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|  KIRBYVILLE HOUSING AUTHORITY (PECAN GROVE)**414 S. VALLIE AVE. KIRBYVILLE, TX 75956 Office: 409-423-4751** |
|  **Web Site: khapg.com** **Fax: 409-423-3396**  |

## APPLICATION FOR ADMISSION

Pecan Grove / Kirbyville Housing Authority (hereinafter called Pecan Grove) will provide reasonable and necessary assistance to individuals who require it to ensure equal access to this document. If you require assistance or help in understanding or completing this document, you must notify this office that you will need it so that we may arrange for the assistance to be provided.

**This form must be completed in full and signed by the person who is making application for the apartment.** Complete and sign this form in INK, or type if completing online. Please do not leave any section of the application blank. If any section or blank does not apply to you, write N/A in it.

**Special Note:** In most cases, the applicant will be the same as the head of the household. If you will be living with another adult (or adults), you should determine who will be the head of the household and fill out the application in that person’s name. (For your information: All adults living in the household have equal responsibility for any financial obligation to Pecan Grove).

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| Name:  SSN Date Of Birth: Daytime Phone: Mailing Address: City:  State: Zip Code: Family? [ ]  Elderly? [ ]  Disabled? [ ]  Single? [ ]  Additional Designation: Veteran? [ ]  Homeless? [ ]  Victim of Federally Declared Disaster? [ ] How many people will be living in the household? How many children under age 18 will live in the household? Please Check Appropriate Box for Head of the HouseholdRace: White  Black  American Indian/Alaskan Native  Asian or Pacific Islander Ethnicity: Hispanic  Non-Hispanic  |
| Other phone numbers where you may be reached:  |

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| FOR OFFICE USE ONLY |

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| Date Received: | Time Received: |
| BDR Size Requested: | BDR List Assigned: |
| DE \_\_\_ ES \_\_\_ SS \_\_\_ OM \_\_\_ OR \_\_\_ MI \_\_\_ | Received By: Processed By: |

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| SCREENING DATA |

#### **SECTION 1. HOUSEHOLD COMPOSITION**

Use correct, full legal name for each person who will be living in the apartment. All information that you provide must be the same as it appears on the individual’s Social Security card and/or other legal forms of identification.

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| Adults (Age 18 & Over)Last First MI  | SexM/F | Relation toHead | Disabled orElderly? | Social Security Number | Date of Birth |  |
|  |  | **Self** |   |  |  |  |
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|  |  |  |   |  |  |  |
| Children (Under Age 18)Last First MI  |  |  | Disabled? |  |  | Name/Addressof Absent Parent |
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###### SECTION 2. HOUSEHOLD INCOME

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| --- | --- | --- | --- | --- |
| Name of Person Receiving Income |  Source of Income (Name of Employer, Other, Child Support, AFDC, VA, SS, SSI,RR, Retirement, Family) | Rate of Pay(Wages, Salary,Benefits, Etc.) | How Often Paid(Daily, Weekly, Bi-weekly, Monthly, Etc.) | Gross Pay PerPay Period(before deductions) |
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Do you anticipate any change in income?  yes  no. If yes, explain:  Does anyone help you pay bills regularly?  yes  no.

###### SECTION 3. ASSETS

Do any household members have any of the following?

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|  real estate  trust  certificates of deposit  stocks/bonds  savings acct.  checking acct. insurance settlements  company retirement/pension  other  |

Have any household members given away or sold any asset for less than its fair market value in the past 2 years?  yes  no

If yes, what? 

Market value?  How much did you receive for it? 

##### SECTION 4. CHILD CARE AND MEDICAL

Do you pay for child care for children age 12 or younger while you work or go to school?  yes  no

If yes, number of children in care:  How much per month? 

Name of person to whom these expenses are paid:  Phone: 

If a household member is age 62 or older or disabled, list all medical expenses anticipated for the 12 months that will not be reimbursed by Medicare, Medicaid, or other outside source. List only those expenses that you have receipts for and that you have a physician’s prescription to support those purchases/expenses. Over-the-counter (OTC) meds may also be included if backed by a prescription. Medical mileage ($.23/mi.) is allowable from your home to the medical facility and back each time you paid out-of-pocketed travel expenses and have documents showing those medical visits.

**Type of Expense Yearly Amount**

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##### SECTION 5. PREVIOUS TENANCY

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| --- | --- | --- | --- |
| Previous Landlord  | Address | Telephone Number | Dates Leased |
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Has any household member ever lived in public housing? yes no

If yes, list name, address, and phone number of housing complex: 

 Has anyone ever received housing assistance?  yes  no

If yes, state type of assistance, landlord, address and phone number of landlord: 



Has any member of the household ever been evicted from any housing?  yes no Had a lease terminated?  yes  no

Been barred entry to public or private housing (Including Section 8)?  yes  no

If yes to any of the above, explain where, why, and when: 



Does any member of the household owe money to any landlord (Including any Public Housing Authority or Section 8 Agency)?  yes  no How much?  Name, address, and phone number of landlord: Does any member of the household owe money to a utility company?  yes  no

If yes, where?  Account number: 

Have any neighbors ever filed complaints with a landlord against you?  yes  no (If yes, when? ?)

Explain: 

###### SECTION 6. CRIMINAL/ILLEGAL/UNLAWFUL ACTIVITY\*

Has any household member **ever** used a name or social security number that is different than the one stated in this application? yes  no

If yes, state the name and/or Social Security Number used, and explain:



Has anyone in the household **ever** been arrested for or convicted of a crime other than a traffic violation?

 yes  no When?  Where? 

What for? 

Has anyone in the household **ever** been involved in drug-related activity?  yes  no Gang or gang-related activity?  yes  no

 Is anyone in the household a drug addict or alcoholic?  yes  no

Is **(or has)** anyone in the household **now (or ever been)** required to report to a probation or parole officer? yes  no Who/where do they report and when (how often)?

Has anyone in the household **ever** been involved in activities for which law enforcement was called to the scene (such as family violence, child abuse, neighborhood disputes, disturbing the peace, etc.)?  yes  no Explain:



**\*Note: Take special care to complete the above section very carefully! Pecan Grove will conduct a thorough background check on the criminal history of each member of the household. Not all arrests/convictions result in a disqualification for housing, but incomplete or incorrect information will result in your ineligibility for a minimum period of one year or longer, depending on the circumstance.**

##### SECTION 7. CREDIT INFORMATION

Has any household member ever been written off or taken to court for non-payment of a debt?  yes  no

###### SECTION 8. MISCELLANEOUS INFORMATION

Do you own a vehicle?  yes  no How many?  What kind(s)? 

Year?  What state(s) are the tags?  What is the number? 

Do you own a boat? yes  no Camper/Travel Trailer/RV? yes  no Do you drive a large vehicle for your job?  yes  no Make Model 

Do you smoke?  yes  no Do you own a pet?  yes  no How many?  What is it? 

What breed?  How tall at shoulders?  How much does it weigh? 

Do you have an aquarium? yes  no What gallon capacity? 

Do you babysit for children other than your own on a regular basis?  yes no

If so, do you get paid for it?  yes  no How much?  How often?  How many children? 

**Smoke-Free Policy**

I understand that all Pecan Grove apartments and other buildings are designated as non-smoking. I understand that if I smoke (or allow any guest or other person to smoke) inside an apartment or within 25 feet of any building or common area, I will be in violation of my lease and must pay a $500.00 smoking deposit **in addition to** the security deposit I have already paid. Furthermore, if it is determined by Management that I or my guest(s) have continued to violate the smoking policy after the additional $500.00 security deposit has been charged, I understand that I will be subject to lease termination and eviction.

 

Signature of Applicant Date

The next two items will not be used for screening purposes, but are included for informational purposes only. Your answers will in no way affect your eligibility or suitability for admission to Pecan Grove.

You do not have to answer these questions, but the information could be very important in case of emergency.

1. Emergency Contact:

 Name: Name: 

 Address:  Address: 

  

 Phone Number:  Phone Number: 

 Relationship:  Relationship: 

2. Would you be interested in taking an active role in the Resident Advisory Board? (This is a group of residents who meet approximately every other month to offer recommendations to management and/or the Board of Commissioners for improving operations, conditions, etc. here at Pecan Grove. They also plan and participate in various activities, fundraisers, etc. for the benefit of all Pecan Grove residents.)  yes  no

**SECTION 9. SPECIAL REQUIREMENTS QUESTIONNAIRE**

***Notice:*** *Pecan Grove will honor any reasonable request for adaptation or modification of an existing unit to accommodate special needs. Reasonableness of a request will be determined by Pecan Grove on the basis of verifiable need; applicable federal, state, and local regulations; need; and feasibility, including expense to Pecan Grove.*

*This questionnaire is to be administered to every applicant for public housing at Pecan Grove. It is used to determine whether an applicant (family) needs special features in their housing unit. The need for special adaptations must be ascertained and verified by Pecan Grove before admission can be granted. Therefore, it is essential that the applicant fill out this questionnaire and identify to Pecan Grove some means by which the special need can be established and documented.*

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| Applicant Name:  SSN:Date of Application  Name(s) of household member(s) who will need the special features: |
| Does any member of the household have a condition that requires:  barrier free unit  modifications to a unit  unit for vision-impaired  unit for hearing-impaired  separate bedrooms service animal  comfort/support animal  |
|  |
| Will any member of your household require a live-in aide?  yes  no |
| Who can we contact to verify the need for the features you have identified?Name: Name of the Agency, Company or Medical Provider: Street Address:  City: State:  Zip Code:  Phone #(s):  |
| If you have indicated a need for special features or assistance, please give as exact explanation of what is needed to accommodate your situation: |

Signature of Applicant:  Date: 

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| CERTIFICATIONS AND AUTHORIZATIONS |

APPLICANT / TENANT CERTIFICATION

I, WE,  , certify that the information given to the Housing Authority of the City of Kirbyville in this application/screening process is true, accurate, and complete to the best of my/our knowledge. I/WE understand that false statements or information are punishable under Federal and/or State law; and that such false statements and information or avoidable inaccuracies are grounds for rejection of the application and/or termination of housing assistance or tenancy. I/WE also understand that this certification does not waive the right of the Housing Authority to verify any information supplied to it in this application document; and I/WE understand that after verification by the Housing Authority, some of this data will be transmitted to the Department of Housing and Urban Development or its agent\*.

Signature of Head of Household:  Date: 

Signature of Other Adult:  Date: 

Signature of Other Adult:  Date: 

Signature of Other Adult:  Date: 

\*For further information about this requirement, see the Federal Privacy Act Statement.

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| PHA OFFICIAL’S CERTIFICATIONPHA USE ONLYI,  (print name), certify that:1. The information given to the Housing Authority of the City of Kirbyville by the household of , including household composition, income, net family assets, allowances and deductions has been verified as required by Federal Law;
2. The family was eligible at admission; and
3. The family has certified that it has given our agency accurate and complete information.

Signature of Pecan Grove Representative Title Date |

**Authorization for the Release of Information**

**Privacy Act Notice** U.S. Department of Housing

To the U.S. Department of Housing and Urban Development (HUD) and Urban Development

and the Housing Agency/Authority (HA) Office of Public and Indian Housing

|  |  |
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| PHA requesting release of information; (cross out space if none)(Full address, name of contact person, and date) Kirbyville Housing Authority 414 S. Vallie Avenue Kirbyville, TX 75956Office 409-423-4751, Fax 409-423-3396 | IHA requesting release of information; (Cross out space if none)(Full address, name of contact person, and date) |

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing:

(1)HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income from the sources listed on this form. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. Private owners may not request or receive information authorization by this form.

**Who Must sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members of the household or whenever members of t he household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

 PHA-owned rental public housing

 Turnkey Ill Homeownership Opportunities

 Mutual Help Homeownership Opportunity

 Section 23 and 19(c) leased housing

 Section 23 Housing Assistance Payments

 HA-owned rental Indian housing

 Section 8 Rental Certificate

 Section 8 Rental Voucher

 Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA’s grievance procedures and Section 8 informal hearing procedures.

**Sources Of Information To Be Obtained:**

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retired income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

U.s. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e. interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within that last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD’s assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

 

Head of Household Date

  

Social Security Number (if any) of Head of Household Other Family Member over age 18 Date

   

Spouse Date Other Family Member over age 18 Date

   

Other Family Member over 18 Date Other Family Member over age 18 Date

   

Other Family Member over 18 Date Other Family Member over age 18 Date

Privacy Act Notice> Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. et, seq.), Title VI of the Civil Rights Act of 1964 (42U.S.C. 2000d), and by the Fair Housing Act (42U.S.C.3601-19). The Housing and Community Development Act of 1987 (42U.S.C.3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government’s financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

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Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of this information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA of the owner responsible for the unauthorized disclosure or improper use.

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Original is retained by the requesting organization. Ref. Handbooks 7420 7, 7420 8, & 7465 1 form HUD-9886 (7/94)

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| CONSENT/AUTHORIZATION FORMof theKirbyville Housing Authorityfor the Acquisition and Release of Information |

I, WE  (print name), hereby grant permission to the Kirbyville Housing Authority (Pecan Grove) to obtain information from pertinent individuals, agencies, organizations, and businesses that may verify or dispute the claims made in this application document pursuant to the Screening Policy of Pecan Grove. I also hereby authorize those individuals, agencies, organizations, and businesses to release information to Pecan Grove for the purposes of completing the screening process that all applicants must undergo, and to collect any other information from outside entities that management considers necessary for the ongoing administration and enforcement of leases and policies at Pecan Grove. I understand that this information will be protected by all applicable Federal, State, and local laws regarding confidentiality, and will not be used in a negligent or improper manner; and that the types of information requested may include data on previous housing; housekeeping; criminal/illegal/unlawful activity; credit status; family composition; utility information; and miscellaneous data necessary for determining suitability.

Date

Signature of Applicant

Date

Signature of Other Adult

Date

Signature of Other Adult

Date

Signature of Other Adult

Date

Signature of Other Adult

Date

Signature of Other Adult