



HOUSING CHOICE VOUCHER (HCV) PROGRAM APPLICATION



ELIGIBILITY FOR ADMISSION

Eligibility Factors

To be eligible for participation, an applicant must meet Housing and Urban Development's (HUD) criteria, as well as any permissible additional criteria established by the Housing Authority (HA).

HUD eligibility criteria are as follows:

- An applicant must be considered a "family."
- An applicant family's total family income must be within the appropriate income limits.
- The applicant family must provide Social Security cards and proof of birth date for everyone in the household, as well as picture identification for anyone 18 years of age and older (Driver License or State issued identification card).
- An applicant must have at least one (1) adult member who is a U.S. citizen or eligible immigrant.

Other Criteria for Admission:

1. The family must not have violated any Family Obligations during any previous participation in the Housing Choice Voucher Program (formerly Section 8) for twelve (12) months prior to admission.
2. No family member may have committed fraud, bribery, or any other corrupt or criminal act in connection with any Federal Housing Program for twelve (12) month prior to admission.
3. The family must not have violated any requirements contained in the family's Contract of Participation in the Family Self Sufficiency Program (unless the family can show good cause).
4. The family must have paid any outstanding debt owed the HA or any other HA as a result of prior participation in any Federal Housing Program prior to admission. A family who owes the HA money may apply to the waiting list, however, the family will not be selected from the waiting list until the debt has been paid in full. The HA reserves the right, in the case of extreme hardship, to negotiate payment in accordance with its procedures. Full documentation of the hardship will be required. Under no circumstances will the debt be forgiven.
5. If the family or any family member has engaged in or threatened violent or abusive behavior toward HA personnel, the HA may deny admission at that time.
6. **Prohibited Admission:**
 - A. No member of a family is eligible if he/she is subject to lifetime registration requirements under a State sex offender registration program.
 - B. No member of a family is eligible if he/she has ever been convicted of drug-related criminal activity for manufacture or production of methamphetamine on the premises of federally assisted housing.
7. **Permissive Prohibition:**

The HA prohibits admission of a family to the program if the HA determines that any family member is currently engaged in, or has engaged in the following during the three (3) years prior to admission:

 1. Drug-related criminal activity;
 2. Violent criminal activity;
 3. Other criminal activity which may threaten the health, safety or right to a peaceful enjoyment of the premises by other residents or persons residing in their immediate vicinity; or
 4. Other criminal activity, which may threaten the health, or safety of the owner, property management staff, or persons performing a contract administration function or responsibility on behalf of the HA (including a HA employee or a HA contractor, subcontractor or agent).
 5. Abuse of Alcohol: Reasonable cause of alcohol abuse may be grounds for denial of assistance.
8. Any changes in address, family composition or income **MUST** be reported in **writing to the HA immediately**. The HA **does not** accept phone calls in place of written notices; if no contact is made in writing, the applicant will have to reapply.

Violence Against Women Act (VAWA) of 2005 Notification:

VAWA prohibits public housing agencies (PHAs) from denying public housing or a housing choice voucher assistance because an applicant has been a victim of domestic violence or stalking, provided that such person is otherwise qualified for admission/participation. VAWA also prohibits private landlords accepting housing vouchers from refusing to rent to an individual because the person is a victim.

VAWA ensures that victims of abuse in public housing or subsidized housing will not risk homelessness when they seek assistance to end a violent relationship.

The PHA or subsidized landlords can request proof that the applicant/tenant is a victim. The victim has 14 business days to provide documentation of proof.

If you are a victim of domestic violence, dating violence, or stalking and are seeking assistance, contact The Noah Project at 1-800-444-3551, 325-672-6626 or visit their website at www.noahproject.org. You may also contact the Regional Crime Victim Crisis Center through the 24/7 Victim Assistance Hotline at 325-677-7895 or visit their website at www.regionalcrime.org. In addition, the Texas crime Victim Clearinghouse can be reached at 1-800-848-4284 or www.tdcj.state.tx.

Reasonable Accommodation:

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority by phone at 325-676-6385 or by mail to Abilene Housing Authority, 534 Cypress St., Suite 200, Abilene, TX 79601.



Initial Preliminary Application

PLEASE PRINT-Accessible format available on request.

<i>Who is the Head of Household? (Legal Name)</i>			Sex:	Date Of Birth:	Social Security Number:	Age:
Last:	First:	M.I.:	<input type="checkbox"/> Male <input type="checkbox"/> Female	____/____/____	____/____/____	

Monthly Income Amount:	Income Source:
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Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian or Pacific Islander (Please make one (1) selection for Race and one (1) selection for Ethnicity.)	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
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Mailing Address:	City:	State:	Zip:
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Home Phone: ()	Work Phone: ()
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Emergency Contact:	Relationship:	Phone: ()
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Address:	City:	State:	Zip:
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Other Adults-18 years of age or older-Living in the unit

Legal Name	Sex M/F	Relationship to Head of Household	Social Security Number	DOB	Age	School/Occupation	Monthly Income
1)							
2)							
3)							
4)							

Minors Living in the Unit

Legal Name	Sex M/F	Relationship to Head of Household	Social Security Number	DOB	Age	School/Occupation	Monthly Income
1)							
2)							
3)							
4)							
5)							

Signature:	Date:
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NOTICE: You are required to notify the Housing Authority (in writing) of any change of address. If we can not contact you at the above address, your name may be removed from the waiting list and you will have to re-apply.



Program Integrity Information

1) Do you expect any adults to move in or out of your Household within the next 12 months? Yes No

2) Do you expect to add or delete any children in your Household within the next 12 months? Yes No

3) Does anyone live with you now who are not listed on this application? Yes No

4) Have you ever lived in Public or Federally Assisted Housing (i.e. Section 8) before? Yes No

If yes, When? Where? Under what name?

Who was Head of Household?

5) Have you ever used a name other than the one you are using now (including your maiden name)? Yes No

If yes, What was it?

6) Have you ever used a Social Security number other than the one you are using now? Yes No

If yes, What was it?

7) Has anyone in your Household ever been arrested/convicted for possession/use, sale, manufacture, or distribution of a controlled substance? Yes No

If yes, Who? When? What?

8) Does anyone in your Household currently use a controlled or illegal substance? Yes No

If yes, please explain.

9) Have you or any one in your household been evicted from Public or Federally Assisted Housing for drug-related or violent criminal activity within the past 5 years? Yes No

10) Have you ever violated a family obligation in a HUD-assisted housing program? Yes No

11) Do you owe any money to a Public Housing Agency or Federally Assisted Housing Program? Yes No

If yes, from when? How much?

12) Do you or your spouse or Co-Head of Household have a verifiable disability? Yes No

If yes, who?

Current Expenditures

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

Do you have any other regular monthly payments besides those listed above? Yes No

If yes, please specify:

Work History

Where was the last place of employment for all adult household members?

Member	From (year)	To (year)	Employer

I DO HEREBY CERTIFY BY SIGNING BELOW THAT ALL ANSWERS TO ALL QUESTIONS ARE TRUE AND CORRECT.

Signature of Head of Household:

Date:



Drivers License Information

Household Member	Driver's License Number	State
1)		
2)		
3)		
4)		

Vehicles: *How many vehicles do the family own?*

Owner	Make	Model	Year	Color	License #	State
1)						
2)						
3)						
4)						

Authorizations, Representations, and Certification

I do hereby authorize Abilene Housing Authority to obtain a "consumer report" as defined in the Fair Credit Reporting Act, 15 U.S.C. Sec 1681 a (d), seeking information on the creditworthiness, credit standing, credit capacity, general reputation, or mode of living of applicants.

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 U.S. 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 Texas law.

I DO HEREBY CERTIFY BY SIGNING BELOW THAT ALL ANSWERS TO ALL QUESTIONS ARE TRUE AND CORRECT.

Signature of Head of Household:	Date
Signature of Spouse/Co-Head of Household:	Date:

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



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