



Tatum Housing Authority

PO Box 1066

Tatum, TX 75691

Phone: 903-947-6464 Fax: 903-947-3230

Housing Authority Use only

Date of Application _____

Time of Application:

APPLICATION WAITING LIST: PUBLIC HOUSING BECKVILLE

Part 1: Head of Household

DATE _____

Applicant: Head of Household

First Name _____

Last Name _____

Middle Name _____

Social Security Number: _____

Date of Birth: _____

Sex: Female Male

Telephone Number: _____

Other Phone: _____

Email: _____

Disabled: Yes No

Ethnicity and Race

Ethnicity _____

Hispanic Not Hispanic

Race

White

Black/African American

American Indian/ Alaska Native

Asian

Native Hawaiian

Other Pacific Islander

Do you qualify for a reasonable accommodation due to a disability? Yes No

All applications must be updated every 6 months by applicant or application will be purged from system and you must re-apply! All applications are entered by date and time received. 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.



Part 2: Household Information

Legal Address

Address: _____

City: _____

State: _____ Zip: _____

Mailing Address (If different from Legal)

Address: _____

City: _____

State: _____ Zip: _____

Note: If your legal or mailing address changes, you must notify the Housing Authority in writing to maintain your waiting list status.

Household Members- List all household members, including head of household

List information for adults first, then children under age of 18. Use "F" or "M" to indicate sex.

First Name	Last Name	Social Security #	Date of Birth	Sex	Disabled Elderly	Relationship

Part 3: Supplemental and Optional Contact Information

You may choose to add a contact person in case we are unable to contact you with the information you provided.

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

Name: _____ Phone: _____

Address: _____ Relationship _____



U. S. Citizenship Notification and Certification

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.

Use the fields below to confirm that information entered in Part 1.

Head of Household Social Security Number: _____

Head of Household Date of Birth: _____

Part4: Family Income:

List total gross income(before taxes) and payments received by each family member age 18 or older for wages, military pay, pensions, social security, SSI, welfare, child support, unemployment, business, profession, or any other source. Include payments made to family members age 18 or older on behalf of other family members under age 18.

Family Member Name	Income Source	Amount\$	Frequency	How Often Paid
				<input type="checkbox"/> weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly
				<input type="checkbox"/> weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly
				<input type="checkbox"/> weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly

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

Applicant Signature: _____ Date: _____

Co-applicant 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 an 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.



1. Do you share custody of any child listed above?

Yes (documentation required) no custody arrangement (please explain)

If yes, will this be the primary residence for the above listed 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 now who in not listed above? Yes No

If yes, Explain _____

4. Are any members of your household pregnant? Yes No

Name of Household Member _____ **Due Date** _____

5. Is any member of the household in the Armed Services? Yes NO

Name of Household Member _____

6. Is the applicant family currently displaced by domestic violence? Yes No

All information will be kept confidential and will not be released for any purpose without your expressed written consent.

Shelter or Organization _____

Address _____

City _____

State _____

Zip Code _____

Police Department/Sheriff's Department (Name, address, & phone number)

7. Is any adult family member enrolled in a job-training program, including one required under the State TANF (welfare) program? Yes No

Explain _____

8. Is any adult family member enrolled in an education program full time? Yes No

Name of Program _____

9. Do you require a handicap accessible unit or other accommodation due to mobility, visual, or hearing impairment or other special need? Yes No

If yes please explain _____

Initial _____

THE FOLLOWING QUESTIONS APPLY TO ALL HOUSEHOLD MEMBERS

10. **Have you ever lived in assisted housing before?** Yes No
(Do you received some type of governmental help with your rent)
If yes, From _____ To _____ Agency _____
Under what name? _____
Who was Head of Household? _____
11. **Have you ever used a name other than the one you are now using?**
 Yes No
If yes, what is it? _____
12. **Have you ever used a Social Security number other than the one you listed above?** Yes No
If yes, what is it? _____
13. **Have you ever been evicted?** yes No
If yes, Date evicted _____
If yes, Name of Landlord _____
Reason _____
14. **Do you owe any money to another Public Housing Authority, a Section 8 Agency or other subsidized housing program?** Yes No
If yes, Who _____
15. **Do you owe a debt with a local utility company that would keep you from having service connected in your name?** Yes No
If yes, Name: _____ Date _____
Reason _____
(You will be required to connect services in your name when offered an apartment. Therefore it is strongly encouraged that you pay this debt before your offer of housing.)
16. **Have you or anyone in your household ever been arrested?** Yes No
If yes, Name: _____ Date of Arrest _____
Reason _____

Initial _____

17. Have you or anyone in your household ever been arrested or convicted for the use, sale, manufacture or distribution of controlled substance (drug) or for a crime of a violent nature

Yes No

If yes, Name _____ Date _____

What was the Charge? _____

18. Does anyone in your household currently use illegal drugs? Yes No

If yes, explain _____

19. Have you ever been evicted from Public or Assisted Housing for violent criminal, or drug related activity? yes No

If yes, explain _____

20. Are you or any household member required to report to a parole officer?

Yes No

If yes, Name of Officer _____ Phone _____

21. Are you or any member of your household required to register as a sex offender?

Yes No If yes, please provide name _____

22. Has anyone in your household applied for any benefits or money, which is in the process of being approved? Yes No

If yes, explain _____

23. Does anyone in your household receive an educational scholarship or grant?

Yes No If yes, Name Source _____ Dollar amount _____

24. 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, who _____

How much _____ How often _____

25. If you are offered housing, will any governmental agency, church or other benevolent entity help you with deposits? Yes No

If yes, who will be helping _____

Initial _____

26. Check all boxes that apply to income currently received by any member of the household

- | | | |
|--|---|---|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Workers compensation | <input type="checkbox"/> Interest |
| <input type="checkbox"/> Self Employment | <input type="checkbox"/> TANF | <input type="checkbox"/> Alimony |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Veterans Benefits | <input type="checkbox"/> Annuities/Pensions |
| <input type="checkbox"/> Unemployment | Maintenance | <input type="checkbox"/> Regular contributions |
| <input type="checkbox"/> Military pay | <input type="checkbox"/> Pell Grant/other sources | <input type="checkbox"/> Stock Dividends |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> SSI Disability | |
| <input type="checkbox"/> SNAP | <input type="checkbox"/> Other sources | <input type="checkbox"/> Rental Property Income |

27. If you checked any box above, BE SURE TO COMPLETE (PART 4) ONE PAGE 3. List each source separately. Be prepared with addresses and phone numbers for income sources.

28. Have you owned or sold a home or property in the last five years? Yes No
If yes, please complete the mortgage information below. You must provide closing documents.

Mortgage Company _____
Mortgage Address _____
Date Property was sold _____

29. 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, life insurance

Description of Asset	Location of Asset	Value of Asset

30. Where do you bank? _____ Checking Savings

31. List you current monthly expenses:

Rent \$ _____ **Auto Insurance \$** _____ **Water \$** _____
Phone \$ _____ **Child Care \$** _____ **Credit Card \$** _____
Cable \$ _____ **Rental Center \$** _____ **Medical \$** _____
Cell Phone \$ _____ **Electric \$** _____ **Other \$** _____
Auto Payment \$ _____ **Gas \$** _____

32. Do you have any other regular monthly payments other than those above

Yes No

If yes, specify _____

33. Do you pay child care expenses? Yes No

Daycare Company or baby sitter name _____

Address _____ **City** _____ **St** _____ **Zip** _____

Amount \$ ____ **per** _____ **(week, month, etc.)**

34. Does anyone in the household receive Medicare Yes No

35. Does anyone in the household have other health insurance? Yes No

If yes Amount of Premium \$ _____

36. Does anyone in the household make regular payments on medical bills? Yes No

If yes, how much \$ _____

37. Does anyone in the household have regular payments for medicine? Yes No

If yes, how much \$ _____

38. Anticipated healthcare-related expenses in the next twelve months \$ _____

Initial _____

RENTAL HISTORY

Please note: If you leave this section blank your application will be deemed incomplete. You must research and gather: name, address, and phone number or fax number of landlords, BEFORE interview. Returned mail from landlords may delay or deny your application. Please understand that by filling out this application you agree to the landlord background check.

39. Please 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.

Landlord's Name	Landlord's Address, City, State, Zip code	Phone Fax #	From Month/year ar	To Month/Year

40. Do you have any pets? Yes No

If yes, what kind? _____ Breed _____ Weight _____

Public Housing only: A non-refundable pet fee of \$150.00 will be required for a pet.

Animals must be 35 pounds or under and does not exceed 18 inches tall.

Unauthorized pets are prohibited.

41. How many vehicles does the family have in possession? _____

If someone is allowing you to drive their vehicle, add it to the list below.

Owner	Make	Model	Year	Color	Tag #	State

Initial _____

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APPLICANT SIGNATURE _____ **DATE** _____
OTHER ADULT SIGNATURE: _____ **DATE** _____

Credit History, Background and Criminal Check Release

I/we understand the undersigned, have been notified and so understand that the Tatum/Beckville Housing Authorities, 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/us according to the Housing Authority's Criminal Screening Policy.

I/we further understand that:

- **the check will be run first on my name, sex, race, date of birth and social security number**
- **I will be provided a copy of any report that is received if requested.**
- **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:

Applicant Signature: _____ **Date:** _____

Print full name including middle name _____

Date of Birth _____ **Social Security Number** _____

Address: _____ **zip** _____

Driver's License # _____ **State** _____

Other Adult:

Applicant Signature: _____ **Date** _____

Print full name including middle: _____

Date of Birth: _____ **Social Security Number** _____

Address _____ **Zip** _____

Driver's License # _____ **State** _____