA provided me with the
Debts Owed to PHAs & Termination Notice:

Signature

Date

Printed Name