



**715 E. California Street
PO Box 1359
Gainesville, TX 76241**

APPLICATION for HOUSING CHOICE VOUCHER PROGRAM

Application Instructions: Please read carefully. Incomplete applications will not be processed.

This application is valid for all Section 8 programs administered by the Housing Authority, hereinafter referred to as "PHA".

To be qualified for a voucher an applicant must:

- a. Be a family as defined in PHA's Administrative Plan;
- b. Meet the HUD requirements on citizenship or immigration status or pay a higher rent;
- c. Have an Annual Income below HUD's income limits posted in PHA offices;
- d. Provide documentation of Social Security numbers for all family members;
- e. Meet or exceed the Applicant Selection Criteria on prior criminal activity;
- f. Pay any money owed to PHA or any other housing authority;
- g. Not have had a lease terminated by a PHA or Section 8 voucher terminated in the past 36 months;
- h. Be able and willing to comply with voucher terms and conditions;
- i. Not be engaged in any criminal activity that threatens the life, health, safety, possessions, or right to peaceful enjoyment of other residents and not be engaged in any drug-related criminal activity;
- j. Not have any family members who will reside within household subject to a lifetime sex offender registration in any state.

Complete applications will be entered on the waiting list in the order received. Each applicant who meets the above qualifications will receive a voucher as outlined by HUD on number of bedrooms needed.

Applicants with disabilities will receive assistance, if requested, with the completion of the application at the address above.

PHA will conduct a criminal record check on all applicants age 15 years and older and a credit check on applicants age 18 and older.



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.

Family Income

7. Please list the source & amount of all income expected in the next 12 months for all family members. Include 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

Income Source	Gross Amount \$	Frequency
		<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

8. Do you have a checking or savings account or own any Certificates of Deposit, stocks, bonds, etc?
 Yes No If yes, describe the type of asset(s) please: _____
 What is the value of all assets? _____
9. Do you own any real estate? Yes No If yes, what is the address? _____
 Have you sold any real estate in the past two years? Yes No If yes, what was the address?

10. Current Landlord's name and phone # _____
 Date Family Moved to this location _____
11. Reason for wanting to move from current address: _____

Screening

A "yes" answer will not automatically disqualify you for admission.

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

13. 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
14. Do you have any past due utility bills? Yes No If yes, please describe and give amount owed:

15. 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 problem and who was involved:

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

Deductions for Calculating Rent

17. 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 # 20
18. If 62 years of age or older, handicapped or disabled, does your household have any medical expenses (include insurance, Medicare deduction, doctor bills, dentist bills, hospital bills, 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 each medical expenses:
Type of expense: _____

Monthly medical expense: \$ _____ Name, address & phone # of person who can verify expense: _____
19. 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: _____

Name, address & phone # of someone who can verify the expense: _____
20. 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, Name, address and phone # of childcare provider: _____

Monthly unreimbursed child care cost: \$ _____
21. Is any member of the household age 18 or older (other than family head and spouse) a full time student or person with a disability? Yes No If yes, Name of the family member and name and address of someone who can verify this information: Name of family member: _____
Name, address & phone # of someone who can verify this information: _____

22. Drivers License or State ID #: Applicant: _____ Co-applicant: _____
Automobile: Year: _____ Make: _____ Model: _____ License: _____

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 Texas Health and Human Services Commission, 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

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 an agency of the United States shall be fined not more than \$10,000 or shall be imprisoned for not more than five years or both.



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