

**BRENHAM HOUSING AUTHORITY**  
**901 Rink Street**  
**Brenham, Texas 77833**  
**Phone (979) 836-9221 / Fax (979) 830-8701**

This application is for the following HUD programs:

**Housing Choice Voucher Program**

**Northview Village Apartments**

**Parklane Apartments**

**Fairview Terrace**

Please read carefully

**SUBMIT YOUR APPLICATION AND OTHER DOCUMENTS TO BRENHAM HOUSING  
AUTHORITY LOCATED AT 901 RINK STREET**

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).

Application that are not complete 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.

If our office is closed, you can e-mail your application and other documents to [BrenhamHousing@Gmail.com](mailto:BrenhamHousing@Gmail.com)

Important information for former military service members. Women and men who served in any branch of the United States Armed Forces, including Army, Navy, Marines, Coast Guard, Reserves of National Guard, may be eligible for additional benefits and services. For more information, please visit the Texas Veterans Portal at <https://veterans.portal.texas.gov>.

**You MUST submit all adults stated issued ID, all social security cards and all birth certificates.**



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



Housing Choice Voucher (Section 8) [ ]  
 Parklane Villas [ ]  
 Northview Village [ ]  
 Fairview Terrace [ ]

**APPLICATION FOR THE HOUSING AND/OR RENTAL ASSISTANCE**

**901 Rink Street, Brenham, TX 77833**  
 (979) 836-9221, Phone (979) 830-8701, Fax

Name: \_\_\_\_\_  
 Current Mailing Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 e-mail: \_\_\_\_\_

**INFORMATION ABOUT ALL HOUSEHOLD MEMBERS**

List below **all persons age 18 and 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)

List all **children** 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. (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?  
 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 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 five (5) years. If living with family or friends, please list that as well.

1. Address rented: \_\_\_\_\_ How long? \_\_\_\_\_  
 Owner/Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Owner/Landlord Address: \_\_\_\_\_ How long? \_\_\_\_\_
2. Address rented: \_\_\_\_\_ How long? \_\_\_\_\_  
 Owner/Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Owner/Landlord Address: \_\_\_\_\_ How long? \_\_\_\_\_
3. Address rented: \_\_\_\_\_ How long? \_\_\_\_\_  
 Owner/Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Owner/Landlord Address: \_\_\_\_\_ How long? \_\_\_\_\_

**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 who, when, and the reason for the conviction. 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. Is 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: \_\_\_\_\_



**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  
 Any cash apps, like Cash App, Facebook, Google, Square account, PayPal, VENMO, etc                       Yes  No

**List the sources and amounts of all marked YES to the above:**

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                      If, yes, do you rent this home?.....  Yes  No  
 Pensions? .....  Yes  No                      Individual retirement accounts?.....  Yes  No  
 PayPal, Venmo, Square Cash ..  Yes  No                      Life Insurance Policy?.....  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

**Brenham Housing Authority**  
**NOTICE OF ELIGIBILITY REQUIREMENTS**  
**(As required by Texas Property Code §92.3515)**

An applicant is qualified for housing assistance if he or she meets all of the following criteria:

1. Is a family defined as:

Two or more persons (with or without children) regularly living together, related by blood, marriage, adoption, guardianship or operation of law who will live together in Authority housing; OR two or more persons who are not so related, but are regularly living together, can verify shared income or resources who will live together in Authority housing.

“Family” also includes: Elderly Family, Near Elderly Family, Disabled Family, Displaced Person, Single Person, the remaining member of a tenant family, a foster care arrangement, or a kinship care arrangement. Other persons, including members temporarily absent (e.g., a child temporarily placed in foster care or a student temporarily away at college), may be considered a part of the applicant family’s household if they are living or will live regularly with the family (*24 CFR 5.403*)

2. A “family” must meet the HUD requirements on citizenship or immigration status; (*24 CFR 5.500 - 5.528*)

a. A family is not eligible for full housing assistance unless every member of the family in the unit is determined to be either a U. S. Citizen or have eligible immigrant status as defined by the regulations.

b. A Mixed Family (in which one or more family members is determined to be ineligible on the basis of immigration status) may be eligible for prorated assistance.

3. Has an Annual Income at the time of admission that does not exceed the low income limits for occupancy posted in the Authority office.

4. Provides a documented Social Security number for all family members, or certifies that they do not have Social Security numbers (*24 CFR 5.216*)

5. Meets or exceeds the Applicant Suitability Screening

a. I understand that as part of the screening process a CRIMINAL HISTORY CHECK WILL BE RUN ON ALL HOUSHOLD MEMBERS OVER AGE 17. 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.

- b. Past performance in meeting financial obligations, particularly rent, is satisfactory (where nonpayment or late payment of rent has occurred, Authority will take into account extenuating circumstances, such as family illness, loss of job, etc., that may have caused the delinquency).
- c. No record of disturbance of neighbors, destruction of property, or living or housekeeping habits which adversely affect the health, safety or welfare of other residents (*this includes alcohol abuse where the abuse results in behavior which interferes with the health, safety, or right to peaceful enjoyment of premises by other residents*)
- d. No history of criminal activity involving crimes of physical violence to persons or property; possession, sale or use of illegal substances; or any other criminal acts that adversely affect the health, safety or welfare of themselves or other residents

### Right to a Hearing

- 1. All applicants who are denied by the Authority will receive a letter that informs them of their right to request in writing, within ten (10) days of receipt of the denial letter, a hearing with the Hearing Officer.
- 2. A hearing may be requested as a result of denial based on preliminary application information or on results of the final verification and screening process.
- 3. Upon receipt of the applicant's written request, the Authority will notify the applicant of the time for an informal hearing, which should occur within the 30-day period following the date the request for hearing is received. Hearings are scheduled monthly.
- 4. **If misrepresentations on the Application for Admission are determined before the family is housed, the family will be denied housing. If misrepresentations result in housing an ineligible or unsuitable family, the family may be required to vacate even though currently eligible. If misrepresentation or failure to provide facts has resulted in payment of a lower Total Tenant Payment than should have been paid, the family will be required to pay the difference between the Total Tenant Payment paid and the amount which should have been paid. In justifiable cases, the Authority may take such other action as deemed reasonable.**

**I have reviewed the Authority's tenant eligibility and selection criteria and I understand that tenant selection criteria may include factors such as criminal history, credit history, current income and rental history. I further understand that if I do not meet the selection criteria, or if I provide inaccurate or incomplete information, my application will be denied.**

\_\_\_\_\_  
Signature, Applicant Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, Applicant Spouse/co-head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, Applicant 18 years or older

\_\_\_\_\_  
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

**Fifth Preference:** *Working (Multiple individuals)* a family of 2 or more persons where at least one family member is working at least 20 hours a week and continually employed

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**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.

**Are you homeless?** Homelessness must be verified by a third party  Yes  No

**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 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

**Working (Multiple individuals and at least one working 20hr wk/continually)**  Yes  No

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**IMPORTANT!!** If you answered ‘NO’ to all questions above, you are **NOT** eligible for a preference on the waiting list. Please contact the Housing Choice Voucher Program at (979) 836-9221, ext 104 if you have any questions.

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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

901 Rink Street - Brenham, TX 77833 - (979) 836-9221, Phone - (979) 830-8701, Fax