



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



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
	HEAD								

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)

*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