DUE BACK:_____

REQUIREMENTS FOR PUBLIC HOUSING APPLICANTS

ALL DOCUMENTS **MUST** BE ORIGINALS – **NO EXCEPTIONS**

Must use black or blue ink only

1. ORIGINAL CITY OR STATE ISSUED BIRTH CERTIFICATE FOR ALL FAMILY MEMBERS

   HOSPITAL BIRTH CERTIFICATE WILL NOT BE ACCEPTED

2. ORIGINAL SOCIAL SECURITY CARDS FOR ALL FAMILY MEMBERS.
3. VALID DRIVERS LICENSE OR STATE PHOTO ID FOR ALL FAMILY MEMBERS OVER THE AGE OF 18

   COPIES ARE NOT ACCEPTED

4. **PROOF OF INCOME FOR ALL FAMILY MEMBERS**

   CURRENT 2 MONTHS OF PAYSTUBS FOR CURRENT JOB WORKED BY ALL FAMILY MEMBERS

   SOCIAL SECURITY OR SOCIAL SECURITY DISABILITY AWARD LETTER

   ALL PENSION OR RETIREMENT INCOME

   CHILD SUPPORT RECEIVED FOR EACH CHILD

   CHECKING AND SAVINGS ACCOUNTS - PREVIOUS 2 MONTHS OF STATEMENTS

   (ANY OTHER ASSETS MUST ALSO BE DISCLOSED AND DOCUMENTS PROVIDED)

5. LANDLORD REFERENCES ARE VERIFIED. PLEASE PROVIDE, NAME, ADDRESS, AND PHONE NUMBER OF ALL PREVIOUS LANDLORDS.
6. CHARACTER REFERENCES MUST BE NON-RELATIVES.

SAN MARCOS PUBLIC HOUSING AUTHORITY CANNOT ACCEPT YOUR APPLICATION UNTIL ALL INFORMATION IS PROVIDED.

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APPLYING FOR HUD HOUSING ASSISTANCE?

THINK ABOUT THIS… IS FRAUD WORTH IT?

Do You Realize…

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to $10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

Do You Know…

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(**Important Notice for Hurricane Katrina and Hurricane Rita Evacuees:** HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:

HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

December 2005

FOR OFFICE USE ONLY

Date:_____.
Time:_____.
Unit Size:_____Bedroom(s)
Ethnicity: ☐ Hispanic ☐ Non Hispanic
Race: ☐ White ☐ Black
☐ Indian/Native Alaskan
☐ Other_____.

Eligibility Application for Public Housing
HOUSING AUTHORITY

OF THE CITY OF SAN MARCOS
1201 THORPE LANE
ALLEN WOODS HOMES CENTRAL OFFICE
SAN MARCOS, TX 78666
512-353-5058
Nancy Morales – Executive Director

General Family Information

Legal Name of Head of Household_____

Your Name if Family Head is not present_____

Present Street Address _____
_____ How Long?_____

Mailing Address_____
_____

Previous Address_____
_____Home Telephone_____

Cell Telephone_____Work Telephone_____

Type of Legal Identification_____

Driver's License Number_____

In emergency, who can we contact locally? Name_____

Address_____ Tel. No. _____ Relation_____

Household Members

List the legal names of all the people who live with you. Start with the head of household, then spouse or co-head, then minors (oldest to youngest), and then any other adults.

Fam Mem	Legal Names	Relation to Head	Sex	Age	Birth Date	Occupation or School Name	Social Security Number	Birthplace
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Do you expect anyone to move in or out of your household within the next twelve months?..... ☐ Yes ☐ No

.

If yes, explain_____

Does anyone live with you now who is not listed above?..... ☐ Yes ☐ No

If yes, explain_____

Are any members of your household pregnant?..... ☐ Yes ☐ No

Name of household member _____

Special Needs

Does anyone in your household claim a mobility, visual, or hearing impairment or other special need which would require a special type of unit or other accommodation?..... ☐ Yes ☐ No

If yes, please describe _____

Program Integrity Information *(these questions apply to all household members)*

Have you ever lived in assisted housing before? ……..…….. ☐ Yes ☐ No

If yes, when?_____ Where?_____ Under what name?_____

Who was head of household?_____

Have you ever used a name other than the one you are now using? …… ☐ Yes ☐ No

If yes, what name?_____

Have you ever used a social security number other than the one you listed above?..... ☐ Yes ☐ No

If yes, what is it? _____

Has anyone in your household been arrested or convicted for the use, sale, manufacturing or distribution of controlled substances? ……..……... ☐ Yes ☐ No

If yes, who? _____ When?_____ For what?_____

Does anyone in your household currently use a controlled or illegal drug?..... ☐ Yes ☐ No

If yes, explain_____

Has anyone in your household ever been arrested or convicted of criminal activity?..... ☐ Yes ☐ No

If yes, who? _____ When?_____ For what?_____

Have you ever been evicted for Public or Assisted Housing for violent criminal or drug-related activity?..... ☐ Yes ☐ No

Is yes, explain_____

Do you owe any money to another Public Housing Authority, a Section 8 Agency, or other housing program? …….. ☐ Yes ☐ No subsidized

If yes, who_____

Total Income Received by Family Members

List all money received or earned by everyone living in the household. Include all money from Employment, Self Employment, Unemployment compensation, Child Support, Regular Contributions, Social Security, SSI, Retirement, Disability, Worker's Compensation, AFDC, Veterans Benefits, Rental Property Income, Stock Dividends, Interest, Alimony, Annuities, and other sources.

Family Member	Source	Rate	Type of Income	Annualized Income
				$
				$
				$
				$
				$

Has anyone in your household applied for any benefits or money which is in the process of being approved? ..... ☐ Yes ☐ No

If yes, explain_____

Does anyone outside of your household pay for any of your bills or expenses?..... ☐ Yes ☐ No

Are you entitled to: Child Support?..... ☐ Yes ☐ No

Alimony?..... ☐ Yes ☐ No

Maintenance?..... ☐ Yes ☐ No

Do you receive child support, alimony, or maintenance? ..... ☐ Yes ☐ No

Is yes, from whom? _____ Amount? _____

Does anyone in your household receive an educational scholarship or grant? ..... ☐ Yes ☐ No

If yes: Name_____ Source_____ Amount $_____ per____

Banking Information

Where do you bank? What type of accounts do you have there? (*Checking, Savings)*

Name of Bank	Account Number	Type	Joint/ Indiv.	Balance	
				Current	6 Mo. Avg.
				$	$
				$	$
				$	$

Asset Information

Have you ever owned a home or property?..... ☐ Yes ☐ No

List all other Assets other than checking or savings accounts, such as stocks, bonds, annuities, savings bonds, credit union shares, retirement accounts

Description of Asset	Location of Asset	Value of Asset
		$
		$
		$

Child Care Expenses

Do you pay child care expenses?..... ☐ Yes ☐ No

If yes: Childs Name:_____ Amount:$_____ Per_____

Childs Name:_____ Amount:$_____ Per_____

Childs Name:_____ Amount:$_____ Per_____

Childs Name:_____ Amount:$_____ Per_____

Handicapped Assistance Expense

Family Member	Amount	Per	Reason
	$		
	$		

Medical and Unusual Expenses *(Elderly Families Only)*

Medicare?..... $ _____ per _____

Other health insurance?..... $_____ per _____

Regular payments on medical bills?..... $_____ per _____

Regular payments on medicine?..... $_____ per _____

Anticipated healthcare-related expenses in next twelve months: $_____

Current Monthly Expenses *(From preceding month)*

Rent	_____	Phone	_____	Medical	_____	Credit Card	_____
Electric	_____	Auto Pmt	_____	Cable	_____	Credit Card	_____
Gas	_____	Auto Ins	_____	Insurance	_____	Loan	_____
Water	_____	Child Care	_____	Rentals	_____	Other	_____

Do you have any other regular monthly payments besides those above?..... ☐ Yes ☐ No

If yes, please specify:_____

Work History of Adult Members

Where was the last place of employment for all adult household members?

Household Member	From	To	Employer

Additional Public Housing Suitability Screening

Have you ever been evicted?..... ☐ Yes ☐ No

If yes, by whom? _____ When? _____ Why? _____

List all the address and landlord references for past three years

Address	Landlord	From	To	Telephone

References

List three Character References

Name	Address	Telephone

List the names of family relations or friends who are currently living in public housing, Section 8 housing, or other subsidized housing.

Name	Address	Telephone

List the names of family relations or friends who are currently living in this Housing Authority.

Name	Address	Telephone

Pets

Do you have any pets?..... ☐ Yes ☐ No

If yes, what kind? _____ Size _____ Weight_____

Vehicles *(How many vehicles does the family own?)*

Owner	Make	Model	Year	Color	Tag No.	State

Warning: 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 or Agency of the U.S. or the Department of Housing and Urban Development.

Notice: Any attempt to obtain Public Housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime under the Texas Penal Code.

I DO HEREBY CERTIFY THAT I HAVE REVIEWED ALL ANSWERS AND CERTIFICATIONS WITH APPLICATN PRIOR TO SIGNATURE PHA Representative initial here:

I understand that this is not a contract and does not bind either party. The above information is full, true and complete to the best of my knowledge. I have no objections to inquiries being made for purpose of verifying statements made herein.

Signature of Head of Household _____ Date_____

Signature of Co-Head_____Date_____

If either Head or Co-head is not present, why?_____

Signature of PHA Representative_____

Verification Control: Carefully indicate below all items/documents required to complete certification

List Form #	Hand carried by Applicant	Mailed by PHA	Returned (Date)	Circle Items Requested	Additional Items Requested Viewed/Remarks
				Marriage License Divorce Decree W-2, Year(s) Fed. Income Tax, Year_____. State Income Tax, Year_____. Separation Notice Proof of Custody Birth Certificate Six Month Update? Date_____.	

Approved by Signed:_____ Title:_____ Date:_____

Yes ☐ No ☐ Do you have a savings account? If so, what bank? _____

Yes ☐ No ☐ Do you have a checking account? If so, what bank? _____

Yes ☐ No ☐ Do you have a Money Market/IRA account? If so, where? _____

Yes ☐ No ☐ Do you own any property? House ☐ Trailer ☐ Land ☐

How much is the approximate value? _____

Yes ☐ No ☐ Do you have any stocks/bonds/ certificates of deposit? What are the balances? _____

_____ How much have you earned this year? _____

Yes ☐ No ☐ Do you receive income from a Trust Fund or any type of inheritance?

How much? _____ How often? _____

Yes ☐ No ☐ Have you sold or given away assets (ex: house) in the past two years? If yes, complete the following table.

Description of Asset (Ex: house, land, certificates of deposit)	Date Disposed Of	Amount Sold For	Market Value (Actual value of asset)	Cash Value*

* Cash value is the market value of the asset minus reasonable costs incurred in selling or converting the asset to cash. Such costs can include but are not limited to penalties for withdrawing funds before maturity, broker/legal fees for the sale or conversion of assets, and/or settlement costs for real estate transactions.

Yes ☐ No ☐ Are you currently paying for any medications that you are required to take daily?

Yes ☐ No ☐ Are you currently paying for any required daily over the counter medicines?

Yes ☐ No ☐ In the past year, have you bought or are you currently paying for any other health or medically related items, such as eyeglasses, hearing aids, dentures, etc, or old medical bills?

Yes ☐ No ☐ Are you currently paying for health insurance? If yes, how much? _____

Yes ☐ No ☐ Are you currently paying for child care services? If so, where? _____

How much? _____ How often? _____ Who pays? _____

Name of Daycare or person caring for child _____

Address _____ Phone Number _____

I, _____, hereby attest to the above information as being true and accurate to the best of my knowledge. I understand that all of the information with a "Yes" response will need verifying from the agencies in reference. I also understand that any false statements will be considered "Fraud" and are punishable under federal law and my eligibility for housing assistance with the Housing Authority of the City of San Marcos can be denied.

Signature of applicant: _____ Date: _____

Signature of interviewer: _____ Date Interviewed Client: _____

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HOUSING AUTHORITY

OF THE CITY OF SAN MARCOS

1201 THORPE LANE

ALLEN WOODS HOMES CENTRAL OFFICE – (512)353-5058

Nancy Morales – Executive Director

Date: _____

Re: Applicant Family Notice

Dear_____,

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than United States citizens, national, or certain categories of eligible noncitizens in the following HUD programs:

a. Public and Indian Housing Programs
b. Section 8 Housing Assistance Payments Programs
c. Section 235 of the National Housing Act
d. Section 236 of the National Housing Act
e. Section 101/ Rent Supplement Program

You have applied, or are applying for assistance under one of these programs; therefore, you are required to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance. To do this you should:

1. Complete a Family Summary Sheet, using the attached blank format (identified as Attachment blank format (identified as Attached 5) to list all family members who will reside in the assisted unit.
2. Have a Declaration Format (Attachment 7) completed by each family member (including yourself) who is listed on the Family Summary Sheet. If there are 10 people listed on the Family Summary Sheet, you should have 10 completed copies of the Declaration Format. The Declaration Format has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each Declaration Format.
3. Submit only the Family Summary Sheet, the Declaration Formats and any other forms and/or evidence to the name and address listed below by _____.

   City of San Marcos Housing Authority
   1201 Thorpe Lane San Marcos, Texas 78666

This section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached formats or determining the type of documentation required, please contact our office at 512-396-3364.

Also, if you are unable to provide the required documentation by the date shown above, you should immediately contact this office and request an extension, using the block provided on the Declaration Format. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of the family is eligible for assistance, your family may be eligible for proration of assistance. That means that when assistance is available, a reduced amount may be provided for your family, based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, it may be provided to you prior to the final determination of this Section 214 review, depending on how far the review has progressed and the information that is available at that point. You will be contacted as soon as we have further information regarding your eligibility for assistance.

Attachments

Note: Failure to respond to this request for information within (45) days will cause us to remove your application form the waiting list.

FAMILY SUMMARY SHEET

Member No.	Last Name of Family Member	First Name	Relationship to HOH *	Sex	Date of Birth
Head			N/A		
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

*HOH - Head of Household

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ATTACHMENT 7

APPLICANT
DECLARATION FORMAT

INSTRUCTIONS: Complete this format for each member of the household listed on the Family summary sheet.

LAST NAME_____

FIRST NAME_____

RELATIONSHIP TO HEAD OF HOUSEHOLD_____ SEX_____ DATE OF BIRTH_____

SOCIAL SECURITY NO._____ ALIEN REGISTRATION NO_____

ADMISSION NUMBER_____ if applicable, (this is an 11-digit number found on INS FormI-94, Departure Record)

NATIONALITY_____(Enter the foreign nation or country to which you owe legal allegiance. This is normally, but not always the country of birth.)

SAVE VERIFICATION NO._____
(to be entered by PHA if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, 3:

DECLARATION

I, _____ hereby declare, under penalty of perjury,
(print or type first name, middle initial, last name)

that I am:

☐ 1. a citizen or national of the United States.

If you checked this block, no further information is required. Sign and date below. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible For the child should sign and date below:

_____ _____
Signature Date

☐ Check here if adult signed for a child.

☐ 2. **a noncitizen with eligible immigration status in the category checked below:**

☐ (i) A noncitizen lawfully admitted for permanent residence, as defined by section 101 (a) (20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by section 101 (a) (15) of the INA (8 USC 1001 (a) (20) and 1101 (a) (15), respectively). [immigrants]. (This category includes a noncitizen admitted under section 210 or 210A of the INA (8 USC 1160 or 1161), [special agricultural worker], who has been granted lawful temporary resident status);

☐ (ii) A noncitizen who entered the United States before January 1, 1972 or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA (8 USC 1259);

☐ (iii) A noncitizen who is lawfully present in the United States pursuant to an admission under Section 207 of the INA (8 USC 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 USC 1158) [asylum status]; or as a result of being granted conditional entry under section 203 (a) (7) of the INA (8 USC 1153 (a) (7)) opinion or because uprooted by Catastrophe national calamity;

☐ (iv) A noncitizen who lawfully present in the United States as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212 (d) (5) of the INA (8 USC 1182 (d) (5)) [parole status]:

☐ (v) A noncitizen who is lawfully present in the United States as a result of the Attorney General's withholding deportation under section 243 (h) of the INA (8 USC 1253 (h)) [threat to life of freedom]; or

☐ (vi) A noncitizen lawfully admitted for temporary residence under section 245A of the INA (8 USC 1225a) [amnesty granted under INA 245A].

If you checked this block, you should submit the following document:

a. Verification Consent Format (Attachment 9)

AND

b. One of the following documents:

(1) Form I-551, Alien Registration Receipt Card (for permanent resident alien);

(2) Form I-94, Arrival-Departure Record, with one of the following annotations:
(i) "Admitted as Refugee Pursuant to Section 207";

(ii) "Section 208" or "Asylum"

(iii) "Section 243 (h)" or "Deportation stayed by Attorney General";

(iv) Paroled Pursuant to Sec 212 (d) (5) of the INA";

(3) If Form I-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents:

(i) A final court decision granting asylum (but only if no appeal is taken);

(ii) A letter from an INS asylum officer granting withholding of deportation (if application filed on or after October 1, 1990).

(4) Form I-688, Temporary Resident Card, which must be annotated "Section 245" or "Section 210";

(5) Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12 (11)" or Provision of Law 274a.12";

(6) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.

If this block is checked, sign and date below and submit the documentation required above with this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in paragraph b above are not currently available; complete the request for extension block below.

_____ _____

Signature Date

Check here if adult signed for a child: ☐

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ATTACHMENT 9

APPLICANT

VERIFICATION CONSENT FORMAT

INSTRUCTIONS: Complete this format for each noncitizen member of the household who declared eligible immigration status on the Declaration Format. If this format is being completed on behalf of a child, it must be signed by the adult responsible for the child.

CONSENT

I, _____ hereby
(print or type first name, middle initial, last name)

consent to the following:

1. The use of the attached evidence to verify my eligible immigration status to enable me to received financial assistance for housing; and

2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use of transmission of the evidence by the entity receiving it, to:
   (i) HUD, as required by HUD; and
   (ii) The INS for purposes of verification of the immigration status of the individual.

NOTIFICATION TO APPLICANTS:

Evidence of eligible immigration status shall be released only to the INS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the INS.

_____ _____

Signature Date

Check here if adult signed for a child: ☐

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HOUSING AUTHORITY

OF THE CITY OF SAN MARCOS
ALLEN WOODS HOMES CENTRAL OFFICE
1201 THORPE LANE
SAN MARCOS, TEXAS 78666
Phone (512) 353-5058/ Fax (512) 392-7458

CRIMINAL HISTORY CHECKS

Pursuant to the Housing Opportunity Program Extension Act of 1996, The San Marcos Housing Authority is authorized to check statewide and nationwide databases for records of criminal activity and convictions.

Criminal history checks will be made on all individuals over the age of 18, if the authority feels it is necessary to do so.

I, the undersigned individual, have been made aware of the requirement.

_____
Applicant

_____
Applicant

_____
Applicant

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APPLICANT/TENANT CERTIFICATION

Applicant(s)'s/Tenant statement:

I certify that the information given above is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal and State laws. I also understand that false statements or information are grounds for denial of housing assistance and termination of housing assistance.

This application is made with the understanding that it is to be processed for both credit and character references. I have no objection to inquires for the purpose of verification of the above statement. **THIS INCLUDES A POLICE CHECK.** It is understood that the above information will be held in strict confidence. (I also understand this application is good for only 6 months from date of application. I must renew this application each 6 months from the date of application if I desire my application to remain active.)

Head of Household _____ / _____

NAME DATE

Other adult _____ / _____

NAME DATE

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OMB Control Number: 2577-0295
Use this form for reexaminations effective on or after January 1, 2024. Use form HUD-9886 for reexaminations effective prior to January 1, 2024.

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

PHA or IHA requesting release of information (full address, name of contact person, and date):

San Marcos Housing Authority
1201 Thorpe Lane, San Marcos, TX 78666
Date: _____

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD, and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

Public Housing
Housing Choice Voucher
Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Advisory. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). Purpose: This form authorizes HUD and the above-named HA to request income information to verify your household's income in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent: HUD and the HA (or any employee of HUD or the HA) 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 the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains, or discloses 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 HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

CHILD SUPPORT DIVISION

Verification of Child Support Income / Verificación de Ingresos de Manutención de Niños

Date / Fecha: _____

Recipient / Beneficiario: _____

Name and Address of Requesting Authority / Nombre y dirección de Autoridad Solicitante:

San Marcos Housing Authority

1201 Thorpe Lane San Marcos, TX 78666

SSN: / Número de Seguro Social: _____

Payor / Pagador: _____

Requesting Authority Agent Name / Nombre de Agente de Autoridad Solicitante:

Sylvia Flores

Telephone and fax number / Número de teléfono y fax:

512-353-5059 / 512-392-7458

Name of Child(ren) / Nombre de Niño(s) :

_____

_____

_____

_____

_____

_____

I hereby authorize the release of all child support income information requested on this verification form to the above named requesting authority.
Por la presente autorizo la revelación de toda la información sobre los ingresos de manutención de niños, solicitada en este formulario de verificación, a la autoridad solicitante nombrada arriba.

_____ _____

Applicant's Signature / Firma del Solicitante

Date / Fecha

WARNING: Section 1001 of Title 18 of the U. S. code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States as to matters within its jurisdiction. Texas Government Code chapter 559 gives you the right to review and request correction of information on this form.

AVISO: La Sección 1001 del Título 18 del código de los Estados Unidos establece como un delito penal el hacer declaraciones falsas o distorsiones intencionales a cualquier departamento o agencia de los Estados Unidos con respecto a asuntos dentro de su jurisdicción. El Código Gubernamental de Texas el capítulo 559 le proporciona a usted el derecho de revisar y solicitar la corrección de información en este formulario.

Verification of Child Support Income /
Verificación de Ingresos de Manutención de Niños

Official OAG use only / Uso oficial de la Procuraduría General solamente

☐ IV-D Services are not being provided.

No se están proporcionando Servicios IV -D.

☐ The agency is not aware of a child support order.

La agencia desconoce de una orden de manutención de niños.

☐ The amount of court ordered child support is $_____ per _____ (week, month, etc.)

La cantidad de manutención de niños ordenada por la corte es de _____ dólares por _____ (semana, mes, etcétera)

☐ Last payment of $ _____ was received _____ (date).

El último pago de _____ dólares fue recibido el _____ (fecha, mes/día/año).

☐ Child support is not paid on a regular basis.

La manutención de niños no se paga con regularidad.

_____ _____

Signature - Title / Firma – Título Date / Fecha

Comments / Comentarios: _____

San Marcos Housing Authority

LANDLORD VERIFICATION FORM

Federal law requires us to screen families applying for admission to our developments to determine their willingness and ability to comply with the San Marcos Housing Authority Lease.

If you could fill out the form below and return it to the San Marcos Housing Authority at 1201 Thorpe Ln. San Marcos, TX 78666 or fax it to (512) 392-7458 within 5 days, it would be most appreciated.

Name of Applicant: _____

Penalties for Committing Fraud: The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. Making fraudulent statements can result in a fine of up to $10,000.00 and imprisonment for up to five (5) years, in addition to other penalties your State and Local government may have. **Please initial here to indicate you have read the above statement. _____**

APPLICANT RELEASE

I, _____ hereby authorize the release of the information requested above.

Signature: _____ Date:_____

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OMB Control # 2502-0581
Exp. (02/28/2019)

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)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

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.

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.

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Updating the Waiting List

The PHA requires applicants to report, in writing/in person, any changes in family composition or circumstances, and any significant changes in income or assets that would affect the family's eligibility, the type of development, the size and type of unit needed.

The PHA also requires applicants to report, in writing, every six (6) months, whether they are still interested in being admitted to public housing. If there is no response to the PHA's efforts to contact the applicant they will be removed from the waiting list and their application withdrawn.

_____ _____

Head of Household Date

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