



ABILENE HOUSING AUTHORITY

PUBLIC HOUSING APPLICATION

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Dear Applicant:

The Abilene Housing Authority has adopted the use of preferences that you, as an applicant may claim. All of the preferences are listed below. If you qualify for or would like to utilize one of the preferences, please mark your selection in the appropriate box below on the application.

Preferences

- Elderly (62 years of age or older for Head-of-Household, Co-Head or Spouse)**
- Disabled (Head-of-Household, Co-Head or Spouse)**

Applicants that fail to submit this form, identifying preferences that their family qualifies for, will not be given a preference. In addition, applicants who complete this section and do not meet this qualification; will not be given the preference. Applicants must indicate which preference, or both preferences, that they qualify for.

All applicants must have birth certificates for all family members, social security cards for the entire family, proof of all household income and driver's license or state photo identification. Also, food stamp and child support printouts (whether receiving or not.)

Thank you,

Abilene Housing Authority Staff



SUITABILITY AND CREDIT HISTORY

Tenant must pass suitability and acceptable credit history for the past five (5) years.

Prior Suitability:

- Rental History:
 - Tenant prior rental history regarding paying late rent and/or care of unit, i.e. damages assessed.
 - A late payment or lack of payment for utilities etc.

As a part of the final eligibility determination, the PHA will screen each applicant household to assess their suitability as renters.

- The PHA will complete a rental history check on all applicants.
- The PHA will complete a credit check on all applicants.

BY SIGNING THIS FORM, I AGREE THAT I HAVE READ AND UNDERSTAND THE ABOVE GUIDELINES AND INFORMATION. I ALSO AGREE TO ALLOW THE PHA TO OBTAIN THE ABOVE REPORTS TO DETERMINE ELIGIBILITY AND SUITABILITY FOR THE LRPH PROGRAM.

Head of Household's Signature

Co-Head Signature

Not signing the Suitability and Credit History form may delay the eligibility process and prevent applicant(s) from placement on the LRPH waiting list.



ELIGIBILITY FOR ADMISSION

Eligibility Factors

To be eligible for participation, an applicant must meet HUD's criteria, as well as any permissible additional criteria established by the HA.

HUD eligibility criteria are:

- An applicant must be 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 one adult member to be a U.S. citizen or eligible immigrant.

Other Criteria for Admission

1. The family must not have violated any family obligations during a previous participation in the Section 8 program for one (1) year.
2. No family member may have committed fraud, bribery, or any other corrupt or criminal act in the connection with any federal housing program in the last three (3) years.
3. Family must not have violated the requirements under the family's Contract of Participation in the Family Self Sufficiency Program (**unless the family can show good cause**).
4. 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.
5. If the family **or a family member** has engaged in or threatened violent or abusive behavior toward HA personnel.
6. No family member may have engaged in drug-related criminal activity or violent criminal activity **for a period of not less than three (3) years as outlined under CFR 982.553 Crime by Family Member Denial of Admissions.**
 - A **Prohibiting admission of drug criminals**
 - 1 **The PHA must prohibit admission to the program of an applicant for three years from the date of eviction if a household member has been evicted from federally assisted housing for drug related criminal activity. However, the PHA may admit the household if they meet exception policy.**
7. **No member of a family is eligible if they are subject to a lifetime registration under a state sex offender registration program.**



8. Permissive Prohibition:

A The PHA prohibits admission of a household to the program if the PHA determines that any household member is currently engaged in, or has engaged in during a reasonable time before the 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 PHA (including a PHA employee or a PHA contractor, subcontractor or agent).

9. Prohibiting Admission of Alcohol Abusers: Three (3) or more arrest in a one (1) year period.

10. Person's placing their names on the waiting list must update every six (6) months or their names will be removed and they will have to re-apply.



Initial Preliminary Application

PLEASE PRINT - Accessible format available on request.

Who is the Head of Household? Legal Name:			Sex	SSN	DOB	Age	Monthly Income
Last	First	M.I.	<input type="checkbox"/> Male <input type="checkbox"/> Female				Income Source

Race: White Black American Indian/Alaska Native Asian or Pacific Islander Ethnicity: Hispanic Non-Hispanic

Street Address:	City:	State:	Zip:
		State:	Zip:

Mailing Address: *If different* City:

Emergency Contact Person: Relationship: Phone: ()

Address: City: State: Zip:

Other Adults-18 yrs or older-Living in the unit

Legal Name	Sex M/F	Relationship to Head of Household	SSN	DOB	Age	School/Occupation	Monthly Income
1)							
2)							

Minors Living in the Unit

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

Do you claim any of the following preferences?

<input type="checkbox"/> Elderly (62 years of age or older for Head-of-Household, Co-Head or Spouse)	<input type="checkbox"/> Disabled (Head-of Household, Co-Head, or Spouse)	Do you require any modification or accommodations in order to fully utilize unit or the program and service? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Have you or anyone in your household been evicted from Public or Assisted Housing for drug related or violent criminal activity within the past 5 years? Yes No

Signature: _____ Date: _____

NOTICE: You are required to notify the Housing Authority (in writing) of any change of Address. If we cannot 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

Do you expect anyone to move in or out of your household within the next 12 months? Yes No

Does anyone live with you now who is not listed above? Yes No

Have you ever lived in assisted housing before? Yes No

If yes, When? Where? Under what name?

Who was head of Household?

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

If yes, What was it?

Have you ever used a social security number other than the one you are using now? Yes No

If yes, What was it?

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

If yes, who? When? What?

Does anyone in your household currently use a controlled or illegal drug? Yes No

If yes, please explain.

Have you ever been evicted from Public or Assisted housing for violent criminal or drug related activity? Yes No

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

Do you owe any money to a Public Housing Agency or federally assisted program? Yes No

If yes, when?

Current Expenditures

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

Do you have any other regular monthly payments besides those 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)		

Pets

Do you have any pets? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, What kind?	Size:	Weight:
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Vehicles: *How many vehicles does the family own?*

Owner	Make	Model	Year	Color	Tag #	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
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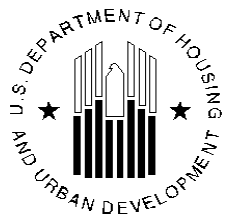
Signature of Co-Head:	Date:
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If either Head or Co-Head is not present, Why?

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I DO CERTIFY THAT I HAVE REVIEWED ALL ANSWERS AND CERTIFICATIONS WITH THE APPLICANT PRIOR TO SIGNATURES. HA Representatives Initials here: _____

HA Representative Signature:	Date:
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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

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.