

Applications are handed out daily starting July 10, 2023, thru August 31, 2023. Applications must be submitted in person Monday – Friday 8:00 a.m. – 11:30 a.m. The deadline to apply is August 31, 2023.



**THE HOUSING AUTHORITY OF THE  
COUNTY OF HIDALGO  
HCV (Section 8) PROGRAM**  
1800 N. Texas Blvd. Weslaco, Texas 78599  
Phone: (956) 968-8669 / Fax (956) 447-2851



**PRE-APPLICATION for HOUSING CHOICE VOUCHER (SECTION 8) PROGRAM**

**PHA use Only:** Date & Time of application:

PLEASE PRINT ALL INFORMATION

1. Name of head of household: \_\_\_\_\_

Is the head of household a Veteran?  Yes  No

2. Name of adult co-head of household: \_\_\_\_\_

3. Current MAILING address: \_\_\_\_\_

City, State and Zip code: \_\_\_\_\_

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

Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

**Pre-application Instructions: Please read carefully. Incomplete applications will not be processed. Do not leave any blank spaces. Application must be completed in blue or black ink ONLY.**

To be qualified for admission to the Section 8 program an applicant must:

- a. Be a family as defined in PHA's Administrative Plan.
- b. Meet the HUD requirements on citizenship or immigration status or pay a higher rent.
- c. Have an Annual Income at admission at or below HUD's income limits posted in PHA offices.
- d. Provide documentation of Social Security numbers for all family members, or certify that they do not have Social Security numbers; and at least one member of the applicant family must be either a U.S. Citizen or have eligible immigration status.
- e. Not be engaged in any drug-related criminal activity or other criminal activity that threatens the life, safety, or right to peaceful enjoyment of others.

Complete applications will be entered on the waiting list in the order received and will be accepted in the manner set forth in the PHA's Administrative Plan. Be sure to include the name, social security number, date of birth and all income for every family member who will live in the household. Be sure to provide your complete address and telephone number so we can reach you to schedule an application interview.

**The Housing Authority is an Equal Housing Provider**

**Family Information**

| First Name & Last Name<br>as it appears on Social Security Card | Date of<br>Birth | Sex<br>M / F | Social Security<br>Number | Relation<br>to<br>Head | Disabled<br>Yes / No | Birthplace/<br><u>COUNTRY</u> | Full-time<br>Student?<br>Yes / No |
|---|------------------|--------------|---------------------------|------------------------|----------------------|-------------------------------|-----------------------------------|
|   |                  |              |                           | Head of Household      |                      |                               |                                   |
|   |                  |              |                           |                        |                      |                               |                                   |
|   |                  |              |                           |                        |                      |                               |                                   |
|   |                  |              |                           |                        |                      |                               |                                   |
|   |                  |              |                           |                        |                      |                               |                                   |
|   |                  |              |                           |                        |                      |                               |                                   |
|   |                  |              |                           |                        |                      |                               |                                   |
|   |                  |              |                           |                        |                      |                               |                                   |

**\*\*DO NOT FAX OR MAIL THE APPLICATION**

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### Family Income Information

4. Please list the source and amount of all current income for all family members, including your-self. Include all earnings and benefits from TANF, VA, Social Security, SSI, SSID, Unemployment, Worker's Compensation, Child Support, family assistance, self-employment such as babysitting, sales, etc.

| Family Member | Income Source | Amount \$ | Frequency, Per  |
|---------------|---------------|-----------|---|
|               |               |           | <input type="checkbox"/> Week <input type="checkbox"/> Bi-Wkly <input type="checkbox"/> Monthly |
|               |               |           | <input type="checkbox"/> Week <input type="checkbox"/> Bi-Wkly <input type="checkbox"/> Monthly |
|               |               |           | <input type="checkbox"/> Week <input type="checkbox"/> Bi-Wkly <input type="checkbox"/> Monthly |
|               |               |           | <input type="checkbox"/> Week <input type="checkbox"/> Bi-Wkly <input type="checkbox"/> Monthly |

5. Has any household member lived in **Public Housing** or participated in the **HCV (Section 8)** Housing Assistance Program after reaching the age of 18(Yes or No)? \_\_\_\_\_ If yes, under what name & name of Housing Authority? \_\_\_\_\_

6. Has any household member ever been evicted from Federally Assisted Housing in the past 3 years? [ ] Yes / [ ] No \_\_\_\_\_ if yes, who? \_\_\_\_\_ Where? \_\_\_\_\_

7. Has any household member (regardless of age) ever been arrested, charged, or convicted for any of the following? :

*Violent criminal activity:* [ ] yes [ ] no if yes, give details \_\_\_\_\_

*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 \_\_\_\_\_

8. List any household member who is required to register as a sex-offender: \_\_\_\_\_

**PHA will be checking the criminal history of all adult applicants. I/we certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified. I/we authorize the release of information to the Housing Authority by my/our employer(s), the Department of Public assistance, the Social Security Administration, and/or other business or government agencies. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission.**

\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_  
Co-applicant Signature Date

\_\_\_\_\_  
Other Adult Date

\_\_\_\_\_  
Other Adult Date

**Warning:** 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious, or fraudulent statement or entry in any matter within the jurisdiction of and department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.

Hearing Impaired call TDD (956) 968-2567

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PLEASE PRINT ALL INFORMATION

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.

|  |  |
|--|--|
| <b>Applicant Name:</b>   |  |
| <b>Mailing Address:</b>  |  |
| <b>Telephone No:</b>   | <b>Cell Phone No:</b>  |
| <b>Name of Additional Contact Person or Organization:</b>  |  |
| <b>Address:</b>  |  |
| <b>Telephone No:</b>   | <b>Cell Phone No:</b>  |
| <b>E-Mail Address (if applicable):</b>   |  |
| <b>Relationship to Applicant:</b>  |  |
| <b>Reason for Contact:</b> (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  |  |
| <b>Commitment of Housing Authority or Owner:</b> 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.   |  |
| <b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.  |  |
| <b>Legal Notification:</b> 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.

|  |  |
|--|--|
|  |  |
|--|--|

**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.