



**Tatum Housing &
Beckville Housing**
AUTHORITIES

*Service is the Heart
of Tatum Housing &
Beckville Housing Authorities*

903-947-6464 Fax 903-947-3230

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housing@tatumbeckvillehousing.com

Housing Authority Use ONLY!

Date of Application: _____

Received By: _____

Time of Application: _____

APPLICATION for WAITING LIST: Section 8 PBV - Tatum

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

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

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

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

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

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: _____

 Landlord's Name: _____ Phone #: _____
 Landlord's Address: _____
 City: _____ State: _____ Zip: _____ From: _____ To: _____

 Landlord's Name: _____ Phone #: _____
 Landlord's Address: _____
 City: _____ State: _____ Zip: _____ From: _____ To: _____

 Landlord's Name: _____ Phone #: _____
 Landlord's Address: _____
 City: _____ State: _____ Zip: _____ From: _____ To: _____

 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: _____

