

# APPLICATION FOR PUBLIC HOUSING

**BALLINGER HOUSING AUTHORITY**  
**1401 N 13<sup>th</sup> STREET**  
**BALLINGER, TEXAS 76821**  
**Telephone / Fax 325-365-2629**

To be qualified for admission to public housing an applicant must:

- (a) Be a family as defined in PHA's Admission and Continued Occupancy Policy;
  - (b) Meet the HUD requirements on citizenship or immigration status;
  - (c) Have an Annual Income at the time of admission that does not exceed the income limits established by HUD that are posted in PHA offices.
  - (d) Provide documentation of Social Security numbers for all family members;
  - (e) Meet or exceed the Applicant Selection Criteria as stated in the Admission and Continued Occupancy Policy, including attending and successfully completing a PHA-approved pre-occupancy orientation session, if requested to do so;
  - (f) Before the application will be processed the applicant must pay any money owed to PHA or any other housing authority;
  - (g) Not have had a lease terminated by PHA in the past 12 months;
  - (h) Be able and willing to comply with the Housing Authority lease;
- ▶ Complete applications will be entered on the waiting list in the order received. An application will not be considered complete until all information requested has been submitted. Incomplete applications will not be placed on the waiting list. Information requested will be such items as current Driver's License or I.D., Birth Certificates of all household members, Social Security Cards for all family members, age 6 or older, or certify that they do not have Social Security numbers, complete information on former landlords and employment and any other information listed on the application itself.
  - ▶ Information given on the application will be verified. The application will then be graded using the form Grading System for Screening All Applicants
  - ▶ PHA will conduct a criminal record check on all applicant household members age 18 years and older. Sex Offenders subject to lifetime registration will not be housed.
  - ▶ Each applicant who meets the above qualifications will receive an offer of one unit of the size and type needed. If the applicant refuses the offer without good cause, the application will be withdrawn from the waiting list and the applicant will not be permitted to reapply for 12 months.
  - ▶ Each applicant that is denied housing will not be permitted to reapply for 12 months.
  - ▶ Applicants with disabilities may seek assistance with the completion of the application as stated in our Admissions and Continued Occupancy Policy.



The Housing Authority is an Equal Housing Provider



**III INCOME OF HOUSEHOLD**

**LIST ALL INCOMES OF ALL HOUSEHOLD MEMBERS**

( Including full and part-time jobs, self-employment, TANF, Social Security, SSI, Child Support, Retirement Benefits, Any Other Income)

HOUSEHOLD MEMBER	WAGES	TANF	CHILD SUPPORT	SOCIAL SECURITY	UNEMPLOYMENT	OTHER/SOURCE

**PRESENT AND PREVIOUS EMPLOYERS OF ALL ADULT MEMBERS OF HOUSEHOLD**

(give information for previous 3 years)

HOUSEHOLD MEMBER	EMPLOYER'S NAME	MAILING ADDRESS	TERMINATION DATE

Is the Head of Household or Spouse of the Head of Household in the Armed Services? Yes ( ) No ( )

Does anyone help you pay bills regularly? Yes ( ) No ( )

If yes, who? \_\_\_\_\_ How often? \_\_\_\_\_

How much \_\_\_\_\_

**IV. ASSETS**

Do any household members have or receive income from assets: (check all that apply)

- Real Estate  Pension Fund  Checking Account
- Stocks/Bonds  Insurance Settlements  Other: \_\_\_\_\_
- Savings Accounts  Certificate of Deposit
- Company Retirement  Trusts

If any of the above is checked, give detailed information about asset such as location, of property, Name and address of bank or other institution, account numbers, etc. \_\_\_\_\_

Has any member of the household given away or sold any asset for less than fair market value in the past 2 years? Yes ( ) No ( )

If yes, what? \_\_\_\_\_

What was its' market value \_\_\_\_\_

How much did you actually receive? \_\_\_\_\_

**V. PREVIOUS LANDLORDS OF ALL ADULT MEMBERS OF HOUSEHOLD**

**(give information for previous 3 years)**

LANDLORD'S NAME	MAILING ADDRESS	TELEPHONE NO.	YOUR STREET ADDRESS	DATE MOVED

**IF SEPARATED OR DIVORCED, LIST NAME OF SPOUSE/EX-SPOUSE AS FOLLOWS:**

NAME \_\_\_\_\_

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

SOCIAL SECURITY # (IF KNOWN) \_\_\_\_\_

SOCIAL SECURITY # (IF KNOWN) \_\_\_\_\_

**ABSENT PARENTS**

CHILD'S NAME	PARENT'S NAME	ADDRESS	TELEPHONE NUMBER

**REFERENCES - LIST THREE PERSONAL OR CHARACTER REFERENCES THAT ARE NOT RELATIVES**

NAME	MAILING ADDRESS	TELEPHONE

Do you presently live in housing where you receive rent assistance? Yes ( ) No ( )

Have you, or any members of your household, previously lived in housing where you received rent assistance? (Public Housing)(Section 8) Yes ( ) No ( )

If yes, Where: \_\_\_\_\_

When: \_\_\_\_\_ Name of head of household: \_\_\_\_\_

Have you, or any members of your household, ever committed any fraud in a Federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing? Yes ( ) No( )

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

Have you, or any member of your household, ever been evicted or refused housing? Yes ( ) No( )

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

Have you, or any member of your household, ever had a car or house repossessed? Yes ( ) No( )

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

Have you, or any member of your household, ever had any suits, judgments, or collections filed against you? Yes ( ) No( )

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

Have you or any member of your household, ever been arrested, indicted or convicted of any crime? Yes ( ) No( )

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

Are you or any member of your household a convicted sex offender? Yes ( ) No( )

If so, are you or the family member subject to lifetime registration in any State Yes ( ) No( )

**Failure to answer the above two questions will jeopardize the approval of this housing application.**

If you, or any member of your household is now on probation or parole for any crime, give name, address and telephone number of your probation/parole officer:

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

**PROOF OF REHABILITATION**

List three agencies for verification such as probation/parole officer, judge, employer, pastor, etc.

NAME	ADDRESS	TELEPHONE#

Have you, or any member of your household, ever used **any name(s)** or **Social Security Number(s)** other than the ones you are currently using? Yes ( ) No( )

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

Do you own an automobile (s)? Yes ( ) No( )

If yes: Model \_\_\_\_\_ Year \_\_\_\_\_ License Plate # \_\_\_\_\_

Model \_\_\_\_\_ Year \_\_\_\_\_ License Plate # \_\_\_\_\_

Your driver's license # \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

Spouse's driver's license # \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

Does anyone outside of your household pay any of your bills or give you money? Yes ( ) No( )

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

Are you, or any member of your household, related to anyone now living in this Housing Authority? Yes ( ) No( )

If yes, who \_\_\_\_\_

What schools do your children attend? \_\_\_\_\_  
\_\_\_\_\_

Do you pay for Child Care for children age 12 or younger while you work or attend School?  
that is not subsidized or reimbursed? Yes ( ) No( )

If yes, Name & Address of Child Care Provider: \_\_\_\_\_

How much per month? \_\_\_\_\_

Do you pay child support? Yes ( ) No( )

If yes, amount paid monthly \$ \_\_\_\_\_

Name of agency that manages child support \_\_\_\_\_

Name and address of person to whom child support is paid \_\_\_\_\_  
\_\_\_\_\_

List two individuals to contact if you cannot be reached:

Name	Phone No.	Name	Phone No.
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In case of an emergency, give name, address and telephone number of person to contact:  
\_\_\_\_\_

Do you have pets? Yes ( ) No( )

If so, what are they? \_\_\_\_\_

Are they spayed or neutered? Yes ( ) No ( )

Have they had their shots? Yes ( ) No ( )

**ELDERLY HANDICAPPED OR DISABLED ONLY**

If the Head of Household or Spouse are age 62 or older OR disabled regardless of age, list all medical expenses anticipated for the next 12 months that will not be reimbursed by insurance or other outside source. (This includes but is not limited to: prescriptions, physicians' bills, hospital bills, insurance premiums, and over-the-counter medications) Back-up info required.

**Handicapped Assistance Expense**

Family Member	Amount	Per	Reason
	\$		
	\$		

**Medical and Unusual Expenses**

Do you have a Medicare Prescription Drug Card?  Yes  No

Type	Cost	Per (week, month, year)
Medicare	\$	
Name & address of Other Health Ins.	\$	
Regular payments on medical bills	\$	
Regular payments for medicine	\$	
Total anticipated healthcare related expenses for next 12 months	\$	

Doctor's Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Address: \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Address: \_\_\_\_\_

\*\*\*\*\*

**WARNING:** SECTION 1001 OF TITLE 18 U.S.C. PROVIDES: "WHOEVER, IN ANY MATTER WITHIN JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES KNOWINGLY AND WILLFULLY FALSIFIES... A MATERIAL FACT OR MAKES ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENTS OR REPRESENTATIONS, OR MAKES OR USES ANY FALSE WRITING OR DOCUMENT KNOWING THE SAME TO CONTAIN ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENT OR ENTRY, SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED NOT MORE THAN 5 YEARS OR BOTH.

\*\*\*\*\*

I UNDERSTAND THAT THIS APPLICATION IS TO BE PROCESSED FOR BOTH CREDIT AND CHARACTER REFERENCES. I ALSO UNDERSTAND THAT THIS APPLICATION IS IN EFFECT FOR ONLY 6 MONTHS, AND THAT IT IS MY RESPONSIBILITY TO NOTIFY THE HOUSING AUTHORITY AT THAT TIME IF I WANT THE APPLICATION RENEWED. THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE NO OBJECTIONS TO INQUIRES FOR THE PURPOSE OF VERIFICATION OF THE ABOVE STATEMENT. THIS INCLUDES A CRIMINAL HISTORY CHECK.. IT IS UNDERSTOOD THAT THE ABOVE INFORMATION WILL BE HELD IN STRICT CONFIDENCE.

\_\_\_\_\_  
SIGNATURE OF HEAD OF HOUSEHOLD

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF SPOUSE OR CO-HEAD

\_\_\_\_\_  
DATE

If either head or co-head is not present, why \_\_\_\_\_

\_\_\_\_\_

APPLICATION EXPIRES: \_\_\_\_\_ RENEWED \_\_\_\_\_ RENEWED \_\_\_\_\_ RENEWED \_\_\_\_\_

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FOR OFFICE USE ONLY

Date application completed \_\_\_\_\_ Time \_\_\_\_\_ Initial \_\_\_\_\_

PHA OFFICIAL'S STATEMENT:

I certify that:

- (1) The information given to the Ballinger Housing Authority by the household of \_\_\_\_\_ has been verified as by Federal Law;
- (2) The verified information is the same as that submitted to the Dept. Of Housing and Urban Development in Parts 3 (Household Composition), 6 (Net Family Assets), 7 (Income), and 8 (Income after Allowances) of form HUD 50058 (Certification / Re-certification of Tenant Eligibility); and
- (3) The family is eligible to live in the dwelling unit.

\_\_\_\_\_  
Signature of PHA Official or Representative

\_\_\_\_\_  
Date



AUTHORIZATION FOR RELEASE OF INFORMATION

I AUTHORIZE THE RELEASE OF ANY OF THE FOLLOWING INFORMATION TO:

**THE BALLINGER HOUSING AUTHORITY:**

ALCOHOL ABUSE REHABILITATION  
CHILD CARE EXPENSES  
CHILD SUPPORT  
CREDIT HISTORY  
CRIMINAL HISTORY  
DRUG ADDICTION REHABILITATION  
FAMILY COMPOSITION

IDENTITY AND MARITAL STATUS  
MEDICAL CONDITIONS  
MEDICAL EXPENSES  
PERSONAL AND CHARACTER REFERENCES  
RESIDENCES AND RENTAL HISTORY  
VERIFICATION OF ASSETS  
VERIFICATION OF BANKING ACTIVITY

I HAVE NO OBJECTIONS TO INQUIRIES FOR THE PURPOSE OF VERIFICATION OF ANY OF THE ABOVE. IT IS UNDERSTOOD THAT THE ABOVE INFORMATION WILL BE HELD IN STRICT CONFIDENCE AND THAT THE ABOVE INFORMATION WILL BE GATHERED ONLY FOR THE PURPOSE OF DETERMINING ELIGIBILITY FOR HOUSING AND RENTAL AMOUNT.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse or other adult member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of other adult member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of other adult member

\_\_\_\_\_  
Date

APPLICANT/TENANTS CERTIFICATION

**Giving True and Complete Information**

I certify that all the information provided on household composition, Income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have reviewed the application form and the HUD Form 50058 or 50059, which ever applies to me and certify that the information shown is true and correct.

**Reporting Changes in Income or Household Composition**

I know I am required to report immediately in writing any changes in income and any changes in the household size, when a person moves in or out of the unit. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me.

**Reporting on Prior Housing Assistance**

I certify that I have disclosed where I received any previous Federal housing assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

**No Duplicate Residence or Assistance**

I certify that the house or apartment will be my principal residence and that I will not obtain duplicate Federal housing assistance while I am in this current program. I will not live anywhere else without notifying the Housing Authority immediately in writing. I will not sublease my assisted residence.

**Cooperation**

I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meeting and completing and signing needed forms. I understand failure or refusal to do so may result in delays, termination of assistance, or eviction.

**Criminal and Administrative actions for False Information**

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance or termination of tenancy.

**Signature and Date of Household Adults**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

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**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.

HOUSING AUTHORITY OF THE CITY OF BALLINGER, TEXAS

GRADING SYSTEM FOR SCREENING ALL APPLICANTS  
(THIS PAGE FOR HOUSING AUTHORITY USE ONLY)

CREDIT REFERENCES:

- 1. Negative report from a banking institution \_\_\_\_\_ Yes \_\_\_\_\_ No
- 2. Negative report from a commercial business or company, (Sears, J.C.Penny, Hospitals Oil Company, Credit Cards, Etc.) \_\_\_\_\_ Yes \_\_\_\_\_ No
- 3. Negative report from a Utility Company. \_\_\_\_\_ Yes \_\_\_\_\_ No
- 4. Details of previous rent delinquencies show serious lack of responsibility. \_\_\_\_\_ Yes \_\_\_\_\_ No
- 5. Outstanding debt owed to this Housing Authority or other HUD public housing assistance programs. \_\_\_\_\_ Yes \_\_\_\_\_ No  
Disapproval

CHARACTER AND POLICE RECORDS CHECK

- 6. Negative report from previous landlord. (Indicating abuse and/or sub leasing of unit.) \_\_\_\_\_ Yes \_\_\_\_\_ No
- 7. Negative report from employer of applicant. \_\_\_\_\_ Yes \_\_\_\_\_ No
- 8. Observation of housekeeping and behavior practices indicates neglect to property and may adversely affect the health or safety of other tenants. \_\_\_\_\_ Yes \_\_\_\_\_ No
- 9. Any criminal activity, illegal use of a controlled substance or alcohol abuse that may interfere with the health, safety or right to peaceful enjoyment of the premises by other residents or employees of the Authority within the previous three years of application date. \_\_\_\_\_ Yes \_\_\_\_\_ No  
Disapproval
- 10. Persons evicted from public housing, Indian housing, Section 23, or any Section 8 Program because of drug-related criminal activity are ineligible for admission to public housing for a three-year period beginning on the date of such eviction. \_\_\_\_\_ Yes \_\_\_\_\_ No  
Disapproval
- 11. Applicant has a substantial arrest record indicating possible adverse effects on other tenants and there are no signs to indicate any rehabilitation. \_\_\_\_\_ Yes \_\_\_\_\_ No  
Disapproval
- 12. Applicant or Family Member is a Lifetime Registered Sex Offender \_\_\_\_\_ Yes \_\_\_\_\_ No  
Disapproval

OTHER ITEMS

- 13. Applicant has entered false information on application. \_\_\_\_\_ Yes \_\_\_\_\_ No  
Disapproval

APPLICANT \_\_\_\_\_ No. \_\_\_\_\_ Date \_\_\_\_\_ SCORE \_\_\_\_\_

SIGNED: \_\_\_\_\_  
BALLINGER HOUSING AUTHORITY

NOTE: THIS APPLICATION WILL BE DISAPPROVED IF THE TOTAL SCORE IS THREE (3) OR MORE "YES" ANSWERS OR NUMBERS 5, 9, 10, 11, 12 or 13 HAVE BEEN ANSWERED "YES". THIS APPLICATION GRADING SYSTEM HAS BEEN APPROVED AND ADOPTED BY THE BOARD OF COMMISSIONERS OF THE HOUSING AUTHORITY (RESOLUTION 671). IT IS USED TO SCREEN ALL APPLICATIONS ON A FAIR BASIS AND IS PART OF OUR CONTINUED EFFORT TO PROVIDE A SAFE AND SECURE PUBLIC HOUSING PROGRAM.