



Tatum Housing Authority  
200 Forest Acres Circle  
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Tatum, TX 75691

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## Application for Project Based Voucher **WAITING LIST**

### **Please check all locations that you wish to apply for:**

Bedroom size notations are for reference only. The unit size will be determined by the agency based on HUD regulations.

Beckville (1,2)       Gladewater (1,2,3)       Tatum (1,2,3)

**NOTE:** **A legible copy of the Head of Household's photo ID, Social Security Card and Birth Certificate must be submitted with this application.**

**NOTE:** All applications **MUST be updated at least every 6 months by applicant** or application will be purged from the system. All applications entered by date and time received.

**NOTE:** Housing may be contingent upon the submission and verification of evidence of citizenship or eligible immigration status prior to the time housing is made available.

**NOTE:** Your rent is based on your current expected income for the following year. It is approximately 30% of your adjusted gross income. **You must have sufficient income to meet living expenses.**

**NOTE:** You must notify Tatum Housing Authority of any changes to your household, including phone number, legal address, and mailing address.



## Part 1: Head of Household

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: (MM/DD/YYYY) \_\_\_\_\_

Sex:  Female  Male

Disabled:  Yes  No

### Ethnicity: (Check one)

Hispanic  Not Hispanic

### Race: (Check all that apply)

American Native/Indian

Asian

Black/African American

Hawaiian/Pacific Islander

White

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Legal Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Mailing Address: (If different) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

## Part 2: Optional Alternate Contact Information

Check this box if you choose NOT to provide the optional alternate contact information.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_



### Part 3: Household Information

**List ALL household members, starting with the Head of Household.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_\_-\_\_\_\_-\_\_\_\_ Sex:  Male  Female  
Relation to Head: **Head of Household** Elderly:  Yes  No Disabled:  Yes  No

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_\_-\_\_\_\_-\_\_\_\_ Sex:  Male  Female  
Relation to Head: \_\_\_\_\_ Elderly:  Yes  No Disabled:  Yes  No

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_\_-\_\_\_\_-\_\_\_\_ Sex:  Male  Female  
Relation to Head: \_\_\_\_\_ Elderly:  Yes  No Disabled:  Yes  No

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_\_-\_\_\_\_-\_\_\_\_ Sex:  Male  Female  
Relation to Head: \_\_\_\_\_ Elderly:  Yes  No Disabled:  Yes  No

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_\_-\_\_\_\_-\_\_\_\_ Sex:  Male  Female  
Relation to Head: \_\_\_\_\_ Elderly:  Yes  No Disabled:  Yes  No

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_\_-\_\_\_\_-\_\_\_\_ Sex:  Male  Female  
Relation to Head: \_\_\_\_\_ Elderly:  Yes  No Disabled:  Yes  No



I certify that the statements on this application are true to the best of my knowledge and belief and understand that they will be verified. I authorize the release of information to the Housing Authority by my employers(s), the Department of Public Assistance, the Social Security Administration, and other business or government agencies. I understand that any false statement made on this application will cause me to be disqualified for admission.

Head of Household Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Adult Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Warning: 18U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.

### **Part 4: Family Income**

List total gross income (*before taxes*) and payments received by every family member for wages, military pay, pensions, social security, SSI, welfare, child support, unemployment, business, profession, or any other source.

Family Member: \_\_\_\_\_ Source: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ How Often:  Weekly  Bi-weekly  Monthly  \_\_\_\_\_

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Family Member: \_\_\_\_\_ Source: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ How Often:  Weekly  Bi-weekly  Monthly  \_\_\_\_\_

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Family Member: \_\_\_\_\_ Source: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ How Often:  Weekly  Bi-weekly  Monthly  \_\_\_\_\_

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Family Member: \_\_\_\_\_ Source: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ How Often:  Weekly  Bi-weekly  Monthly  \_\_\_\_\_



**Part 5: Household Questionnaire (These apply to ALL household members)**

1. Do you share custody of any child listed above?  Yes (docs required)  No  
If yes, will this be the primary residence for the child/children at least 51% of the time?  
 Yes  No If no, explain: \_\_\_\_\_
2. Do you expect anyone to move in or out of your household within the next twelve months?  Yes  No  
If yes, explain: \_\_\_\_\_
3. Does anyone live with you who is not listed above?  Yes  No  
If yes, explain: \_\_\_\_\_
4. Are any members of your household pregnant?  Yes  No  
Name of Member: \_\_\_\_\_ Due Date: \_\_\_\_\_
5. Is any member of the household in the Armed Services?  Yes  No  
Name of Member(s): \_\_\_\_\_
6. Is the family currently displaced by domestic violence?  Yes  No  
All information provided will be kept confidential and will not be release for any purpose without your express written consent.  
Shelter or Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone/Email: \_\_\_\_\_  
Police/Sheriff's Department: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone/Email: \_\_\_\_\_
7. Does any family member require a handicap accessible unit or other accommodation due to mobility, visual, or hearing impairment or other special need?  Yes  No  
If yes, explain: \_\_\_\_\_



8. Is any adult family member enrolled in an education program full time?  
 Yes     No    Name of Program: \_\_\_\_\_
9. Is any adult family member enrolled in a job training program, including one required under the state TANF program?     Yes     No  
 If yes, explain: \_\_\_\_\_
10. Has any family member ever lived in assisted housing?     Yes     No  
 If yes, under what name? \_\_\_\_\_  
 Who was the Head of Household? \_\_\_\_\_  
 Agency: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_
11. Has any family member ever used a name other than the one listed?     Yes     No  
 If yes, explain: \_\_\_\_\_
12. Has any family member ever used a Social Security number different than the one associated with their name listed above?     Yes     No  
 If yes, explain: \_\_\_\_\_
13. Has any family member listed ever been evicted?     Yes     No  
 If yes, Name: \_\_\_\_\_ Date of Eviction: \_\_\_\_\_  
 Name and Phone # of Landlord: \_\_\_\_\_  
 Reason for Eviction: \_\_\_\_\_
14. Has any family member listed ever been evicted from Public or Assisted Housing for violent, criminal, or drug-related activity?     Yes     No  
 If yes, explain: \_\_\_\_\_
15. Do you owe any money to another Public Housing Authority, Section 8 Agency, or other subsidized housing program?     Yes     No  
 If yes, name: \_\_\_\_\_
16. Do you owe money to a utility company?     Yes     No  
 If yes, Name of Company: \_\_\_\_\_ Date: \_\_\_\_\_  
 Reason/Explanation: \_\_\_\_\_



17. Have YOU or ANYONE in your household EVER been arrested?  Yes  No

If yes, Name: \_\_\_\_\_ Date of Arrest: \_\_\_\_\_

Reason/Explanation: \_\_\_\_\_

**Please attach a separate page if necessary to include all arrests with details.**

18. Have YOU or ANYONE in your household EVER been arrested/convicted for the use, sale, manufacture, or distribution of a controlled substance or for a violent crime?

Yes  No If yes, Name: \_\_\_\_\_ Date of Arrest: \_\_\_\_\_

Reason/Explanation: \_\_\_\_\_

**Please attach a separate page if necessary to include all arrest/conviction details.**

19. Is any household member required to report to a parole/probation officer?  Yes  No

Name of Officer: \_\_\_\_\_ Phone #: \_\_\_\_\_

20. Is any household member required to register as a sex offender?  Yes  No

If yes, Name of Person: \_\_\_\_\_

21. Has anyone in the household applied for benefits, assistance or monies that are in the process of being approved?  Yes  No

If yes, explain: \_\_\_\_\_

22. Does anyone in the household receive an educational scholarship or grant?  Yes  No

If yes, Source: \_\_\_\_\_ Amount: \_\_\_\_\_

23. If you are offered housing, will anyone outside of your household pay any of your bills or give you regular gifts (food, clothing, cigarettes, etc.)?  Yes  No

If yes, Name: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

24. If you are offered housing, will any governmental agency, church, or other organization help you with deposits or bills?  Yes  No

If yes, Source: \_\_\_\_\_ Amount: \_\_\_\_\_



25. Check all that apply to income currently received by any member of the household:
- |  |                                       |   |
|--|---------------------------------------|---|
| <input type="checkbox"/> Employment        | <input type="checkbox"/> SNAP         | <input type="checkbox"/> Workers Compensation   |
| <input type="checkbox"/> Unemployment      | <input type="checkbox"/> TANF         | <input type="checkbox"/> Self Employment        |
| <input type="checkbox"/> Child Support     | <input type="checkbox"/> Interest     | <input type="checkbox"/> Stock Dividends        |
| <input type="checkbox"/> Social Security   | <input type="checkbox"/> Alimony      | <input type="checkbox"/> Annuities/Pensions     |
| <input type="checkbox"/> SSI/Disability    | <input type="checkbox"/> Military Pay | <input type="checkbox"/> Rental Property Income |
| <input type="checkbox"/> Veterans Benefits | <input type="checkbox"/> Pell Grant   | <input type="checkbox"/> Other Source _____     |

**For each box checked, you must complete Part 4 on Page 4 of this application.**

26. Have you owned or sold a home or property in the last five years?  Yes  No  
 If yes, complete the mortgage information below. You must provide closing documents.  
 Mortgage Company: \_\_\_\_\_ Date Sold: \_\_\_\_\_  
 Company Address: \_\_\_\_\_

27. During the last two years, have you sold or given away any assets for less than fair market value?  Yes  No List all assets, such as homes, land, stocks, bonds, annuities, savings bonds, credit union shares, retirement accounts and life insurance.

Description of Asset	Location of Asset	Value of Asset

28. List your current monthly expenses:

Rent: _____	Car Payment: _____	Cable/Satellite: _____
Electric: _____	Car Insurance: _____	Internet: _____
Gas: _____	Fuel: _____	Cell Phone: _____
Water: _____	Credit Cards: _____	Medical: _____

29. Do you have any other regular monthly payments not listed above?  Yes  No  
 If yes, specify: \_\_\_\_\_

30. Do you pay child care expenses?  Yes  No  
 Provider Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Amount: \_\_\_\_\_ Frequency of Payments:  Weekly  Bi-Weekly  Monthly

31. Please list all vehicles the family has in their possession:

Registered Owner	Year	Make	Model	Color	Plate #	State



## Part 6: Rental History

**PLEASE NOTE:** If you leave any part of this section blank, your application will be deemed incomplete and your application will be denied. You must provide names, valid addresses, and valid phone numbers for every landlord. Please understand that by filling out this application you agree to the landlord background check.

List all Landlords for the past **five (5) years**, beginning with your current landlord. If you currently live with a relative or friend, we will need current information for their landlord. **Please attach a separate page if necessary.**

Landlord's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

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Landlord's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

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Landlord's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

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Landlord's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

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Landlord's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_



## **Part 7: Credit History, Background, and Criminal Check Release**

I, the undersigned, have been notified and understand that the Tatum 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, date of birth and social security number
- the check will include, but not be limited to criminal history, rental and credit history
- I will be given an opportunity to order a full FBI report with fingerprints, if no cost to me, if I do not agree with the report or if I believe the report is erroneous in any way.
- I will be afforded an opportunity for an informal hearing if I contest the report and I am rejected for housing assistance based on the report.
- the housing authority may choose to do a fingerprint check if they are not satisfied with the results of the first report.

### **Head of Household:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex:  Male  Female

Driver's License # \_\_\_\_\_ Driver's License State of Issuance: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Other Adult Applicant:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex:  Male  Female

Driver's License # \_\_\_\_\_ Driver's License State of Issuance: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

