

# HOUSING AUTHORITY OF THE CITY OF PHARR

Dear Applicant:

Thank you for your interest in program participation under the Housing Choice Voucher 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?

Once your name reaches the top of the waiting list and you are selected.

- You will receive a notice to inform you of a briefing session
- 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/ file and you will be required to submit a new application to begin the process again (*provided the waiting list is open to accept applications*).
- **YOU MUST HAVE SECURTIY DEPOSIT READY!**
- **YOU MUST HAVE DEPOSITS READY FOR UTILITIES examples:water (\$150), light (?), gas (?)**

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 October 1, 1990)
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) 787-4217 or 787-4218 for assistance. Thank you.

# PRELIMINARY APPLICATION



**HOUSING AUTHORITY OF THE CITY OF PHARR**  
HOUSING CHOICE VOUCHER PROGRAM  
104 W. POLK PHARR, TEXAS 78577 787-4217

## GENERAL HOUSEHOLD INFORMATION

\_\_\_\_\_  
Legal Name of Head of Household

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

\_\_\_\_\_  
Social Security Number                       Married  Single  
 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 : \_\_\_\_\_

Appointment Date : \_\_\_\_\_  
Response  Yes  No

2<sup>ND</sup>/ Rescheduled Appt.: \_\_\_\_\_

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

### Staff Initials:

\_\_\_\_\_  
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 \_\_\_\_\_

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

If yes, Explain \_\_\_\_\_

### Are you related to any Pharr Housing Authority employee?

Yes  No

If yes, Name(s) of Employee(s): \_\_\_\_\_

**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?	Salary \$
Position	Supervisor	
Address	Phone #	
Spouse's place of employment:	How Long?	Salary \$
Position	Supervisor	
Address	Phone #	
Other HH members place of employment:	How Long?	Salary \$
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 \_\_\_\_\_

**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. #:	Balance \$
Name of Bank	Savings Acct. #	Balance \$
Name of Bank	Checking Acct. #:	Balance \$
Name of Bank	Savings Acct. #:	Balance \$

**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 and Address of School/College/ University or Technical Educational Institute	Student Status Full/Part time

1. How many vehicles do you own? \_\_\_\_\_

Vehicle Make \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ License No \_\_\_\_\_ State \_\_\_\_\_

Vehicle Make \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ License No \_\_\_\_\_ State \_\_\_\_\_

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

If yes, specify \_\_\_\_\_

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

If yes, specify \_\_\_\_\_

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

If yes, specify \_\_\_\_\_

5. 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 \_\_\_\_\_

**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.

**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**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature / Co Head

\_\_\_\_\_  
Date

# Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

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

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

PHA requesting release of information; **(Cross out space if none)**  
(Full address, name of contact person, and date)

IHA requesting release of information; **(Cross out space if none)**  
(Full address, name of contact person, and 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 that you 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; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and 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 household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

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

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental 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.

### Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years 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(I)(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 concerning unearned income (i.e., interest and dividends). 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 regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**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 expires 15 months after signed.

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 Act Notice.** 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). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. 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, the HA and any owner (or any employee of HUD, the HA 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 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, the HA or the owner responsible for the unauthorized disclosure or improper use.

**Pharr Housing Authority  
Housing Choice Voucher Program  
(Section 8)  
CRIMINAL CHECK ACKNOWLEDGMENT**

**CONSENT FORM**

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



**HOUSING AUTHORITY OF THE CITY OF PHARR**  
Housing Choice Voucher Program  
104 W. Polk Ave, Pharr Texas 78577 • 956-787-4217 / 956-787-4218  
**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