

For MHA Office Use Only. Applicants should **not** write in this section.

Date/Time: \_\_\_\_\_ HH Size \_\_\_\_\_ Unit Size \_\_\_\_\_

Received by: \_\_\_\_\_ Interview Date: \_\_\_\_\_

Special assistance required by this applicant \_\_\_\_\_

**TDD/TTY 1- 800-735-2989**

## PRELIMINARY APPLICATION PUBLIC HOUSING LOW RENT PROGRAM

Complete this form in ink in your own handwriting. Use the correct legal name for each person who will reside in the dwelling unit as it appears on his/her Social Security card. All person's age 18 and over must sign this application certifying the information pertaining to them is correct. Do not leave any section of the application blank. If a section does not apply to you, write N/A in it.

Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address Where You Currently Live: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Provide an Alternate Contact: Name: \_\_\_\_\_ Phone # \_\_\_\_\_

**HOUSEHOLD COMPOSITION** (list all persons who will stay in the apartment)

*\*Applicants are not required to disclose being disabled. However, deductions to the family income for which persons with disability are entitled cannot be provided unless applicant discloses being disabled.*

Adults (age 18 and older)			Social Security #	Relation to Head	Sex	Race and Ethnicity	Birth Date	Age	Disabled* Yes/No	Student Yes/No	List most recent date	
Last	First	MI									Employed	Received TANF
				HEAD								

Minors (Under Age 18)			Social Security #	Relation to Head	Sex	Race/ Ethnicity	Birth Date	Age	Disabled* Y/N	Name/Address of Absent Parent (if applicable)
Last	First	MI								

Does anyone in your household require special accommodations due to a handicap or disability?  Yes  No

If yes, specify requirement: \_\_\_\_\_



## INCOME AVAILABLE TO HOUSEHOLD

List **all** income earned or received by everyone living in the household regardless of age. List gross amounts of income (before deductions).

Income Source	Yes	No	Family Member	Source	Amount
Self-employment					\$
					\$
Wages or Earnings					\$
					\$
Pension or Retirement					\$
					\$
SSI / Social Security					\$
					\$
Child Support					\$
					\$
Unemployment Benefits					\$
					\$
Worker's Compensation					\$
					\$
Alimony					\$
					\$
Military Income					\$
Income from Rental Property or Other Asset					\$
					\$
Regular Contributions or Gifts					\$
					\$
Other/Scholarships					\$
					\$
TANF					\$
					\$
Food Stamps					\$
					\$

1. Does anyone outside your household assist with bills or expenses on a regular basis? \_\_\_\_\_

If yes, explain \_\_\_\_\_

2. Has anyone in your household applied for any benefits which are in the process of being approved? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

### CRIMINAL HISTORY

1. Has any household member (regardless of age) been arrested, charged, or convicted for any of the following:

Violent criminal activity?  Yes  No *If yes, give details* \_\_\_\_\_

Alcohol related activity?  Yes  No *If yes, give details* \_\_\_\_\_

Manufacture of methamphetamines?  Yes  No *If yes, give details* \_\_\_\_\_

Possession, sale, or distribution of illegal drugs?  Yes  No *If yes, list name/date/disposition of case*

List name of any household member who is required to register as a sex offender: \_\_\_\_\_

If required to report, list name and telephone number of probation/parole officer: \_\_\_\_\_

2. Has any household member participated in drug rehabilitation during the past 12 months?  Yes  No  
*If yes, explain* \_\_\_\_\_

3. Has any household member been evicted or lived in federally housing in the past 5 years?  
If yes, who? \_\_\_\_\_ Where? \_\_\_\_\_

**RENTAL HISTORY**

1. Current Landlord: \_\_\_\_\_ Landlord's Address/Phone: \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Address of Rental Property: \_\_\_\_\_

Were you ever late in paying rent?  Yes  No Where you evicted or asked to move?  Yes  No

2. Previous Landlord: \_\_\_\_\_ Landlord's Address/Phone: \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Address of Rental Property: \_\_\_\_\_

**MISCELLANEOUS INFORMATION**

A criminal history check will be run on all household members over age 18 through the local police department, state, and NCIC. All information provided on this application and at the interview is subject to verification. All family members age 18 or over should review the information on this form, the Federal Privacy Act, and all required releases which **MUST** be signed in order to be considered for housing.

By my signature below, I do hereby swear and attest that all information on this application is true and correct. I understand that I must report any changes in income, assets, family composition, address, or phone number to the Housing Agency within 10 days of such change for my application to remain valid. By my signature, I grant permission for the Housing Agency to verify information necessary and further understand that false statements or information are grounds for denial of this application.

I understand that I must also respond to a written Continued Interest Notice for my application to remain active on the Wait List on or before the one-year anniversary of placement on the waiting list.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse of Head of Household or Other Adult

\_\_\_\_\_  
Date

**WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES 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 UNITED STATES.**

*(If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national toll-free hot line at 1-800-669-9777.)*



# DPS Computerized Criminal History (CCH) Verification

## (AGENCY COPY)

I, \_\_\_\_\_, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.dps.texas.gov/Crime Records Information/Review of Personal Criminal History](http://www.dps.texas.gov/Crime%20Records%20Information/Review%20of%20Personal%20Criminal%20History) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

**(This copy must remain on file by this agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee (optional)

\_\_\_\_\_  
Date

Mercedes Housing Authority  
\_\_\_\_\_  
Agency Name (Please print)

Rachel Gil/Low Rent Supervisor  
\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please:</b>	
<b>Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES ____	NO ____      ____ initial
Purpose of CCH: _____	
Empl ____	Vol/Contractor ____      ____ initial
Date Printed: _____	____ initial
Destroyed Date: _____	____ initial
<b>Retain in your files</b>	