

BRENHAM HOUSING AUTHORITY
1801 Northview Circle Dr
Brenham, Texas 77833
Phone (979) 836-9221 / Fax (979) 421-9604

This application is for the following HUD programs:

Public Housing (General Public) or Northside Terrace Apts. (62 or older)

Please read carefully. Instructions for completing the application.

Please indicate what program you are applying for on the top right-hand corner of the next page. If a program is not marked, you will be placed on the waiting lists that you are eligible for.

Complete the ENTIRE application and must be in blue or black ink.

Do not leave any blanks on the application. If the question does not pertain to you, put N/A or if the answer is zero (0), write zero (0).

If the application is not complete, it will NOT be processed and will be returned to the address provided.

VAWA Documents are available upon request and are in the main lobby of the housing authority.

Applicants who were age 62 or older as of January 31, 2010, and who do not have a SSN, if they were receiving HUD rental assistance at another location on January 31, 2010. This information is needed in order for the owner to verify whether the applicant qualifies for the exemption from disclosing and providing verification of a SSN.

ORIGINAL:

SOCIAL SECURITY, BIRTH CERTIFICATE, REQUIRED FOR ALL APPLICANTS
STATE ISSUED I.D. REQUIRED FOR ALL ADULTS OVER THE AGE OF 18



Brenham Housing Authority and all affiliates do not discriminate against persons with disabilities.



Date/Time Stamp:

Public Housing ___ NTA ___

Applicant#: _____

APPLICATION FOR THE HOUSING AND/OR RENTAL ASSISTANCE

1801 Northview Circle Dr Brenham, TX 77833

(979) 836-9221, Phone (979) 421-9604 Fax

Name: _____

Current Mailing Address: _____

City/State/Zip: _____

Home Phone: () _____ Work Phone: () _____ Cell Phone: _____

e-mail: _____

INFORMATION ABOUT ALL HOUSEHOLD MEMBERS

Adults 18yr. OR Older (head/co-head/spouse regardless of age) that will be living in the home beginning with the head of household.

Each box must be completed for each member. No one except those listed can live in the home!

Full Name	Position to Head *	US Citizen Y/N	Disabled Y/N	Handicapped Y/N	Sex* M/F	Date of Birth	Age	Student Full/Part	Social Security # or Alien Registration #
1									
2									
3									

* [] I decline to answer (only Position to Head of Household and/or Sex)

Children: Under 18 who will be living in the home, oldest to youngest.

Full Name	Race/Ethnicity	US Citizen Y/N	Disabled Y/N	Handicapped Y/N	Sex M/F	Date of Birth	Age	Student Full/Part	Social Security # or Alien Registration #
1									
2									
3									
4									
5									
6									

Race/Ethnicity of Head of Household (For HUD purposes only)

Check the appropriate race/ethnicity: (More than one category can be entered if applicable)

White Black/African American American Indian/Alaskan Native

Asian Native Hawaiian/Other Pacific Islander

Ethnicity: (Check the appropriate ethnicity) Hispanic/Latino Not Hispanic/Latino

Answer the following questions about all members of the household:

- Has any adult who will live in the home previously lived in a State other than Texas?..... Yes No
If yes, which family member(s)? _____ State lived? _____
- Does anyone other than an adult who will live in the home share custody of any of the children listed?
 Yes No If yes, who? _____
- Does anyone who will be living in the home have a divorce decree or court order as the result of a divorce or legal separation? Yes No If yes, who? _____
- If married (by ceremony or common law) and the spouse is not listed on this application, list his/her name:
_____ Where does he/she live? _____
Is the absence temporary or permanent? _____
- Is there anyone else not listed on the application who is temporarily absent from the home?

- Yes No If yes, who? _____
6. Is anyone who will be living in the home expecting a child?
 Yes No If yes, who? _____
7. Has anyone who will be living in the home ever used another social security number other than the one listed on this application? Yes No If yes, who? _____
8. Has anyone who will be living the home ever used another name, other than the one they are using now (maiden)
 Yes No If yes, who, what names? _____
9. Is there anyone in the home a Veteran?
 Yes No If yes, who? _____
10. Do you own a car? If yes, list the year, make and model. _____
11. Does anyone in your household require any type of special accommodations to fully utilize our programs?
 Yes No If yes, what type? _____

Secondary Contact Information:

List the names, addresses, and telephone numbers of two relative or friends who live in the area or who can contact you:

1. Contact name: _____ Phone: _____
Address: _____ City/State/Zip: _____
2. Contact name: _____ Phone: _____
Address: _____ City/State/Zip: _____

PRESENT AND PREVIOUS HOUSING INFORMATION

List your current living information. Then list all prior addresses and/or landlords for the past four (4) years. If living with family or friends, please list that as well.

1. **Current Address:** Street: _____ City: _____ State: _____ Zip _____
Landlord Name: _____ LL Phone: _____
LL Address _____ **How long there** _____
2. **Previous Address:** Street: _____ City: _____ State _____ Zip _____
Landlord Name: _____ LL Phone: _____
LL Address: _____ **How long there** _____
3. **Previous Address:** Street _____ City: _____ State _____ Zip _____
Landlord Name: _____ LL Phone: _____
LL Address: _____ **How long there** _____

CRIMINAL BACKGROUND AND OTHER INFORMATION

These questions apply to you and all members of your household:

1. Has any household member ever been convicted, plead guilty to or received deferred adjudication for any crime
..... Yes No
If yes, how many times? _____ Please explain. **Include Person, the reason for the conviction, and approximate dates. Attach a separate sheet if needed.**

2. Is any household member a sex offender or subject to lifetime registration as a sex offender? Yes No
If yes, who? _____ In what State(s)? _____
3. Has any household member ever been evicted? Yes No
If yes, how many times? _____ Please explain. _____
4. Is any member of the household currently using illegal drugs? Yes No If yes, who? _____
5. Does any household member abuse alcohol in a way that threatens the health, welfare or safety of others?
 Yes No If yes, please explain: _____

6. Has any household member received housing rental assistance (example: public housing, Section 8, Housing Choice Voucher or other income based housing)?
 Yes No If yes, when? _____ Housing Agency Name: _____
 Under what name? _____ Who was Head of the Household? _____

INFORMATION ABOUT INCOME OF ALL FAMILY MEMBERS

Income includes money or contributions from any and all sources paid to or on behalf of family member.

1. Did you or any family member file a federal income tax return for the past year? Yes No
 If yes, who? _____
2. Did anyone claim **you** as a dependent during the past year? Yes No
 If yes, who? _____
3. Do you or any member of the family receive any of the following or expect to receive any of the following during the next twelve (12) months?
 Wages, salaries, tips, fees or commissions from an employer? **(full or part-time job)** Yes No
 Self-Employment or Compensation for personal services? Yes No
 Income from the operation of a business or profession? Yes No
 Interest, dividends, or other income from real or personal property or investments? Yes No
 Payments from **Social Security**? Yes No
 Payments from annuities? Yes No
 Payments from insurance policies? Yes No
 Payments from retirement funds? Yes No
 Payments from pensions or VA Benefits? Yes No
 Payments from **SSI or disability**? Yes No
 Payments from death benefits? Yes No
 Lump sum payments for the delayed start of periodic payments? Yes No
 Unemployment compensation? Yes No
 Worker's compensation? Yes No
 Severance pay? Yes No
 Welfare assistance (Food Stamps)? Yes No
 Temporary Assistance for Needy Families (TANF) payments? Yes No
 Alimony payments? Yes No
 Child support payments Yes No
 Regular gifts or contributions from anyone? Yes No
 Regular or special military pay? Yes No
 Financial assistance to attend school? Yes No
 Are you a full time student? Yes No Are you a part time Student? Yes No

3. **List the sources and amounts of all income expected for the coming 12 months for all family members and from any and all sources:**

Family Member Name	Income Source	Amount \$	Frequency – (Circle one)
			Weekly Bi-Weekly Semi-Monthly Monthly
			Weekly Bi-Weekly Semi-Monthly Monthly
			Weekly Bi-Weekly Semi-Monthly Monthly
			Weekly Bi-Weekly Semi-Monthly Monthly
			Weekly Bi-Weekly Semi-Monthly Monthly
			Weekly Bi-Weekly Semi-Monthly Monthly

- If receiving Child Support, how are the funds received? [] Debit Card [] Direct Deposit [] Cash
 [] Contributions [] NA
- If receiving Social Security, SSI or SSDI, widow's benefits or any payment from the Social Security Association Office, how are the benefits received? [] NA [] Debit Card [] Paper Check [] Direct Deposit

INFORMATION ABOUT THE ASSETS OF ALL FAMILY MEMBERS

An asset is something of value that can be converted to cash. If marked "yes", explain on the table below.

1. Do you or any family member have any of the following?

- Savings account? Yes No Checking account?..... Yes No
 Certificates of deposit? Yes No Money market account? Yes No
 Employment or SSI/SS Prepaid Debit Card Yes No Child Support Debit card? Yes No

Family Member Name	Bank Name	Account Number	Balance

2. Do you or any family member own or have access to any of the following? List all accounts below.

- Stocks/ 401k? Yes No Burial Plot Policy?..... Yes No
 Real property (land or house)? Yes No Life Insurance Policy?..... Yes No
 Pensions? Yes No Individual retirement accounts?..... Yes No
 Any other type of investment?. Yes No

Family Member Name	Type of Asset	Account Number	Value

INFORMATION ABOUT HOUSEHOLD EXPENSES

1. Does any family member have expenses for child care of a child age 12 or younger? Yes No
 If yes, complete the following:

Minor's Name	Care Provider			Value
	Name	Address	Phone	

2. Is any portion of these childcare expenses reimbursed from an outside agency (CCMS) or person? Yes No
 If yes, how much is reimbursed per month? _____
 What is your parent fee? _____

3. Do you pay a **care attendant** for a disabled family member so that an adult family member can work? (Could be the person with disabilities)..... Yes No

Care Attendant			Amount Monthly
Name	Address	Phone	

4. Are you paying for any type of equipment for a disabled family member that enables an adult member to work? (Could be the person with disabilities) Yes No
 If yes, what is the anticipated monthly cost? _____

5. Indicate the dollar amount for your monthly living expenses listed below. Enter the monthly amount, the last dated paid and who paid that expense.

Item	Monthly Amount Spent	Last Date Paid	Who pays this bill?
Rent			
Electricity			
Gas			
Water			
Telephone (Cell Phone)			
TV Cable			
Car payment(s)			
Car insurance			
Gas for car			
Life Insurance			
Health Insurance			
Loan(s)			
Rentals			
Furniture			
Food			
Credit Card Payment(s)			

6. **Medical Expenses –**

This section only applies if the head, spouse, or co-head is 62 years or older, or is disabled.

Do you or any member of the family pay for any of the following items?

- Medical insurance premiums?..... Yes No
- Long term care insurance? Yes No
- Out of pocket prescription expenses?..... Yes No
- Past due medical bills? Yes No
- Other anticipated medical expenses? Yes No

Please list the type and amount of the medical expenses for all family members that you anticipate paying over the next 12 months:

Family Member Name	Type of Expense	Monthly Amount

CERTIFICATION OF THE APPLICANT

*By signing below, I hereby certify that all the information I have provided on this application is true and complete and authorize a criminal background check be completed. I understand that a **CRIMINAL HISTORY CHECK WILL BE RUN ON ALL HOUSHOLD MEMBERS OVER AGE 17.** Criminal backgrounds will be performed to determine eligibility for housing. I authorize and request any and all of my former landlords, employers, and any other persons, companies or organizations (including credit bureaus, schools, and law enforcement agencies), to furnish any information about me and my household members that may be requested by Brenham Housing Authority. I release each such person, company, or organization from any and all liability of whatsoever nature by reason of furnishing such information to BHA, and any agent acting on its behalf. I understand that I am required to notify the Housing Authority in writing within **10 calendar days** if any member of the family moves out of my household, and that I will not permit anyone to move into my unit without prior approval of the Housing Authority. I understand that I must notify the Housing Authority in writing of any changes to the household due to birth, adoption or court-awarded custody. I also understand that any person who attempt to obtain housing assistance or rent reduction by making false statements, by impersonation, by failure to disclose information, or intentionally concealing information, or any act of assistance to such attempt is a crime under Federal and State law.*

WARNING! TITLE 18, SECTION 1001 OF THE UNITED STATES 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 AND SHALL BE FINED NOT MORE THAN \$10,000, OR IMPRISONED FOR NOT MORE THAN FIVE YEARS OR BOTH.

Signature of Head of Household

Date

Signature of Spouse or Co-head

Date

Signature of Adult Member

Date

Signature of Adult Member

Date

Signature of Adult Member

Date

CERTIFICATION OF HOUSING AUTHORITY REPRESENTATIVE

I hereby certify by my signature that I have explained all questions on this application form, and reviewed the answers provided with the head of household, to ensure that these questions were fully understood and fully answered.

Signature of BHA Representative ..

Date

WAITING LIST PREFERENCE SELF-CERTIFICATION

Waiting List Preferences

NOTE: The following answers will determine your eligibility for the preference on the waiting list. Eligibility will be verified prior to the family being issued a voucher. Answering ‘YES’ to any of these questions will qualify you for the first preference on the waiting list.

First Preference: *Resident of Washington County* (Verified by an official ID listing this as residence)

Second Preference: *Veteran of the Armed Forces of the United States* – verified by honorable discharge paperwork or receipt of government assistance by the VA

Third Preference: *Homeless or /Elderly/Disabled or Victim of Domestic Violence*
Homeless to be verified by third party such as a recognized charitable organization.

Fourth Preference: *Working Individual* – must work at least 20 hours a week and continually employed

NOTE: The following answers will determine your eligibility for the first preference on the waiting list. Eligibility will be verified prior to the family being issued a voucher. Answering ‘YES’ to any of these questions will qualify you for the first preference on the waiting list. Use the definitions above to answer these questions.

Are you a resident of Washington County Yes No

Are you a Veteran of the Armed Forces of the United States Yes No

Is the Adult Head of Household, Spouse, or Co-Head;
Homeless, Disabled/Elderly, or Victim of Domestic Violence Yes No

Working *individual* (min. 20 hrs. week & continually employed) Yes No

IMPORTANT!! If you answered ‘NO’ to all questions above, you are **NOT** eligible for a preference on the waiting list.

Head of Household Certification:

I do hereby swear and attest all of the above information is true and correct to the best of my knowledge. Reporting false information is considered fraud and will result in immediate removal from the waiting list.

Signature

Date

Brenham Housing Authority

Date: _____

To: _____

Re: _____
SSN: _____
Address: _____

Your name/company has been provided to us as a previous or current landlord of the above named person, who is applying for rental assistance with Brenham Housing Authority. Your cooperation is requested in supplying the information needed to determine the applicant's eligibility.

Please take a moment to answer the following questions. You may fax, mail or e-mail this form back to us.

Thank you for your cooperation.

Management

I hereby release the City of Brenham Housing Authority to release both verbal and written information concerning my tenancy on the program to present and potential landlords.

X _____
Applicant/Tenant Signature Date

SIGN BY THE 'X' AND DO NOT WRITE BELOW THIS LINE

1. What dates did the tenant lease from you? _____
2. Did the applicant incur late charges more than once? Yes No
3. Did the applicant owe money for rent and/or other charges at time of move out? Yes No
4. Were there serious damages to the unit or property? Yes No
5. Was the applicant evicted? Yes No
6. Did the applicant abandon the unit or move out early? Yes No
7. Was the applicant given lease violation notices in writing? Yes No
8. Please explain the lease violations, if any, for which notices or warning(s) were given:

9. Does this person/family owe money? If so, how much? _____ Yes No
10. Would you lease to the applicant again? Yes No

Signature Telephone Number Date

1801 Northview Cir Dr - Brenham, TX 77833 - (979) 836-9221, Phone - (979) 830-8701, Fax

