



Service is the Heart  
of Tatum Housing &  
Beckville Housing Authorities

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**Housing Authority Use ONLY!**

Date of Application: \_\_\_\_\_

Received By: \_\_\_\_\_

Time of Application: \_\_\_\_\_

**APPLICATION for WAITING LIST: Public Housing - Beckville**

**Part 1: Head of Household**

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

Ethnicity: (Check one)

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

Hispanic  Not Hispanic

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

Race: (Check all that apply)

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

American Indian or  
Alaska Native

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

Asian

Sex:  Male  Female

Black or African American

Disabled:  Yes  No

Native Hawaiian or Other  
Pacific Islander

Telephone Number: \_\_\_\_\_

White  Other

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

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

**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.**



**Part 2: Household Information**

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

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

City: \_\_\_\_\_

City: \_\_\_\_\_

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

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

Note: If your legal or mailing address changes, you must notify the Housing Authority.

**Household Members: List ALL household members, start with Head of Household.**

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

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

**Part 3: Optional Alternate Contact Information**

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

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

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



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	Income Source	Amount \$	How Often Received
			<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
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly

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

- 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: \_\_\_\_\_
- Do you expect anyone to move in or out of your household within the next twelve months?  Yes  No  
If yes, explain: \_\_\_\_\_
- Does anyone live with you who is not listed above?  Yes  No  
If yes, explain: \_\_\_\_\_
- Are any members of your household pregnant?  Yes  No  
Name of Member: \_\_\_\_\_ Due Date: \_\_\_\_\_
- Is any member of the household in the Armed Services?  Yes  No  
Name of Member(s): \_\_\_\_\_



6. Is the applicant 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: \_\_\_\_\_
- (You will be required to connect utility services in YOUR name when offered housing.)
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. Does anyone in your household currently use illegal drugs?  Yes  No  
If yes, explain: \_\_\_\_\_
20. Is any household member required to report to a parole/probation officer?  Yes  No  
Name of Officer: \_\_\_\_\_ Phone #: \_\_\_\_\_
21. Is any household member required to register as a sex offender?  Yes  No  
If yes, Name of Person: \_\_\_\_\_
22. Has anyone in the household applied for benefits, assistance or monies that are in the process of being approved?  Yes  No  
If yes, explain: \_\_\_\_\_
23. Does anyone in the household receive an educational scholarship or grant?  Yes  No  
If yes, Source: \_\_\_\_\_ 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, Name: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_



25. 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: \_\_\_\_\_

26. 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 3 of this application.**

27. 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: \_\_\_\_\_

28. 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

29. Name of Banking Institution: \_\_\_\_\_  
 Type of Account:  Checking  Savings

30. List your current monthly expenses:

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

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



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

33. 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/Beckville 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, 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:**

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: \_\_\_\_\_

