

HOUSING AUTHORITY OF THE CITY OF PHARR

Dear Applicant:

Thank you for your interest in program participation under the Low Rent Housing Assistance Program. The following application **must be completed in its entirety and returned to:** To be announced.

The following information must be presented with this Application:

1. Social Security Numbers for all household members
2. Birth Certificates for all household members
3. Picture Identification for the head of Household and or spouse or Co-head
4. Current Annual Income reported on Application
5. Other sources of income such as TANF/ Food stamp award letter etc.
6. Bank, Savings, CDs, Money Market Account information
7. Signature on "required forms" presented with the Application

Providing the documents required

In order to expedite the process to determine eligibility the applicant must submit the requested information listed above.

Once this process is successfully accomplished,

- Your Application/ Name will be placed on the wait list until you reach the top of the list for assistance

What if I move or have a change of income or family size?

- You will be required to report changes to ensure the most updated data is maintained at all times.
- A form to report such changes is available during regular business hours Monday through Friday 8AM to 5:00 PM

What happens next?

- You will receive a notice to inform you of a unit offer
- Applicants must be prepared to execute releases for third party verifications so reported information can be obtained. Other forms of income verifications such as faxed documents directly from employers will be an acceptable method of verification
- You must come in on the appointed time on the notice unless there is an existing emergency i.e.: *death, sickness or hospitalization*, you must call in to reschedule the appointment.
- Failure to come in for the scheduled appointment may result in the withdrawal and closure of your application and you will be required to submit a new application and begin the process again (*provided the waiting list is open to accept applications*).

Additional information has been provided, please review at your discretion. We hope these helpful hints will assist you towards a successful and expedient Waiting list Application process. If you have questions concerning this process, please do not hesitate to ask staff, we will be happy to respond to any inquiries you may have.

Sincerely,

Mr. Noel De Leon
Interim Executive Director

Pharr Housing Authority
Additional Eligibility Requirements

Notice: To all Applicants on the Public Housing and/or Section 8 Waiting List(s)

In order to be eligible to receive financial housing assistance from the Housing Authority, the Department of Housing and Urban Development (HUD) has determined that applicants being considered for occupancy on or after June 19, 1995, must submit evidence of citizenship status or eligible immigration status as soon as possible or with your other eligibility documentation that you have been asked to submit at the time the Housing Authority anticipates providing assistance.

This evidence must be presented in the original form. A copy will be made for your file and the original will be returned to you.

A. **Citizen Status:** Each family member must sign a declaration of U.S. citizenship under penalty of perjury, regardless of age. (The Housing Authority has the form available): or if not a U.S. citizen, see the following.

B. **Non-Citizens:** Acceptable evidence of eligible immigration status includes presenting the original of one of the following documents;

1. **Form 1-551, Alien registration Receipt Card**
2. **Form 1-94, Arrival-Departure Card** with one of the following annotations:
 - a. Admitted as Refugee Pursuant to Section 207;
 - b. Section 208 or Asylum;
 - c. Section 243 (h) or Deportation stayed by Attorney General
 - d. Paroled Pursuant to Sec. 212(d) (5) of INA;
3. **If form 1-94, Arrival-Departure Record**, is not annotated, then accompanied by one of the following documents:
 - a. A final court decision granting asylum (but only if no appeal is taken);
 - b. A letter from an INS asylum officer granting asylum (if application is filed on or after October 1, 1990) or from an INS district granting (if application is filed before October 1, 1990);
 - c. A court decision granting withholding of deportation; or
 - d. A letter from an INS asylum officer granting withholding of deportation (if application is filed on or after October1,)
4. **Form I-6888, Temporary Resident Card**, which must be annotated "Section 245A or Section 210";
5. **Form I-688B, Employment Authorization Card**, which must be annotated "Provisions of Law 274a. 12(11)" or "Provision of Law 273a. 12";
6. **A receipt** issued by the INS indicating that an application for issuance of a replacement document is one of the above-listed categories has been made and the applicant's entitlement to the document has been verified, or

C. **Other acceptable evidence.** If other documents are determined by the INS to constitute acceptable evidence of eligible immigration status, they will be announced.

In addition, if you or any family member claims eligible non-citizen status, the family member claiming eligible on-citizen status must sign a release of evidence authorizing the Housing Authority to obtain verification of non-citizen through the Department of Immigration and Naturalization Service (INS) and their Systematic Alien Verification for Entitlements (SAVE) system. For adults, the adults must sign the release; for children the form must be signed by the adult member who is responsible for the child who will reside in the assisted unit.

If you have question, call us at (956) 787-1822 or 787-9501 for assistance. Thank you.

Public Housing Fact Sheet

WHO IS ELIGIBLE?

Public housing is limited to low-income families and individuals. A Housing Authority determines your eligibility based on: 1) annual gross income; 2) whether you qualify as elderly, a person with a disability, or as a family; and 3) U.S. citizenship or eligible immigration status. If you are eligible, the Housing Authority will check your references to make sure you and your family will be good tenants. The PHA will deny admission to any applicant whose habits and practices may be expected to have a detrimental effect on other tenants or on the project's environment.

The PHA uses income limits developed by HUD. HUD sets the lower income limits at 80% and very low income limits at 50% of the median income for the county or metropolitan area in which you choose to live. The Income limits vary from area to area so you may be eligible at one Housing Authority but not at another.

HOW DOES THE APPLICATION PROCESS WORK?

The Housing Authority will need to collect the following information to determine eligibility:

- (1) Names of all persons who would be living in the unit, their gender, date of birth and relationship to the family head;
- (2) Your present address and telephone number;
- (3) Family characteristics (e.g., veteran) or circumstances (e.g., living in substandard housing) that might qualify the family for tenant selection preferences;
- (4) Names and addresses of your current and previous landlords for information about your family's suitability as a tenant;
- (5) An estimate of your family's anticipated income for the next twelve months and the sources of that income;
- (6) The names and addresses of employers, banks, and any other information the Housing Authority would need to verify your income and deductions, and to verify the family composition;

After obtaining this information, the PHA representative will describe the public housing program and its requirements, and answer any questions you might have.

WILL I NEED TO PRODUCE ANY DOCUMENTATION?

Yes, the PHA representative will request whatever documentation is needed (e.g., birth certificates, tax returns) to verify the information given on your application. The PHA will also rely on direct verification from your employer, etc. You will be asked to sign a form to authorize release of pertinent information to the PHA.

WHEN WILL I BE NOTIFIED?

The PHA will provide written notification. If the Housing Authority determines that you are eligible, your name will be put on a waiting list, unless the Housing Authority is able to assist you immediately. Once your name has reached the top of the waiting list, the PHA will contact you. If it is determined that you are ineligible, the Housing Authority must say why and, if you wish, you can request an informal hearing.

WILL I HAVE TO SIGN A LEASE?

If you are offered an apartment and accept it, you will have to sign a lease with the PHA. You will be required to give the PHA a security deposit. You and the PHA representative will go over the lease together. This will give you a better understanding of your responsibilities as a tenant and the PHA's responsibilities as a landlord.

HOW IS RENT DETERMINED?

Your rent, which is referred to as the Total Tenant Payment (TTP) in this program, would be based on your family's anticipated gross annual income less deductions, if any. HUD regulations allow the PHA's to exclude from annual income the following allowances: \$480 for each dependent; \$400 for any elderly family, or a person with a disability; and some medical deductions for families headed by an elderly person or a person with disabilities.

Based on your application, the Housing Authority representative will determine if any of the allowable deductions should be subtracted from your annual income. Annual income is the anticipated total income from all sources received from the family head and spouse, and each additional member of the family 18 years of age or older.

The formula used in determining the TTP is the highest of the following, rounded to the nearest dollar:

- (1) 30 percent of the monthly adjusted income. (Monthly Adjusted Income is annual income less deductions allowed by the regulations);
- (2) 10 percent of monthly income;
- (3) \$50 minimum rent set by the Pharr Housing Authority

WHAT IS THE ROLE OF THE HOUSING AUTHORITY?

A Housing Authority is responsible for the management and operation of its local public housing program. They may also operate other types of housing programs. (1) On-going functions: (a) Assure compliance with leases. The lease must be signed by both parties; (b) Set other charges (e.g., security deposit, excess utility consumption, and damages to unit); (c) Perform periodic reexaminations of the family's income at least once every 12 months; (d) Transfer families from one unit to another, in order to correct over/under crowding, repair or renovate a dwelling, or because of a resident's request to be transferred; (e) Terminate leases when necessary; and (f) maintain the development in a decent, safe, and sanitary condition.

PRELIMINARY ELIGIBILITY APPLICATION



HOUSING AUTHORITY OF THE CITY OF PHARR

PUBLIC HOUSING LOW RENT PROGRAM
104 W. POLK PHARR, TEXAS 78577 787-9501

GENERAL HOUSEHOLD INFORMATION

Legal Name of Head of Household

Head of Household Date of Birth: Driver's License #

 Married Single

Social Security Number

Widowed Separated Divorced

How Long? _____ County /State of Divorce: _____

Legal Name of Co- Head Date of Birth

Social Security Number Driver's License

Office Use Only: Waiting List Data

Application Date /Time: _____ / _____

Family Size: _____ Bdrm Size: _____

Date Selected : _____

Date Closed: _____

Annual Income / Amount \$ _____

ELI VLI LI

Previous EID Yes No

Eligible Date : _____

Ineligible Date: _____

Screening Results:

Negative Positive

Ethnicity: Hispanic Non-Hispanic

Race:

White Black

Indian/Native Alaskan Other

Present and Mailing Address (*if different from present address*) City/State Zip Telephone

Owner /Manager Address City/State Zip Telephone

How long at this address? _____ Reason for moving: _____

Type of legal Identification: _____ Emergency contact: _____

Address: _____ Telephone: _____

Special Needs

Does anyone in your household claim a special need due to mobility, visual, hearing impairment or any other special need, which would require a special type of unit or a reasonable accommodation?

Yes No

If yes, describe _____

Banking Information

Where do you Bank? List the name(s) of Bank accounts and the type of account (s) you maintain?

Name of Bank	Checking Acct. #:
Name of Bank	Savings Acct. #
Name of Bank	Checking Acct. #:

Do you expect anyone to move in or out of your household within the next 12 months? Yes No

If yes, Explain _____

LIST HOUSEHOLD MEMBERS WHO WILL OCCUPY THE UNIT

List the legal names of all the people who live with you starting with the oldest to the youngest and other adults

Date of Birth	Name (Head of Household)	Sex	Age	Social Security #	Relation	Salary	Birthplace

Work History/Employment Information

Applicant's place of employment	How Long?
Position	Supervisor
Address	Phone #
Spouse's place of employment:	How Long?
Position	Supervisor
Address	Phone #

Total Income Received by Household Members

Please list money received by everyone in the household, Include money from Unemployment Compensation, Workman's compensation, Disability insurance, TANF, Food Stamps, Child Support, Regular Contributions, Social Security Benefits, SSI Disability, Veterans Benefits, Stock Dividends and Interest, Alimony, Rental Property Income, Annuities and any other sources that may not be listed in this section.

Household Member	Income source	Rate	Type of Income	How Often?	Annual 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 _____

Is anyone in the household owed any arrears in Child Support payments? Yes No

If yes, explain _____

Is anyone in the household owed any arrears in Alimony payments? Yes No

If yes, explain _____

Student Status Information

Are you or your spouse or any household member attending training programs, college, vocational, technical school or GED classes? Yes No If yes, please list applicable household members

Name of Student	Name of School/College/ University or Technical Educational Institute	Level

Are you related to any Pharr Housing Authority employee?

Yes No If yes, Name(s) of Employee(s): _____

1. Will there be any children under 12 yrs. of age left unattended at any time? Yes No

2. Do you have any pets? Yes No

If yes, specify _____

3. Do you own a motorcycle or other vehicular apparatus? Yes No

If yes, specify _____

4. Will you have any musical instruments? Yes No

If yes, specify _____

5. How many vehicles do you own? _____

Vehicle Make _____ Year _____ Color _____ License No _____ State _____

Vehicle Make _____ Year _____ Color _____ License No _____ State _____

6. Do you plan to keep a boat, trailer or camper on the premises? Yes No

If yes, specify _____

7. Have you ever had any suits, judgment or collections filed against you? Yes No

If yes, specify _____

8. Have you ever been convicted of a felony? Yes No

If yes, specify _____

9. Have you ever had a house or car repossessed? Yes No

If yes, specify _____

10. Have you ever been evicted or refused housing elsewhere? Yes No

If yes, specify _____

11. Have you ever lived in a federally funded housing project or Section 8 Program Yes No

If yes, were you previously eligible for the Earned Income disallowance? Yes No

Name of PHA _____ City _____ State _____

Name (List character references)	Address	Telephone Number

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

APPLICANT CERTIFICATION

APPLICANT 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 misrepresentation of information are punishable under Federal and State laws. I also understand false statements or information are grounds for denial of housing assistance, termination of housing assistance and the termination of tenancy. This application is made with the understanding that it is to be processed for credit, character references and a criminal background screening for all household members 18 years or older listed on this application. I have no objection in inquiries for the purpose of verification of the above statement. It is understood that the information requested or verified through this application process will be held in strict confidence.

I understand it is my responsibility to report and provide the Housing Authority with changes in writing regarding the most current household status, i.e. family composition, employment and or income information and further understand the penalties for Fraud.

Signature / Head of Household Date Signature / Co Head Date

**PUBLIC HOUSING PROGRAM
(LOW RENT)**

CRIMINAL CHECK ACKNOWLEDGMENT

I, the undersigned, have been notified and do understand that the Pharr Housing Authority, as part of the application screening process for assisted housing, is authorized by the Housing Opportunity Program Extension Act of 1996 to order criminal history report on me from the Tenant Tracker Inc., the City of Hidalgo Police Department, and the Hidalgo County Sheriff's Department and if deemed necessary from the Texas Department of Public Safety.

I hereby certify that the Pharr Housing Authority has reviewed with me and I understand the Housing Authority's **One Strike Policy**.

_____ Applicant Signature	_____ Date
_____ Spouse Signature	_____ Date
_____ Adult Member (18 yrs. or over)	_____ Date
_____ Adult Member (18 yrs. or over)	_____ Date
_____ Adult Member (18 yrs. or over)	_____ Date
_____ PHA Representative	_____ Date

Tenant Tracker Report ID Number: _____

HOUSING AUTHORITY OF THE CITY OF PHARR

Low Rent Housing Assistance Program
104 W. Polk Ave, Pharr Texas 78577 • 956-787-9501

Consent and Authorization to Release Income Information

I _____, and members of my household 18 years or older
Print Name

hereby authorize the release of income information to the PHARR
Name of Housing Authority

Housing Authority for the purpose of verifying income, eligibility and to ensure the level of benefits in housing assistance are determined at the correct level.

List Name (s) of household members that are 18 years or older.
(Complete only if applicable)

_____, _____,
Print Name *Print Name*

_____, _____
Print Name *Print Name*

Sources of Income: (Check applicable income(s) received)

- TANF Benefits, Texas Department of Human Services
- Food Stamp Benefits/ Texas Department of Human Services
- Workman's Compensation
- Railroad Retirement Pension
- Attorney Generals Child Support Payment Division
- Social Security Administration
- General Assistance Monetary Assistance from Agency
- Veterans Assistance Benefits
- Other _____

I understand that signatures on this form represent consent and acknowledgement of the Housing Authority's need to verify income from the applicable sources provided above. I further understand that use of information obtained will be used solely to determine eligibility and to calculate the correct rent.

Head of Household Signature

Household Member 18 years or older

Household Member 18 years or older

Household Member 18 years or older