



TTY: 1-800-735-2988

**Application Submittal**

For Office Use Only

Date Received: ____/____/____

Time Received: _____

Application Fee: \$ _____

RURAL RENTAL HOUSING ASSOCIATION OF TEXAS, INC.

RENTAL APPLICATION

NORTHSIDE APARTMENTS

Property Name**Application Assignment**

For Office Use Only

Apartment No.: _____

Lease Date: ____/____/____

Rent: \$ _____

ABOUT YOU: (☐ TENANT OR ☐ CO-TENANT)

Applicant's full name: _____ Current Landlord: _____

Present address: _____ Their Phone Number: _____

_____ How long have you lived there? _____

Phone Number: (Home) _____ (Cell) _____ Current Monthly Rent: \$ _____

Driver's License Number: _____ (State) _____ Previous Landlord: _____

Social Security Number: _____ Address: _____

Date of Birth: _____ How long did you live there? _____

Marital Status (Optional): _____ Their Phone Number: _____

Why are you moving? _____ Previous Monthly Rent: \$ _____

_____ Are you currently attending any kind of school? ☐ Yes ☐ NoDo you receive job related or other income? ☐ Yes ☐ No E-Mail Address: _____**YOUR SPOUSE: (Note: Co-Tenants are required to complete a separate rental application)**

Full Name: _____ Drivers License Number: _____

Present address: _____ Social Security Number: _____

_____ Date of Birth: _____

Phone Number: _____ Are you currently attending any kind of school? ☐ Yes ☐ NoDo you receive job related or other income? ☐ Yes ☐ No**OTHER OCCUPANTS: (Anyone other than spouse, that is 18 or older, must complete a separate application)**Does the tenant or co-tenants have legal custody of all minor children listed below? ☐ Yes ☐ NoDo you or any occupant have a live-in attendant? ☐ Yes ☐ NoDo you anticipate any changes in household size (new members, birth of child, adoption, foster child, etc.)? ☐ Yes ☐ No

Name: _____ Relationship: _____ SSN: _____ Birth date: _____ Student _____

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Social Security Numbers (SSN) must be provided for all household members except for: 1) Any member who does not contend eligible immigration status; 2) Individuals applying for HUD section 8 assistance who were age 62 or older and whose initial determination of HUD Section 8 rental assistance began before January 31, 2010. If you are eligible for this exemption #2, please tell us the name and address where you were receiving HUD Section 8 rental assistance:

VEHICLES: (List all vehicles, including motorcycles, RVs and trailers to be parked by you, your spouse or any occupants of the apartment.)

Vehicle Type: _____ Year: _____ Color: _____ License No.: _____

Vehicle Type: _____ Year: _____ Color: _____ License No.: _____

PREFERENCES:What size unit are you requesting? ☐ Efficiency ☐ 1 Bedroom ☐ 2 Bedroom ☐ 3 BedroomAre you applying for a handicap accessible unit? ☐ Yes ☐ NoDo you wish to claim the deduction available for handicap or disabled persons? ☐ Yes ☐ NoDo you wish to make any modifications to the apartment to accommodate a handicap or disability? ☐ Yes ☐ No (If yes, please describe): _____**EMERGENCY:**

In the case of an emergency, notify _____

Address: _____ Relationship: _____

Daytime phone number: _____ Evening phone number: _____

In the case of serious illness, death or disappearance, is the above named person authorized to take possession of your property? ☐ Yes ☐ No

In the case of serious illness, death or disappearance, is the apartment property authorized to return any monies (rent or security deposit) due to the resident to the above named person? ☐ Yes ☐ No

Other instructions: _____

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GENERAL INFORMATION:

Do you have a pet? ☐ Yes ☐ No Breed? _____ Age: _____ Weight: _____

Are all household members citizens of the United States of America? ☐ Yes ☐ No

If any member is not a United States citizen, is that person a qualified resident alien as defined by law? ☐ Yes ☐ No

Have you or anyone in your household (adult or juvenile) ever been convicted of, pled no contest to, or entered a guilty plea, to any criminal offense other than minor traffic violations? ☐ Yes ☐ No If yes, please describe: _____

Have you or anyone in your household ever lived at this apartment property? _____

Do you or anyone in your household use a controlled substance (drugs)? _____

Have you or anyone in your household ever:

- 1) broken an apartment lease? _____
- 2) been requested to vacate an apartment? _____
- 3) been evicted or sued for non-payment of rent? _____
- 4) been evicted or sued for damage to rental property? _____
- 5) received deferred adjudication for a felony? _____
- 6) been convicted of a felony? _____
- 7) been arrested and convicted as a sex offender? _____

Have you given notice to your present landlord of your intent to move? _____

How did you hear about us (Newspaper ad, Internet, friend, etc.) _____

Is any member of the household a veteran? _____

Are you seeking housing because you have been displaced by a Presidentially declared disaster? _____

Do you have a Letter of Priority Entitlement (LOPE)? _____

STUDENT STATUS:USDA requirements (determines eligibility for housing):

Will any tenant or co-tenant attend an institution of higher learning in the coming year? ☐ Yes ☐ No

- 1) Has the student established a separate household from parents for at least one year prior to occupancy? ☐ Yes ☐ No
- 2) Is the student claimed as a dependent on their parent's tax return? ☐ Yes ☐ No
- 3) Is the student financially independent from their parents? ☐ Yes ☐ No

HUD & HOME (eligibility for HUD or HOME assistance)

- 1) Is the student 24 years of age or older by Dec. 31 of the year in which the income certification begins? ☐ Yes ☐ No
- 2) Is the student a veteran? ☐ Yes ☐ No
- 3) Is the student married? ☐ Yes ☐ No
- 4) Does the student have a dependent child? ☐ Yes ☐ No
- 5) Is the student disabled? ☐ Yes ☐ No
- 6) Is the student currently living with their parents who are receiving section 8 assistance? ☐ Yes ☐ No
- 7) Are the student's parent's income eligible to receive section 8 assistance? ☐ Yes ☐ No
- 8) Is any student currently, or at any time from age 13 been an orphan, in foster care, or a ward of the Court? ☐ Yes ☐ No
- 9) Is any student currently an emancipated minor, or was an emancipated minor when they turned 18 years of age? ☐ Yes ☐ No
- 10) Is any student attending graduate classes to receive a masters or doctorate degree? ☐ Yes ☐ No
- 11) Has any student been verified during the school year as an unaccompanied youth who is homeless? ☐ Yes ☐ No
- 12) Is any student at risk of homelessness and has a supporting documentation from (i) a local educational agency homeless liaison or, (ii) a program funded under the Runaway and Homeless Youth Act, or (iii) a program funded under subtitle B of title IV of the McKinney-Vento Homeless Assistance Act, or (iv) a financial aid administrator? ☐ Yes ☐ No

LIHTC requirements (determines eligibility for housing):

Has any tenant or co-tenant in the household attended school **full-time** for at least 5 months in the past year? ☐ Yes ☐ No

Does any tenant or co-tenant in the household intend to go to school full-time in the coming year? ☐ Yes ☐ No

If the answer is "Yes" to either of the questions above, complete the section below:

LIST the name of each Full-time Student: _____

NOTE: Households where all of the members are full-time students are not eligible unless they meet one of the exemptions:

- 1) Are all adult members of the household married and file a joint income tax return? ☐ Yes ☐ No
- 2) Does the household receive assistance under Title IV of the Social Security Act (i.e.. AFDC/TANF)? ☐ Yes ☐ No
- 3) Is the student a single parent with a minor child? ☐ Yes ☐ No
- 4) If you have children, do you claim them on your federal income tax return? ☐ Yes ☐ No
- 5) Has any member of the household received assistance under the Job Training Partnership Act or similar federal or state law? ☐ Yes ☐ No
- 6) Has any member of the household previously enrolled in a foster care program? ☐ Yes ☐ No

CREDIT:

Credit Reference #1: _____ Phone #: _____

Address: _____ Account #: _____

Credit Reference #2: _____ Phone #: _____

Address: _____ Account #: _____

ASSET & INCOME QUESTIONNAIRE

The information on this form is authorized to be collected by the USDA Rural Housing Service to determine an applicant's eligibility and the amount the tenant must pay toward rent and utilities. This information may be released to appropriate Federal and State agencies. However, this information will not otherwise be released, except as permitted or required by law. Failure to disclose certain items of information requested may result in a delay in the processing of an application or its rejection.

INCOME:

Does any member of your household have a job? ☐ Yes ☐ No (Include wages, salary, overtime pay, military pay, commissions, fees, tips, bonuses. etc.)

Household Member Name	Employer (Name, Address & Phone No.)	Gross Monthly Wages
		\$
		\$
		\$

Does any member of your household own a business or rental property? ☐ Yes ☐ No

Name of Business	Type of business	Years of Ownership	Monthly Profit
			\$

Does any member of your household receive payments or benefits from Social Security, SSI, annuities, veterans benefits, retirement funds, pensions, insurance policies, etc.? ☐ Yes ☐ No

Household Member Name	Source (SS, Veterans, etc.)	Monthly Income
		\$
		\$
		\$

Does any member of your household receive unemployment, disability, death benefits, workers compensation payments, public assistance/TANF, etc.? ☐ Yes ☐ No

Household Member Name	Source (Unemployment, workers comp, etc.)	Monthly Income
		\$
		\$
		\$

Does any member of your household receive alimony, child support or regularly recurring contributions from someone not residing in the dwelling? ☐ Yes ☐ No

Household Member Name	Amount you are entitled to receive	Gross Amount received monthly
	\$	\$
	\$	\$
	\$	\$

Does any member of your household receive interest or dividend income? ☐ Yes ☐ No

Household Member Name	Source	Monthly Income
		\$
		\$
		\$

List all other household income. (Include severance pay, education grants, scholarships, etc.)

Household Member Name	Source	Monthly Income
		\$
		\$
		\$

Total Monthly Income. \$

Total Annual Income expected for the next 12 months \$

ASSETS:

Total Cash on Hand for all members of the family \$

Does any member of your household have a bank account (checking, savings, etc)? ☐ Yes ☐ No

Account Holder	Bank (Name & address)	Interest Rate	Account Number	Avg 6 month Balance
				\$
				\$
				\$

Does any member of your household have Direct Express Card or any other type of debit card that receives a monthly deposit? ☐ Yes ☐ No

Account Holder	Source	Account Number	Balance
			\$
			\$

Does any member of your household own stocks, bonds, IRA, 401K, CD or retirement account? ☐ Yes ☐ No

Account Holder	Financial Institution (Name & address)	Income	Account Number	Current Value
				\$
				\$
				\$

Does any member of your household have a life insurance policy that has cash value? ☐ Yes ☐ No

Household member name	Description (Term, whole life, etc.)	Policy #	Cash Value
			\$
			\$

Does any member of your household have personal property held as an investment (gem & coin collections, antique autos, art, etc.)? ☐ Yes ☐ No

Description	Current Value
	\$

Does any member of your household own any property? ☐ Yes ☐ No

Household member name	Location of property	Appraised Value	Outstanding Mortgage
		\$	\$
		\$	\$

Has any member of your household sold or given away any assets in the last two (2) years? ☐ Yes ☐ No

Household member name	Description of property	Market value or appraised value	Amount of Sale
		\$	\$
		\$	\$

Have you or any household member received any lump sum payments, such as lottery winnings, inheritance or insurance settlements?
☐ Yes ☐ No (If yes, please describe) _____

Does any member of your household own any asset not listed above? ☐ Yes ☐ No (If yes, please describe in detail.) _____

EXPENSES:

CHILD CARE: To enable a household member to be employed or attend school, does anyone in your household pay for childcare services? ☐ Yes ☐ No (If yes, please list each provider): _____

MEDICAL EXPENSE: (Complete this section when the Tenant or Co-Tenant is at least 62 years old, or handicapped or disabled.)

Does your household pay medical expenses that are not covered by insurance? ☐ Yes ☐ No

If the answer is yes, you may be eligible for a reduction in your monthly rental payment. Please submit to the property manager the information necessary to document the amount of un-reimbursed medical expenses you expect to pay in the next 12 months.

Please list all states in which any and all occupants have ever resided:

Applicant: _____

Co-Applicant: _____

Other occupant #1: _____

Other occupant #2: _____

Other occupant #3: _____

Other occupant #4: _____

Are you or any member of your household subject to a lifetime sex offender registration of any state? ☐ Yes ☐ No (If yes, please list below) _____

If any member of the household is subject to a lifetime sex offender registration, you will be given the opportunity to permanently remove the individual from the household and, if such person is not permanently removed and barred from the property, you will not be allowed to occupy an apartment.

If you or any occupant of the household falsifies any information or otherwise fails to disclose criminal history in this application or in any recertification forms, then your occupancy shall terminate and you shall be evicted.

NOTICE OF RIGHTS AVAILABLE UNDER THE VIOLENCE AGAINST WOMENS ACT (VAWA):

Are you or any member of your household coming from a domestic violence or stalking situation? ☐ Yes ☐ No

If you otherwise qualify for housing and/ or assistance at this community, you cannot be denied admission or denied assistance because you are or have been subject to domestic violence, dating violence, sexual assault, or stalking. If you want more information regarding VAWA protections please request a copy of the "Notice of Occupancy Rights Under the Violence Against Women Act" from the leasing office.

CERTIFICATION AND SIGNATURES: (All Adults in household must sign application.)

All statements contained in this application are true and correct. I authorize the owner or its representatives to contact any person to verify any information contained herein. In the event that information given above is discovered to have been false or incomplete, the applicant understands that their application may be rejected or they may lose any subsidy that the Federal Government pays and have their rent increased and be sued for eviction. The Applicant also certifies that the unit applied for will be the Applicant's Household's permanent residence and it does/will not maintain a separate subsidized rental unit in a different location.

Signing this acknowledgment indicates that you have had the opportunity to review the landlord's tenant selection criteria. The tenant selection criteria may include factors such as criminal history, credit history, current income, and rental history. If you do not meet the selection criteria, or if you provided inaccurate or incomplete information, your application may be rejected and your application fee will not be refunded.

Date

Signature of Applicant

Date

Signature of Applicant

PENALTIES FORM MAKING FALSE STATEMENTS: 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 of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security numbers are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

FAIR HOUSING STATEMENT: This community is committed to complying with Federal, State & local fair housing laws by ensuring that all persons have an equal opportunity to apply for admission to housing and access to all amenities and activities that we administer regardless of the their race, color, national origin, religion, sex, familial status, or disability.

CENSUS INFORMATION (OPTIONAL):

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Development/USDA, that Federal laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, national origin and sex of an individual applicant on the basis of visual observation or surname.

ADULT APPLICANT #1

Ethnicity:

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Race: (Mark one or more)

- ☐ White ☐ Black or Africa American
☐ American Indian/Alaska Native ☐ Asian
☐ Native Hawaiian or other Pacific Islander

Gender: ☐ Male ☐ Female

ADULT APPLICANT #2

Ethnicity:

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Race: (Mark one or more)

- ☐ White ☐ Black or Africa American
☐ American Indian/Alaska Native ☐ Asian
☐ Native Hawaiian or other Pacific Islander

Gender: ☐ Male ☐ Female

To ensure that Military Veterans are aware of other sources of services and benefits, we are providing the following information:

Are you a Veteran? ☐ Yes ☐ No.

Important Information for Former Military Services Members: Women and men who served in any branch of the United States Armed Forces, including Army, Navy, Marines, Coast Guard, Air Force, Reserves or National Guard, may be eligible for additional benefits and services.

For more information please visit the Texas Veterans Portal at <https://veterans.portal.texas.gov>

This institution is an equal opportunity provider. Esta institucion es un proveedor de services con igualdad de oportunidades.



**THE HOUSING AUTHORITY OF THE
COUNTY OF HIDALGO
Northside Apartments**
1800 N. Texas Blvd. Weslaco, Texas 78599
Phone: (956) 968-2567 / Fax: (956) 968-5982
TTY 7-1-1



- _____ **Application (Black or Blue Ink Only, DO NOT DATE)**
- _____ **Identification (18+)**
- _____ **Social Security(s) – Original**
- _____ **Birth Certificate(s) – Original**
- _____ **Sources of Income – SSI Award letter / Pensions / (4) Check stubs / Contributions / Self
Employment (etc.)**
- _____ **Income Tax & W-2 Forms**
- _____ **Food Stamps Award Letter (Most Recent)**
- _____ **Child Support (If Children are on Application) / CIN# _____**
- _____ **Bank Statement(s) (Checking's / Savings) From _____ to _____**
- _____ **Property Taxes (Recent)**
- _____ **Life Insurance Policy(s)**
- _____ **Child Care (Workforce)**
- _____ **Landlord Verification**
- _____ **Pet Policy / Vaccines / Picture**
- _____ **Obtain Signatures (IN THE OFFICE)**

- _____ **La Aplicacion (Tinta Negra O Azul FAVOR DE NO PONER FECHAS)**
- _____ **Identificacion (18+)**
- _____ **Tarjetas de Seguro Social – Originales**
- _____ **Acta De Nacimiento – Originales**
- _____ **Ingresos – Carta de Seguro Social / Pension / (4) Talones de Cheques / Contribuciones /
Trabajo por su cuenta**
- _____ **Income Tax & Formularios W-2**
- _____ **Carta de Estampillas (mas reciente)**
- _____ **Manutencion de los hijos (Si tienen Hijos en la Aplicaion / CIN# _____**
- _____ **Estado(s) de Cuenta Bancaria / Ahorros) De _____ a _____**
- _____ **Taxas de Propiedad (Mas Reciente)**
- _____ **Poliza(s) de Seguro de Vida**
- _____ **Cuidado de Ninos**
- _____ **Verificacion del Propietario**
- _____ **Poliza Mascotas / Vaccunas / Foto**
- _____ **Obtener Firmas (EN LA OFICINA)**