

PRE-APPLICATION FOR PUBLIC HOUSING

Este formulario está disponible en español a petición.

FOR OFFICE USE ONLY:	
CLIENT # _____	BEDROOM SIZE _____

Which of the following housing programs are you applying for?

- Public Housing Section 8 - New Construction: Long Drive Telephone Rd (Elderly Only)

PLEASE PRINT CLEARLY

HEAD OF HOUSEHOLD _____ PHONE # _____ ALTERNATE # _____
 MAILING ADDRESS _____ APT # _____
 CITY, STATE, ZIP _____

FOR STATISTICAL PURPOSES ONLY

- Ethnicity of Head:** African American/Black Asian Native American/Alaskan Native White Native Hawaiian/Other Pacific Islander
Race of Head: Hispanic/Latino Non-Hispanic/Non-Latino

HOUSEHOLD FAMILY MEMBERS

Last & First Name	Date of Birth	Age	Sex M/F	Monthly Income	Source (Wages, Child Support, SS, SSI, TANF, Family contributions, etc.)	Social Security #	Relation of Head	Birthplace
							Self	

LOCAL PREFERENCE

Police Officer:

Are you currently employed as a Police Officer with the local Police Department? Yes No

Work Family Preference:

Has at least one (1) adult member been employed at least 30 hours per week the past 6 months? Yes No

REASONABLE ACCOMMODATION

Are you or a member of your household an individual with a disability? Yes No

Do you or a member of your household need an accessible unit or a unit with accessible feature(s)? Yes No

If you or a household member require reasonable accommodation(s) in order to apply for a housing program or have an equal opportunity to participate in and enjoy the benefits of a housing program or activity, please contact Janet Akers Hollings, Legal Compliance Officer at 713-260-0353 / 713-260-0547 TTY.



WAITING LIST

1. Have you ever lived in Public Housing? Yes No
If yes, where? _____ When? _____
Reason for leaving? _____
2. Have you ever lived in Section 8? Yes No
If yes, where? _____ When? _____
Reason for leaving? _____

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 number are contained in the **Social Security Act at 208 (a) (6), (7) (8). Violation of these provisions are cited as violations of 42 U. S.C. 408 (a) (6), (7) and (8). **

Head of Household's Signature

Date

NOTE: You are required to notify the Houston Housing Authority (in writing) of any changes of address. If we cannot contact you at the address listed on this application, your name may be removed from the waiting list, and you will have to re-apply. The Houston Housing Authority does not discriminate against persons with disabilities.



Optional and Supplemental 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.

Check this box if you choose not to provide the contact information.

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

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.

**NOTICE TO HOUSTON HOUSING AUTHORITY APPLICANTS AND RESIDENTS
REGARDING REASONABLE ACCOMMODATIONS**

Esta Es Una Noticia Importante. Por Favor Hagala Traducir Inmediatamente

The Houston Housing Authority (Housing Authority) is committed to ensuring that its policies and procedures provide individuals with disabilities the opportunity to participate in and benefit from its programs, services and activities. The Housing Authority is dedicated to ensuring that individuals with disabilities are not discriminated against on the basis of disability, in connection with the operation of its programs, services and activities. The Housing Authority provides reasonable accommodations to applicants and residents if they have a disability and reasonable accommodations are necessary for them to have the opportunity to enjoy offered programs, services and activities.

A reasonable accommodation is a change, modification, alteration or adaptation in policy, procedure, practice, program, or facility that gives a qualified individual with a disability the opportunity to participate in and benefit from, a program or activity. The accommodation will be made, provided it does not pose an undue financial or administrative burden to the Housing Authority or require a fundamental change in its program. A reasonable accommodation may also include providing an appropriate auxiliary aid to an applicant with a disability to enable effective communication.

Examples of reasonable accommodation may include:

- installing flashing light smoke detectors in an apartment for a household member with a hearing impairment;
- providing a reader, during a housing interview, for a applicant or resident with a vision-impairment;
- installing grab bars in the apartment bathroom of a resident with a disability;
- permitting an outside agency to assist an applicant with a disability to meet the screening criteria.

Residents with a disability requesting reasonable accommodation must fulfill their lease terms. They must be able to pay rent, care for their apartment, report required information, not disturb the neighbors, etc.

Requests for a reasonable accommodation may be made to the Property Manager or at the Housing Authority Public Housing Office, 2640 Fountainview, Houston, Texas 77057. The individual making the request will be provided with the Request for Reasonable Accommodation form which should be completed, signed and returned for processing. Assistance with completing this form is available from the Housing Authority staff. Please call the Section 504/ADA Administrator at 713-260-0353 or 504ADA@housingforhouston.com if you have any questions or concerns about reasonable accommodation.

Notice received by: _____ Head of Household's Signature
_____ Print name
_____ Date



WORKING FAMILIES PREFERENCE WORKSHEET

Este formulario está disponible en español a petición.

A family will qualify for this preference if they have at least one adult member who has been employed at least 30 hours per week for the six months prior to admission.

Name _____ Date _____

Mailing Address _____

City _____ State _____ Zip _____

Phone: (Home) _____ (Work) _____ (Alt) _____

Social Security # _____

Does the family composition include at least one adult member who has been employed at lease 30 hours per week for the past six months?

Yes _____ No _____

If yes, enter the family members Name: _____

Place of Employment _____

Date of Hire: _____

Mailing Address _____

City _____ State _____ Zip _____

Monthly Income: \$ _____

It will be considered fraud if a working applicant voluntarily resigns from a job within twelve months of admission when that family's admission was based on the preference for working families.

Head of Household's Signature

Date

