



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: (50 and Over) Y N Pecan Creek Village: (62 and Over) Y N

Family Units (Known As) Walnut Lane/Washington Court: Y N

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 # _____

Current Address: _____, City: _____, State: _____, Zip: _____

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/PHYSICAL 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/PHYSICAL 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/PHYSICAL 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/PHYSICAL 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

Are You Seeking Housing Due To A Presidential Declared Disaster? Y N

How Did You Hear About Our Properties? _____

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?	<input type="checkbox"/>	<input type="checkbox"/>
DO YOU HAVE ANY JUDGEMENTS AGAINST YOU?	<input type="checkbox"/>	<input type="checkbox"/>
HAVE YOU DECLARED BANKRUPTCY IN THE PAST 10 YEARS?	<input type="checkbox"/>	<input type="checkbox"/>
HAVE YOU HAD PROPERTY REPOSSESSED OR FORECLOSED?	<input type="checkbox"/>	<input type="checkbox"/>
ARE YOU A PARTY TO A LAW SUIT?	<input type="checkbox"/>	<input type="checkbox"/>
HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A CRIME OTHER THAN A TRAFFIC VIOLATION?	<input type="checkbox"/>	<input type="checkbox"/>
HAVE YOU EVER HAD TO REGISTER AS A LIFETIME SEX OFFENDER?	<input type="checkbox"/>	<input type="checkbox"/>

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 select all the states that you have ever lived.

- | | | | | |
|--------------------------------------|------------------------------------|--|---|--|
| <input type="checkbox"/> Alabama | <input type="checkbox"/> Hawaii | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> New Mexico | <input type="checkbox"/> South Dakota |
| <input type="checkbox"/> Alaska | <input type="checkbox"/> Idaho | <input type="checkbox"/> Michigan | <input type="checkbox"/> New York | <input type="checkbox"/> Tennessee |
| <input type="checkbox"/> Arizona | <input type="checkbox"/> Illinois | <input type="checkbox"/> Minnesota | <input type="checkbox"/> North Carolina | <input type="checkbox"/> Texas |
| <input type="checkbox"/> Arkansas | <input type="checkbox"/> Indiana | <input type="checkbox"/> Mississippi | <input type="checkbox"/> North Dakota | <input type="checkbox"/> Utah |
| <input type="checkbox"/> California | <input type="checkbox"/> Iowa | <input type="checkbox"/> Missouri | <input type="checkbox"/> Ohio | <input type="checkbox"/> Vermont |
| <input type="checkbox"/> Colorado | <input type="checkbox"/> Kansas | <input type="checkbox"/> Montana | <input type="checkbox"/> Oklahoma | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> Connecticut | <input type="checkbox"/> Kentucky | <input type="checkbox"/> Nebraska | <input type="checkbox"/> Oregon | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Delaware | <input type="checkbox"/> Louisiana | <input type="checkbox"/> Nevada | <input type="checkbox"/> Pennsylvania | <input type="checkbox"/> West Virginia |
| <input type="checkbox"/> Florida | <input type="checkbox"/> Maine | <input type="checkbox"/> New Hampshire | <input type="checkbox"/> Rhode Island | <input type="checkbox"/> Wisconsin |
| <input type="checkbox"/> Georgia | <input type="checkbox"/> Maryland | <input type="checkbox"/> New Jersey | <input type="checkbox"/> South Carolina | <input type="checkbox"/> 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).