

Applications are handed out daily. Starting March 1 - 31, 2021. Applications will be accepted daily Monday – Friday 8:00 a.m. – 5:00 p.m. The deadline to apply is March 31, 2021.



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



PRE-APPLICATION for SECTION 8 HOUSING CHOICE VOUCHER 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: _____

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/ <u>COUNTRY</u>	Full-time Student? Yes / No
				Head of Household			

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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

PLEASE PRINT ALL INFORMATION

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.

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Hearing Impaired call TDD (956) 968-2567

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