



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 would like to utilize one of the preferences, please mark your selection in the appropriate place on the application.

Preferences

- Involuntary displacement**
- Substandard Housing**
- Rent Burden over 50%**
- Full-time Student**
- Working**

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

LOW RENT PUBLIC HOUSING

INFORMATION FOR LOW RENT PUBLIC HOUSING APPLICANTS:

I INFORMATION YOU WILL NEED TO KNOW:

- 1 You must BRING YOUR GREEN SIGN-UP CARD to the office at least once every six months IN PERSON to show you are still interested in low rent public housing.
- 2 You must NOTIFY US IN PERSON of any changes in the information on the application such as: income, address, family member being added or subtracted, that you are living in substandard housing, that you are paying more than 50% of your income for housing, that you are being put out of your rental unit for reasons beyond your control or prevention.
- 3 No telephone calls will be accepted regarding your place on the Waiting List unless you are elderly (62 & over) and/or disabled.

II YOUR APPLICATION WILL BE TERMINATED/INACTIVATED IF:

- 1 You do not contact us within the six months time frame period.
- 2 Your mail is returned to this office due to your not informing us of a change of address.
- 3 You owe any Public Housing Authority money.
- 4 You do not show up for your Housing briefing or other scheduled appointments.

BY SIGNING THIS, I AM STATING THAT I HAVE READ AND UNDERSTAND THE ABOVE GUIDELINES AND INFORMATION.

Head of Household's Signature

Co-head Signature

THIS AREA FOR OFFICE USE ONLY

Date/Time _____
Name _____

Client

Bedrooms _____
Personnel _____

Office

Site Preference
Vogel _____
Riviera _____

Deegan Place _____
Pioneer _____

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.

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 of 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.

<i>Who is the Head of Household?</i> 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: _____

Mailing Address: *If different* _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____

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"/> Involuntarily Displacement ___ By natural Disaster ___ Owner Action ___ Unit Inaccessibility ___ Hate Crimes ___ By government action ___ By Victim of Domestic Violence ___ Property Disposition	<input type="checkbox"/> Living in Substandard Housing ___ Homeless Family ___ No Tub/Shower ___ Dilapidated home ___ No electricity ___ No Plumbing ___ No Heat ___ No Toilet ___ No Kitchen	<input type="checkbox"/> Rent Burden over 50% of Income <input type="checkbox"/> Head or Spouse Disability <input type="checkbox"/> Full-time student- Student must be enrolled minimum of 12 semester hours <input type="checkbox"/> Income below the 30% Median Average	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: _____

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			Size:		Weight:	
If yes, What kind?						
Vehicles: <i>How many vehicles does the family own?</i>						
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		
Signature of Co-Head:				Date:		
If either Head or Co-Head is not present, Why?						
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:		