

TAYLOR HOUSING AUTHORITY
311C EAST 7th STREET
TAYLOR, TX 76574
Telephone: (512) 352-3231 Fax: (512) 365-5464 (metro line)

Incomplete applications will not be processed!!

PRE-APPLICATION for PUBLIC HOUSING

This is not a Section 8 application and cannot be used for the Housing Voucher program.

Instructions: Please read Carefully.

1. This application is valid for all public housing properties operated by the Taylor Housing Authority
2. To be qualified for admission to public housing an applicant must:
 - (a) Be a family as defined in PHA's Admission and Continued Occupancy policy;
 - (b) Meet the HUD requirements on citizenship or immigration status;
 - (c) Have an Annual Income at the time of admission that does not exceed the income limits established by HUD that are posted in PHA offices.
 - (d) Not owe money to any Public Housing Authority;
 - (e) Not have had a lease terminated by PHA in the past 12 months;
 - (f) Be able and willing to comply with the Housing Authority lease;
 - (g) Not have any family members engaged in any criminal activity that threatens the life, health, safety, or right to peaceful enjoyment of the premises by other residents, and not have any family members engaged in any drug-related criminal activity.
 - (h) Not have any family members subject to a lifetime sex offender registration in any state.
3. Complete applications will be entered on the waiting list in the order received. The waiting list will then be processed in order according to unit type and size and admission preferences.
4. Each applicant who meets the above qualifications will be placed on the waiting list for the unit of the size and type needed. If the applicant accepts the offer, the applicant will be offered a lease. If the applicant does not meet the qualifications listed above or the application is incomplete, the application will be withdrawn from the waiting list and the applicant will not be permitted to reapply for 12 months.
5. Applicants with disabilities may seek assistance with the completion of the application at PHA's Admissions and Occupancy Department, at the address above.
6. PHA will conduct a criminal record check on all applicants age 18 years and older.
7. Effective August 1, 2012, all apartments will be smoke free.

The Taylor Housing Authority is an Equal Housing Provider

PHA use Only:

Date of application: _____ Time of Application: _____ App # _____

1. Name of head of household: _____
2. Name of adult co-head of household: _____
3. Current address, Street, Apt. # _____
 Current City, State and Zip _____
 Current Area Code, Home & Work Phone #s _____

4. Mailing Address _____

* County of Residence _____

* Honorably Discharged Veteran Yes No

For Statistical Purposes Only - Circle One

4. Race of Head: Caucasian/White African American/Black Asian or Pacific Islander
 Native American/ Alaskan Native
5. Ethnicity of Head: Hispanic/Latino Non-Hispanic/Non-Latino

FAMILY INFORMATION

Beginning with yourself, list all persons who will live in the PHA unit, including foster children, live-in aides (if needed for the care of a family member). Each box must be completed for each family member. No one except those listed on this form may live in the unit.

	First Name & Last Name if different from Head's	Date of Birth	Sex	Social Security Number	Relation to Head	Disabled Person?	Birthplace: County or Country	Full-time Student?
H					Head			
2								
3								
4								
5								
6								
7								

6. Is the applicant family displaced by a Federally declared Natural Disaster, such as a flood, hurricane, earthquake, etc.? Yes No. If yes, who can verify this? Please give name, address and phone #. _____

7. **Family Income Information:** Please list the source and amount of all income expected for the coming 12 months for all family members, including yourself. Include all earnings and benefits received from TANF, VA, Social Security, SSI, SSID, Unemployment, Worker’s Compensation, Child Support, etc. Example: Wages, \$150/week, SSI, \$421/month. Please provide documentation for all income into household.

Family Member Name	Income Source	Amount \$	Frequency – Per
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year

Screening Questions: A “yes” answer will not necessarily disqualify you for admission.

8. Have you ever been evicted from housing? Yes No If yes, why? _____

9. Have you ever lived in Public Housing before? Yes No If yes, where? _____
 Dates: From _____ To _____ Name of Lessee: _____
 Do you owe any money to the Housing Authority? Yes No

10. Do you have any past due utility bills? Yes No If yes, please describe and give amount owed: _____

11 Have you, or any member of the applicant household ever been arrested or convicted of a crime other than a traffic violation? Yes No If yes, please explain the nature of the problem and who was involved: _____

12. Is anyone in your household currently on parole or probation? Yes No If yes, please explain: _____

Qualifying for Deductions in Calculating Rent:

38. Is the head of household or spouse age 62 or older or a person with a disability? Yes No If yes, please answer the following questions. If no, please skip down to question # 27.

14. Does your household have any medical expenses (include insurance, medicare deduction, doctor visits, hospital, clinic costs, medicine, therapy, supplies, medical transportation, etc.)? Yes No If yes, please describe the type of expense (not your medical condition) and the unreimbursed amount you spend per month on all medical expenses: Type of expense: _____

Monthly medical expense:\$_____ Please give us the name, address & phone # of someone who can verify the expense: _____

15. Do you have any expenses on behalf of a household member with disabilities so an adult in the family can work? Yes No If yes, describe the nature of the expense and the monthly amount: _____

Please give us the name, address & phone # of someone who can verify the expense: _____

16. Do you have childcare expenses for children under age 13 so an adult in the family can work, go to school or attend job training? Yes No If yes, please list the name, address and phone # of your childcare provider: _____

Monthly unreimbursed child care cost: \$ _____

17. Is any member of the household age 18 or older other than the family head and spouse a full time student or a person with a disability? Yes No If yes, please give us the name of the family member and the name and address of someone who can verify this information:

Name of family member: _____

Please give us the name, address & phone # of someone who can verify this information: _____

18. Drivers License or State ID #: Applicant: _____ Co-applicant: _____

Automobile: Year: _____ Make: _____ Model: _____ License: _____

PHA will be contacting all former landlords for the period three years from the date of application

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 employer(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

Other Adult

Date

Warning: 18 U.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.