



OUR UNITS ARE SMOKE FREE

Have You Ever Applied Through This Agency Before? Y / N If Yes Date(s) _____

Have You Ever Received Rental Assistance Through Any Type of HUD Program? Y/N If Yes Date(s) _____

Are You Applying For Turner: (62 and Over) Y / N Pecan Creek Village: (62 and Over) Y / N

Family Units (Known As) Walnut Lane/Washington Court: Y / N Are You Seeking Housing Due To A Presidentially Declared Disaster? Y / N How Did You Hear About Our Properties? _____

RENTAL APPLICATION FOR RESIDENTS AND OCCUPANTS

List all persons who will live in the unit, including foster children, live-in aides (if needed for the care of family member). No one except those listed on this form may live in the unit

APPLICANT: _____ AGE: ____ DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

SEX: M () F () DECLINE TO DISCLOSE () DRIVER'S LICENSE #: _____ HANDICAPPED OR DISABLED: Y () N () IF YES DOES

YOUR HOUSEHOLD REQUIRE A HANDICAPPED ACCESSIBLE UNIT: Y () N () US CITIZEN: () NATURALIZED CITIZEN: () ALIEN: ()

VETERAN: Y () N () FULL-TIME STUDENT: Y () N () SINGLE: () MARRIED: () DIVORCED: () WIDOWED: () SEPARATED: ()

COMMON LAW: () DOMESTIC PARTNER: () SIGNIFICANT OTHER: () DECLINE TO DISCLOSE: ()

HOME PHONE # _____ BUSINESS PHONE # _____ CELL PHONE # _____

CO-APPLICANT: _____ AGE: ____ DATE OF BIRTH: _____ SOCIAL SECURITY#: _____

SEX: M () F () DECLINE TO DISCLOSE () DRIVER'S LICENSE #: _____ HANDICAPPED OR DISABLED: Y () N ()

US CITIZEN: () NATURALIZED CITIZEN: () ALIEN: () VETERAN: Y () N () FULL-TIME STUDENT: Y () N ()

RELATIONSHIP TO APPLICANT: _____

NAME: _____ AGE: ____ DATE OF BIRTH: _____ SOCIAL SECURITY#: _____

SEX: M () F () DECLINE TO DISCLOSE () DRIVER'S LICENSE #: _____ HANDICAPPED OR DISABLED: Y () N ()

US CITIZEN: () NATURALIZED CITIZEN: () ALIEN: () VETERAN: Y () N () FULL-TIME STUDENT: Y () N ()

RELATIONSHIP TO APPLICANT: _____ IF CHILD - CUSTODY ARRANGEMENT: LEGAL/PHYISCAL () SOLE () JOINT ()

NAME: _____ AGE: ____ DATE OF BIRTH: _____ SOCIAL SECURITY#: _____

SEX: M () F () DECLINE TO DISCLOSE () DRIVER'S LICENSE #: _____ HANDICAPPED OR DISABLED: Y () N ()

US CITIZEN: () NATURALIZED CITIZEN: () ALIEN: () VETERAN: Y () N () FULL-TIME STUDENT: Y () N ()

RELATIONSHIP TO APPLICANT: _____ IF CHILD - CUSTODY ARRANGEMENT: LEGAL/PHYISCAL () SOLE () JOINT ()

NAME: _____ AGE: ____ DATE OF BIRTH: _____ SOCIAL SECURITY#: _____

SEX: M () F () DECLINE TO DISCLOSE () DRIVER'S LICENSE #: _____ HANDICAPPED OR DISABLED: Y () N ()

US CITIZEN: () NATURALIZED CITIZEN: () ALIEN: () VETERAN: Y () N () FULL-TIME STUDENT: Y () N ()

RELATIONSHIP TO APPLICANT: _____ IF CHILD - CUSTODY ARRANGEMENT: LEGAL/PHYISCAL () SOLE () JOINT ()

NAME: _____ AGE: ____ DATE OF BIRTH: _____ SOCIAL SECURITY#: _____

SEX: M () F () DECLINE TO DISCLOSE () DRIVER'S LICENSE #: _____ HANDICAPPED OR DISABLED: Y () N ()

US CITIZEN: () NATURALIZED CITIZEN: () ALIEN: () VETERAN: Y () N () FULL-TIME STUDENT: Y () N ()

RELATIONSHIP TO APPLICANT: _____ IF CHILD - CUSTODY ARRANGEMENT: LEGAL/PHYISCAL () SOLE () JOINT ()

For Statistical Purposes Only

Applicant: Caucasian/White African American/Black Asian or Pacific Islander
 Native American/ Alaska Native Pacific Islander/Hawaiian Native
Ethnicity of Applicant : Hispanic/Latino Non-Hispanic/Non-Latino

DO YOU OR ANY OF YOUR HOUSEHOLD MEMBERS SMOKE? Y / N

DO YOU HAVE A PET? Y / N

KIND, WEIGHT, BREED, AGE _____

NOTE* PETS ARE NOT ALLOWED AT WALNUT LANE/WASHINGTON COURT

CURRENT HOUSING CIRCUMSTANCES: SUBSTANDARD () STANDARD () CONVENTIONAL PUBLIC HOUSING () LACKING A FIXED RESIDENCE () FLEEING/ATTMEPTING TO FLEE VIOLENCE ()

RESIDENTIAL HISTORY

PRESENT ADDRESS _____ FROM _____ TO _____

OWN _____ RENT _____ OTHER _____ NAME OF LANDLORD _____

LANDLORD PHONE # _____ REASON FOR WANTING TO MOVE _____

PREVIOUS ADDRESS _____ FROM _____ TO _____

OWN _____ RENT _____ OTHER _____ NAME OF LANDLORD _____

LANDLORD PHONE# _____ REASON FOR MOVING _____

PREVIOUS ADDRESS _____ FROM _____ TO _____

OWN _____ RENT _____ OTHER _____ NAME OF LANDLORD _____

LANDLORD PHONE # _____ REASON FOR MOVING _____

INCOME

NAME OF EMPLOYER _____

ADDRESS OF EMPLOYER _____ CITY _____ STATE/ZIP _____

TYPE OF BUSINESS _____ PRESENT POSITION/TITLE _____

YEARS IN THIS LINE OF WORK _____ YEARS ON PRESENT JOB _____

ANNUAL BASE SALARY _____ OVERTIME _____ TIPS _____ OTHER INCOME _____

SOURCE OF OTHER INCOME _____ TOTAL INCOME _____

PREVIOUS EMPLOYER NAME/ADDRESS _____

EMPLOYED FROM _____ TO _____ TOTAL INCOME _____

TYPE OF BUSINESS _____ POSITION/TITLE _____

REASON FOR LEAVING _____

PREVIOUS EMPLOYER NAME/ADDRESS _____

EMPLOYED FROM _____ TO _____ TOTAL INCOME _____

TYPE OF BUSINESS _____ POSITION/TITLE _____

REASON FOR LEAVING _____

LIST ALL CURRENT CREDITORS

NAME OF CREDITOR	ACCOUNT #	UNPAID BALANCE	MONTHLY PAYMENT

LIST ANY ADDITIONAL NAMES WHICH CREDIT HAS BEEN RECEIVED UNDER: _____

ASSETS

DESCRIPTION	CASH OR MARKET VALUE
CHECKINGS/SAVINGS /EBT CARDS BANK & ACCOUNT NUMBER	
AUTOMOBILE (YR/MAKE)	
FURNITURE & PERSONAL PROPERTY	
OTHER ASSETS (BOATS, MOTORCYCLE, REAL ESTATE)	
TOTAL ASSETS	

NAME, ADDRESS, & PHONE NUMBER OF THE NEAREST RELATIVE NOT LIVING WITH YOU:

NAME, ADDRESS, & PHONE NUMBER OF A CLOSE FRIEND

NAME, ADDRESS, & PHONE NUMBER OF A PERSON TO CONTACT IN CASE OF AN EMERGENCY:

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, GIVE A FULL EXPLANATION ON A SEPARATE SHEET OF PAPER:

	YES	NO
HAVE YOU EVER BEEN EVICTED?	_____	_____
DO YOU HAVE ANY JUDGEMENTS AGAINST YOU?	_____	_____
HAVE YOU DECLARED BANKRUPTCY IN THE PAST 10 YEARS?	_____	_____
HAVE YOU HAD PROPERTY REPOSSESSED OR FORECLOSED?	_____	_____
ARE YOU A PARTY TO A LAW SUIT?	_____	_____
HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A CRIME OTHER THAN A TRAFFIC VIOLATION?	_____	_____
HAVE YOU EVER HAD TO REGISTER AS A LIFETIME SEX OFFENDER?	_____	_____

THE UNDERSIGNED APPLIED FOR RESIDENCY IN AN APARTMENT AND REPRESENTS THAT THE PREMISES WILL NOT BE USED FOR ILLEGAL OR RESTRICTED PURPOSES, AND THAT ALL STATEMENTS ON THE APPLICATION ARE TRUE AND CORRECT. VERIFICATION MAY BE OBTAINED FROM ANY SOURCE IN THE APPLICATION. THE ORIGINAL OF THIS APPLICATION WILL BE RETAINED BY THE HOUSING AUTHORITY OF THE CITY OF GAINESVILLE, GAINESVILLE, TEXAS. OWNER DOES NOT DISCRIMINATE AGAINST THOSE WITH DISABILITIES.

APPLICANT SIGNATURE

DATE

CO-APPLICANT SIGNATURE

DATE

HOUSING COUNSELOR

DATE

I/we, _____, give Gainesville Housing Authority permission to verify rental history from my/our current and/or previous landlords to be used in the screening process to determine whether I/we can be accepted for admission for the properties that the Gainesville Housing Authority owns and manages.

Please circle all the states that you have ever lived.

Alabama	Hawaii	Massachusetts	New Mexico	South Dakota
Alaska	Idaho	Michigan	New York	Tennessee
Arizona	Illinois	Minnesota	North Carolina	Texas
Arkansas	Indiana	Mississippi	North Dakota	Utah
California	Iowa	Missouri	Ohio	Vermont
Colorado	Kansas	Montana	Oklahoma	Virginia
Connecticut	Kentucky	Nebraska	Oregon	Washington
Delaware	Louisiana	Nevada	Pennsylvania	West Virginia
Florida	Maine	New Hampshire	Rhode Island	Wisconsin
Georgia	Maryland	New Jersey	South Carolina	Wyoming

I certify that the state(s) circled above are the only states that I/we or any member who are part of my household applying for housing has ever lived in.

Signature

Date



The Housing Authority is an Equal Housing Provider

Housing Authority of Gainesville TX does not discriminate on the basis of disabled status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly request, obtains, or disclosed 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 or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security numbers are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 USC 408 (a) (6), (7) and (8).

**CRIMINAL RECORDS CHECK
CREDIT REPORT CHECK
CERTIFICATION AND RELEASE AUTHORIZATION**

I (we) hereby certify and understand that the Gainesville Housing Authority will carry out criminal background checks on each family member over 14 in accordance with Gainesville Housing Authority’s Crime Policy of which I (we) can request a copy.

The Gainesville Housing Authority will also conduct a credit check to obtain current credit history and obligations. The credit report will be obtained from Trans Union, #2 Baldwin Place, PO Box 1000, Chester, PA 19022, 800-888-4213.

The following is to be signed and completed by each adult family member. The responsible adult will need to sign and complete for each minor child over the age of 14.

Name	sex	race	date of birth	Social Security #
Name	sex	race	date of birth	Social Security #
Name	sex	race	date of birth	Social Security #
Name	sex	race	date of birth	Social Security #



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Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.