

You **MUST** bring the following on application day:

- Social Security Card for everybody that will be listed on the application.
- Birth Certificate for everybody that will be listed on the application.
- A valid picture I.D. for all adults (18 years or older)



P.O. Box 95
 Weslaco, TX 78599-0095
 (956) 968-5433 • (956) 969-1538



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|-----------------------------|----------------|-----------|
| FOR OFFICE USE ONLY: | | WP |
| S8: _____ | WHA REP: _____ | |
| PH: _____ | TIME: _____ | |
| AV: _____ | DATE: _____ | |

PRE-APPLICATION FORM

NOTE: NO WHITE OUT OR CORRECTION TAPE IS PERMITTED ON APPLICATION. IF A MISTAKE IS MADE JUST MARK THROUGH AND INITIAL. APPLICATIONS WITH WHITE OUT OR CORRECTION TAPE WILL NOT BE ACCEPTED.

List each person who would live with you if you receive assistance. Please start by listing the head of the household first

| Head of Household & All Adults (age 18 & over) Last, First MI | Relation to Head | Sex M/F | Social Security Number | Citizenship status | Income | Source Of Income | Elderly/ Disabled | Date of Birth | Place of Birth |
|--|------------------|---------|------------------------|--------------------|--------|------------------|-------------------|---------------|----------------|
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| Children (under age 18) Last, First MI | Relation to Head | Sex M/F | Social Security Number | Citizenship Status | Date of Birth | Age | Place of Birth | Name & Address of Absent Parent (not living with child) |
|---|------------------|---------|------------------------|--------------------|---------------|-----|----------------|---|
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*1=U.S. Citizen *2=Eligible Immigration Status *3=Non-Eligible Immigration Status

Does anyone live with you now who is not listed above? YES ___ NO ___ If yes, explain why this person will not be living with you if you receive assistance _____

Current Address: _____
 Street Address Apartment # City, State Zip code Phone

Mailing Address: _____
 Street Address Apartment # P.O. /box # City, State Zip Code

Family Status (Check one): ___ Single ___ Married ___ Head or Spouse is Elderly ___ Head or Spouse is disabled or handicapped.
 ___ Parents with Children ___ Single Parent with Children

Race/Ethnic Group (Check one): ___ White ___ Black ___ Hispanic ___ American Indian ___ Asian ___ Other

Request for Special Accommodation: _____

Disability Relating to Program requirement you wish to claim: _____

Have you or any member of your family been ARRESTED or CONVICTED for DRUG related or other CRIMINAL ACTS? YES ___ No ___
 If YES, explain: _____

Have you or any member of your family been in HOUSING? YES ___ NO ___ If YES, explain _____

Emergency Contact-See Attached Form HUD -92006

What is your language of preference? ___ English ___ Spanish

NOTE: This pre-application does not obligate you or the WHA in anyway. Please notify the office in writing whenever a change occurs in address or family status. You may also call us on the last Wednesday of every month for information pertaining to your position on the waiting list.

APPLICANT/TENANT CERTIFICATION

I UNDERSTAND THAT THE INFORMATION ON THE PREVIOUS PAGES IS REQUIRED TO DETERMINE MY ELIGIBILITY FOR RESIDENCY. I CERTIFY THAT ALL ABOVE QUESTIONS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT MAKING FALSE STATEMENTS ABOUT THE INFORMATION IN THIS FORM IS GROUNDS FOR DENIAL. I AUTHORIZE THE WESLACO HOUSING AUTHORITY TO VERIFY THE ABOVE INFORMATION AND CONSENT TO THE RELEASE OF THE NECESSARY INFORMATION TO DETERMINE MY ELIGIBILITY. I HEREBY AUTHORIZE ANY PERSON, CREDIT AGENCY OR LAW ENFORCEMENT AGENCIES TO RELEASE INFORMATION TO THE OWNER, MANAGING AGENT, OR OTHER AGENT CONTRACTED BY THE OWNER TO CONDUCT CRIMINAL, CREDIT, OR RENTAL HISTORY CHECKS, SUBJECT TO APPLICABLE FEDERAL REPORTING REQUIREMENTS.

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 USES 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 \$5000.00. 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 SOCIAL SECURITY NUMBERS ARE CONTAINED IN THE SOCIAL SECURITY ACT AT 42 USC 208(f), (g) AND (h). VIOLATIONS OF THESE PROVISIONS ARE CITED AS VIOLATIONS OF 42 USC 408(f), (g) AND (h).

I/We do hereby swear and attest that all the information* given to the Housing Authority of the City of Weslaco on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that I/We must report any changes in income, assets, family composition, or address to the Housing Authority within 10 days of such change. I/We further understand that false statements or information are punishable under Federal Law and are grounds for denial of this application and subsequent housing. I/We understand that I must respond to any updates and or Continued Interest Notices or my application will be removed Withdrawn /Closed from the waiting list.

Applicant's Signature

Date

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.

| | |
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| 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. | |

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

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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.



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Section 8 (956) 968-5433 • Public Housing (956) 375-2637
Fax (956) 969-8718 • E-mail: weslacoha@cowha.org

ACKNOWLEDGMENT FOR CRIMINAL, CREDIT, AND RESIDENTIAL CHECK

I, the undersigned, have been notified and do understand that the Weslaco Housing Authority, as part of the applicant screening process for assisted housing, is authorized by the Housing Opportunity Program Extension Act of 1996 to order a criminal history report on me according to the Housing Authority's Criminal Screening Policy.

I further understand that

- ◆ the check will be run first on my name, sex, race, date of birth and social security number

- ◆ the housing authority may choose to do a fingerprint check if they are not satisfied with the results of the first report

Signature

Date

