

For office use only. Applicants should not write in this section.

Date/Time: \_\_\_\_\_ Bedroom Size: \_\_\_\_\_

Received by: \_\_\_\_\_ Interview date: \_\_\_\_\_

List any special assistance required by this applicant: \_\_\_\_\_

## APPLICATION FOR ADMISSION

AGENCY NAME: VILLA SANDOVAL-LONGORIA

1102 Lilia Drive, Weslaco Texas 78599 (956)969-2944

Complete this form *in ink in your own handwriting*. Use the correct legal name for each person who will reside in the apartment as it appears on his/her social security card. All persons age 18 and over must sign this application certifying the information pertaining to them is correct. Do not leave any section of the application blank. If a section does not apply to you, write N/A in it. Any required information not received by the Housing Authority within ten calendar days of the date of this application will result in denial of the application.

Name: (*Head of Household*) \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work phone # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physical address where you currently live: \_\_\_\_\_

Provide an Alternate Contact: Name: \_\_\_\_\_ Phone # \_\_\_\_\_

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**Eligibility Determination**

Date/Time: \_\_\_\_\_ Bedroom Size: \_\_\_\_\_ Initial Eligibility Y N  
Received by: \_\_\_\_\_ Interview Date: \_\_\_\_\_ Final Eligibility Y N  
List any special assistance required by this applicant: \_\_\_\_\_ Denied: Date \_\_\_\_\_

**FULL APPLICATION FOR ADMISSION  
Public Housing**

Agency Name: \_\_\_\_\_

**Limited English Proficiency:**

Do you require oral and/or written information in any language other than English?  Yes  No

If yes, which language: \_\_\_\_\_ Please contact the Public Housing applications Office for assistance. If no, continue.

**Instructions:**

Complete this form in ink in your own handwriting. Use the correct legal name for each person who will reside in the same unit exactly as it appears on his/her Social Security card. All persons age 18 and over must sign this application certifying the information pertaining to them is correct. Do not leave any section of the application blank. If a section does not apply to you, write N/A in it.

**Applicant Head of Household:**

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address Where You Currently Live: \_\_\_\_\_

Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

**Social Security Numbers:**

Social Security cards must be provided for all persons who will live in the rental unit.

Is any household member's current legal name different than the name on his/her SS card?  Yes  No

If yes, contact the Social Security office immediately to obtain a corrected card with the current legal name.

Have you or any other adult member ever used any name(s) or Social Security number(s) other than the one you are currently using?  Yes  No

If yes explain \_\_\_\_\_

**I. HOUSEHOLD COMPOSITION** (You are required to list all persons who will stay in the rental unit at any time during the lease period. No person may reside in a subsidized unit whose residency has not been previously approved by the Housing Authority.)

***\*Applicants are not required to disclose being disabled. However, benefits for which persons with disabilities are entitled cannot be provided unless the participant discloses being disabled.***

**LIST BELOW ALL PERSONS AGE 18 OR OLDER:**

Adults (age 18 and older)	Social Security #	Relation to Head	Sex	Race and Ethnicity	Birth Date	Age	Disabled* Yes/No	List most recent date	
								Employed	Received TANF
Last		HEAD							
First MI									
Last		Spouse (Leave blank if not married)							
First MI									
Last		Co-Head (if no spouse)							
First MI									
Last		Other Adult							
First MI									
Last		Other Adult							
First MI									
Last		Other Adult							
First MI									
Last		Other Adult							
First MI									

**LIST BELOW ALL PERSONS UNDER THE AGE OF 18:**

Minors (Under Age 18)	Social Security #	Relation to Head	Sex	Race/Ethnicity	Birth Date	Age	Disabled* Y/N	Name of School or Day Care Attended	Name & Address of Absent Parent <i>(if both parents are not in household)</i>
Last									
First MI									
Last									
First MI									
Last									
First MI									
Last									
First MI									
Last									
First MI									
Last									
First MI									
Last									
First MI									
Last									
First MI									

**I. Household Composition** continued

1. Is any household member over age 18 a full time student (*other than head of household or spouse of head of household*)?  Yes  No  
 If yes, list name and the school they attend: \_\_\_\_\_
2. Is the *Spouse of the Head of Household* temporarily absent from the home?  Yes  No  
 If yes, where? \_\_\_\_\_  
 When will the person return? \_\_\_\_\_  
 Does absent spouse have income?  Yes  No  
 If yes, list below:  
 a. \_\_\_\_\_  
 b. \_\_\_\_\_
3. Does anyone in your household require special accommodations due to a handicap or disability?  Yes  No  
 If yes, specify requirements: \_\_\_\_\_
4. Does any elderly or disabled household member require a Live-in Aid?  Yes  No

**II. INCOME AVAILABLE TO HOUSEHOLD**

List **all** income earned or received by everyone living in the household regardless of age.  
 List **gross** amounts of income (before deductions).

Income Source	Yes	No	Family Member	Source	Amount
Wages or Earnings					\$
					\$
TANF					\$
Pension or Retirement					\$
					\$
SSI					\$
					\$
Social Security					\$
					\$
Child Support					\$
					\$
Unemployment Benefits					\$
					\$
Worker's Compensation					\$
					\$

Income Source	Yes	No	Family Member	Source	Amount
Alimony					\$
Military Income					\$
Regular Contributions or Gifts					\$
					\$
Self Employed <i>(lawn care, hair stylist, manicures, child care, etc.)</i>					\$
					\$
Temporary / Sporadic Income / Irregularly Received Income					\$
					\$
Cyclical or Seasonal Work					\$
Student Financial Assistance <i>(Scholarships, Grants, Work-Study income)</i>					\$
					\$
Lump Sum Payments					\$
Veterans Administration					\$
Other (list type)					

**Previous Year's Tax Return.** Indicate the amount of the gross income shown by each family member (other than minors) residing in your household who submitted an individual or joint Federal Income Tax Return.

Taxpayer	Date of Return	Gross Income
Taxpayer	Date of Return	Gross Income
Taxpayer	Date of Return	Gross Income

1. Does anyone outside the household help with bills on a regular basis?  Yes  No
2. If yes, list name of each person or agency that assists with bills:
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
3. Is any household member age 18 or older employed in a job training program?  Yes  No  
If yes, list his/her name and the specific job training program: \_\_\_\_\_
4. Has anyone in your household applied for any benefits which are in the process of being approved?  Yes  No  
If yes, explain: \_\_\_\_\_
5. Has any household member been awarded:
 

Child Support	<input type="checkbox"/> Yes \$_____ <input type="checkbox"/> No	Alimony	<input type="checkbox"/> Yes \$_____ <input type="checkbox"/> No
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### III. ASSETS

1. Check each type of asset owned by any household member.

Type Asset		Type Asset	
Real Estate	<input type="checkbox"/> Yes <input type="checkbox"/> No	Checking Account	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stocks	<input type="checkbox"/> Yes <input type="checkbox"/> No	Savings Account	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate(s) of Deposit	<input type="checkbox"/> Yes <input type="checkbox"/> No
Company Retirement or Pension Fund	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trusts	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Has any asset been given away or sold for less than its fair market value in the past 2 years?  Yes  No

If yes, what? \_\_\_\_\_

What was its market value? \$ \_\_\_\_\_. How much did you receive? \$ \_\_\_\_\_

### IV. MEDICAL AND DISABILITY ASSISTANCE

1. List all medical expenses the family anticipates paying during the next 12 months that will NOT be reimbursed by insurance or other outside source. Do NOT include life or burial insurance premiums. (Complete only if the Head of household or Spouse is disabled or is 62 years of age or older.)

TYPE OF EXPENSE	AMOUNT	TYPE OF EXPENSE	AMOUNT
<u>medical insurance(s)</u>	\$ _____	<u>Doctor's Visits</u>	\$ _____
<u>prescription medicine(s)</u>	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

2. Do you pay for attendant care or auxiliary apparatus for a disabled household member in order for them or any other family member to work?  Yes  No

If yes, Itemize:

- a. \_\_\_\_\_  
b. \_\_\_\_\_

### V. CHILD CARE

1. Do you pay for Child Care for children age 12 or younger while you work, attend school, or seek employment? \_\_\_\_\_ If yes, to whom are expenses paid? \_\_\_\_\_

How much per month? \_\_\_\_\_

2. Address of Child Care provider: \_\_\_\_\_

3. What amount is reimbursed? \_\_\_\_\_ Source: \_\_\_\_\_

### VI. PREVIOUS HOUSING ASSISTANCE

Has any household member lived in public housing or participated in the Section 8 housing assistance program after reaching the age of 18?  Yes  No

If yes, under what name: \_\_\_\_\_

Housing Agency/City \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Lease in Name of: \_\_\_\_\_

Were you evicted or asked to move?  Yes  No

Were any wages disregarded in calculating your rent?

Yes  No

**VII. CRIMINAL HISTORY**

1. Has any household member (regardless of age) been involved in, arrested, charged, or convicted for any of the following:

Violent criminal activity?  Yes  No

*If yes, give details* \_\_\_\_\_

Domestic Violence, dating violence, or stalking?  Yes  No

If yes, name of victim: \_\_\_\_\_ Name of perpetrator: \_\_\_\_\_

Alcohol related activity?  Yes  No

*If yes, give details* \_\_\_\_\_

Manufacture of methamphetamines?  Yes  No

If yes, give details \_\_\_\_\_

Possession, sale, or distribution of illegal drugs?  Yes  No

*If yes, list name/date/disposition of case* \_\_\_\_\_

List name of any household member who is required to register as a sex offender: \_\_\_\_\_

If required to report, list name and telephone number of probation/parole officer: \_\_\_\_\_

2. Has any household member participated in drug rehabilitation during the past 12 months?  Yes  No

*If yes, explain* \_\_\_\_\_

3. Has any household member been evicted from federally assisted housing in the past 3 years?  Yes  No

If yes, who? \_\_\_\_\_

Where? \_\_\_\_\_

**VIII. RENTAL HISTORY**

1. Current Landlord: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

Dates of Occupancy: From \_\_\_\_\_ To \_\_\_\_\_

Rental Property Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Were you ever late in paying rent?  Yes  No

Were you evicted or asked to move?  Yes  No

2. Previous Landlord: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Were you ever late in paying rent?  Yes  No Were you evicted or asked to move?  Yes  No

**IX. CREDIT HISTORY/PERSONAL REFERENCES**



1. List two business where you have had credit or made payments on a regular basis in the past 24 months.

Business \_\_\_\_\_ Address/Phone \_\_\_\_\_

Business \_\_\_\_\_ Address/Phone \_\_\_\_\_

2. List two references (who you are not related to by blood or marriage) who have knowledge of your ability and willingness to abide by a lease agreement.

Name \_\_\_\_\_ Phone \_\_\_\_\_ How long have you know him/her? \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ How long have you know him/her? \_\_\_\_\_

**X. MISCELLANEOUS INFORMATION**

1. List all vehicles that household members will park on PHA property:

Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License Plate # \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License Plate # \_\_\_\_\_

Do you have a pet?  Yes  No

If yes, describe: \_\_\_\_\_

2. How did you learn about our program? \_\_\_\_\_

**XI. APPLICANT CERTIFICATION**

All information provided on this application and at the interview is subject to verification. All family members age 18 or over should review the information on this form, the Federal Privacy Act, and all required releases which MUST be signed in order to be considered for housing.

By my signature below, I do hereby swear and attest that all information on this application is true and correct. I understand that I must report any changes in income, assets, family composition, address, or phone number to the Housing Authority within 14 days of such change for my application to remain valid. By my signature, I grant permission for the Housing Authority to verify information necessary to determine my eligibility and suitability for housing. I further understand that false statements or information are grounds for denial of this application.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse of Head of Household or Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

**WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES 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.**

*If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national toll-free hot line at 1-800-669-9777.*