



THE HOUSING AUTHORITY OF THE
COUNTY OF HIDALGO
HOUSING CHOICE VOUCHER (SECTION 8) PROGRAM
1800 N. Texas Blvd. Weslaco, Texas 78599
Phone: (956) 968-8669 / Fax (956) 447-2851
TTY 7-1-1



HACIENDA SAN MIGUEL
2607 E. NORTH AVE. DONNA, TEXAS 78537

PRE-APPLICATION for PROJECT BASED VOUCHER PROGRAM

PHA use Only: Date & Time of application:

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: _____

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
- 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 as it appears on Social Security Card	Date of Birth	Sex M / F	Social Security Number	Relation to Head	Disabled Yes / No	Birthplace/ COUNTRY	Full-time Student? Yes / No
				Head of Household			

PLEASE PRINT ALL INFORMATION

PLEASE PRINT ALL INFORMATION

Family Income Information

4. Please list the source and amount of all current income for all family members, including yourself. 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 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.

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