



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).