



325-676-6385
Fax 325-676-6375

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 total family income must be within the appropriate income limits.
- An applicant must be either a very low to low-income family.
- An applicant must furnish Social Security cards and birth certificates for everyone in the Household, as well as picture identification for anyone over 18 years of age (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 application.
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 application.
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 application. A family who owes the HA money may place their name on the waiting list by paying one half of the balance owed. The family will be required to pay the balance in full prior to final eligibility determination. No payment agreement will be made. 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;**



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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. Persons placing their names on the waiting list must update their information every six (6) months to show continued interest. 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 Regional Crime Victim Crisis Center through the 24/7 Victim Assistance Hotline at 325-677-7895 or visit their website at www.regionalcrime.org. You may also contact the Texas Crime Victim Clearinghouse at 1-800-848-4284 or www.tdcj.state.tx.



ABILENE HOUSING AUTHORITY
534 Cypress St., Suite 200
Abilene, TX 79601

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I wish to reside in (please select one): **ABILENE** or _____ County.

Initial Preliminary Application

PLEASE PRINT-Accessible format available on request.

Who is the Head of Household? (Legal Name)

Last:	First:	M.I.:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date Of Birth: ____/____/____	Social Security Number: ____/____/____	Age:
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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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Street Address:	City:	State:	Zip:
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Mailing Address: <i>If different</i>	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.



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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:** _____



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Driver License Information						
Household Member	Driver's License Number			State		
1)						
2)						
3)						
4)						
<i>Vehicles: How many vehicles do the family own?</i>						
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:		
FOR OFFICE USE ONLY:						
I DO CERTIFY THAT I HAVE REVIEWED ALL ANSWERS AND CERTIFICATIONS WITH THE APPLICANT PRIOR TO SIGNATURES.						
HA Representative Signature:				Date and Time:		