

- ()Yes ()No Have you ever been evicted? If yes, who? _____
When? _____ What for? _____
- ()Yes ()No Have you ever been evicted from Public or Assisted Housing for violent criminal or drug-related activity? If yes, explain.

- ()Yes ()No Do you owe any money to another Public Housing Authority, a Section 8 Agency or other subsidized housing program?
If yes, explain _____
- ()Yes ()No Does anyone outside of your household pay any of our bills or give you regular gifts (food, clothing, cigarettes, etc.)
If yes, who? _____ How much? _____ How often? _____
- ()Yes ()No Is the applicant family displaced by domestic violence? If yes, who can verify? List name, address and phone number:

- ()Yes ()No Are you entitled to Child Support?
- ()Yes ()No Do you receive Child Support? If yes, from whom? _____
How much? _____ How often? _____
- ()Yes ()No Are you entitled to Alimony?
- ()Yes ()No Do you receive Alimony? If yes, from whom? _____
How much? _____ How often? _____
- ()Yes ()No Does anyone in your household receive educational scholarships or grants?
If yes, who? _____ Source? _____
Amount? _____ How often? _____

CHILD CARE EXPENSES

- ()Yes ()No Do you pay out of pocket for Child Care while you work, attend school, or seek employment? If yes, to whom are
expenses paid to? _____
Address of provider: _____
- Child's Name _____ Amount: \$ _____ Per _____
- Child's Name _____ Amount: \$ _____ Per _____
- Child's Name _____ Amount: \$ _____ Per _____
- Child's Name _____ Amount: \$ _____ Per _____
- ()Yes ()No Does any organization help to pay for child care (ex. CCMS)?
If yes, which organization? _____ How much is reimbursed/paid by the
organization? _____

BANKING INFORMATION

What type of accounts do you have? Checking _____ Savings _____ Both _____

Name of Bank	Account Number	Type (If More Than One)	Joint/Individual	Current Balance	6 Month Average

ASSET INFORMATION

- ()Yes ()No Have you ever owned a home or property? If yes, explain.

- ()Yes ()No Have you sold a home or given away property or other assets in the past 2 years: If yes, explain.

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

Description of Assets	Location of Assets	Value of Assets

HANDICAPPED FAMILIES ONLY

- ()Yes ()No Do you pay for a care attendant or for any equipment for the handicapped members(s) of the family necessary to
permit that person or someone else in the family to work? If yes, explain _____

MEDICAL UNUSUAL EXPENSES FOR ELDERLY OR DISABLED FAMILIES ONLY

- ()Yes ()No Do you have Medicare? If you answered "Yes", how much is the Medicare Premium that you pay?

- ()Yes ()No Do you have other Medical Insurance? If you answered "Yes", give name, address, policy # and amount that you pay.

- ()Yes ()No Do you receive Medical Assistance from the Department of Human Services? If you answered "Yes", give type
assistance, for whom given, and DHS case number. _____

Yes No Are you currently paying for medicine? If yes, please list each medication and amount you pay.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Yes No Do you anticipate other healthcare-related expenses in the next twelve months? If yes, explain _____

CURRENT MONTHLY EXPENSES (From Preceding Month)

Rent:	Cable:	Medical:
Electric:	Auto Payment:	Rentals:
Gas:	Auto Insurance:	Credit Cards:
Water:	Auto Payment:	Loans:
Phone:	Auto Insurance:	Other

Yes No Do you have any other regular monthly payments besides those above? If yes, specify _____

CURRENT HOUSING STATUS

Yes No Are you now living in government subsidized housing (Public Housing, Section 8 Assisted Housing, Section 236 or Section (D)(3) subsidized projects?

Yes No Have you in the past lived in government subsidized housing described above? If yes, explain?

Where? _____ When? _____ How long? _____

CURRENT AND PREVIOUS RESIDENCES (For the Past 3 Residences)

Beginning Date	End Date	Address	Landlords Name	Phone Number

HOUSEHOLD QUESTIONS

Please answer each of the following questions. For each question that you answer "Yes", explain in the space provided.

Yes No Is any member of your household employed either full-time, part-time or seasonally?

Yes No Does any member of your household expect to work for any period during the next 12 months?

Yes No Does any member of your household work for someone who pays them in cash?

Yes No Is any member of your household on leave of absence from work due to layoff, medical, maternity or military leave?

Yes No Does any member of your family now receive or expect to receive unemployment benefits?

Yes No Does any member of your family expect to receive child support?

Yes No Is any member of your household entitled to child support that he/she is not receiving?

Yes No Does any member of your household now receive or expect to receive alimony payments?

Yes No Is any member of your household entitled to alimony payments that he/she is not receiving?

Yes No Does any member of your household receive or expect to receive welfare assistance?

Yes No Does any member of your household receive or expect to receive Social Security benefits?

Yes No Does any member of your household receive or expect to receive income from a pension or annuity?

Yes No Does any member of your household receive regular cash contributions from family or agencies?

Yes No Does any member of your household receive income from assets, including interest on checking, savings, CD's, stocks, bonds or from rental property? If yes, explain.

FOR EACH QUESTION THAT YOU ANSWERED "YES", LIST ALL INFORMATION IN THE SPACE PROVIDED ON THE NEXT PAGE. (List all money received or earned by everyone living in the household. Include all money from Employment, Self-Employment, Unemployment, Compensation, Child Support, Regular Cash Contributions, Social Security, SSI, Retirement, Disability, Workers' Compensation, TANF, Veterans Benefits, Rental Property Income, Stock Dividends, Interest, Alimony, Annuities and other sources.)

Family Members Name	Source of Income	Annual Amount

WORK HISTORY OF ADULT MEMBERS

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

Family Members Name	From	To	Employer

REFERENCES

List three (3) Character References: Name, Address and Phone Number

1. _____
2. _____
3. _____

PETS

() Yes () No Do you have any pets?

If yes, what kind? _____ Size? _____ Weight? _____

VEHICLES (How many vehicles does the family own?)

Owner	Make	Model	Color	Tag #	State

WARNING: UNDER TITLE 18, SECTION 1001 OF THE US CODE, IT IS A FELONY TO MAKE FALSE STATEMENTS KNOWINGLY AND WILLINGLY TO ANY REPRESENTATIVE OR AGENT OF A DEPARTMENT OF AGENCY OF THE UNITED STATES; ANYONE WHO DOES SHALL BE FINED UP TO \$10,000 OR IMPORISONED UP TO 5 YEARS, OR BOTH.

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

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.

This application is made with the understanding that it is to be processed for both credit and character references. I have no objection to inquiries for the purpose of all statements in this application, including a check of police records. It is also understood that all the information will be held in strict confidence. I also understand this application is valid for only six (6) months from the date of application. I must renew this application in person each six months thereafter.

(Signature of applicant)

(Date)

(Signature of Co-Head)

(Date)