

**BRENHAM HOUSING AUTHORITY**  
**1801 Northview Circle Dr**  
**Brenham, Texas 77833**  
**Phone (979) 836-9221 / Fax (979) 421-9604**

This application is for the Management Office at the following address:

**RETURN THIS APPLICATION TO 1801 NORTHVIEW CIRCLE DRIVE ONLY**  
***Not valid for Parklane, Northview Village or Tax Credit Properties.***

***This application for the following location:***

**Public Housing: (older duplexes at Rink, Glen, Clayton Dr.) and Senior Property.**

**Please read carefully. Instructions for completing the application.**

Please indicate what program you are applying for on the top right-hand corner of the next page. If a program is not marked, you will be placed on the waiting lists that you are eligible for.

Complete the ENTIRE application and must be in blue or black ink.

Do not leave any blanks on the application. If the question does not pertain to you, put N/A or if the answer is zero (0), write zero (0).

If the application is not complete, it will NOT be processed and will be returned to the address provided.

VAWA Documents are available upon request and are in the main lobby of the housing authority.

Some household members are exempt from SSN Disclosures: PIH Notice CFR 5.216  
This notice includes individuals who do not contend eligible immigration status.

**You MUST submit with your application verifications of identity, age, and social security numbers for all family members. There is a Green Drop Box on the office porch for applications. We see applicants by appointment only. You will be notified.**



Brenham Housing Authority and all affiliates do not discriminate against persons with disabilities.



**APPLICATION FOR THE HOUSING AND/OR RENTAL ASSISTANCE**

**1801 Northview Circle Dr Brenham, TX 77833**

T (979) 836-9221 F (979) 421-9604

Name: \_\_\_\_\_  
**Current Mailing Address:** \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 e-mail: \_\_\_\_\_

**INFORMATION ABOUT ALL HOUSEHOLD MEMBERS**

**Adults 18yr. OR Older** (head/co-head/spouse regardless of age) that will be living in the home beginning with the head of household.  
 Each box must be completed for each member. No one except those listed can live in the home!

| Full Name | Position to Head * | US Citizen Y/N | Disabled Y/N | Handicapped Y/N | Sex* M/F | Date of Birth | Age | Student Full/Part | Social Security # or Alien Registration # |
|-----------|--------------------|----------------|--------------|-----------------|----------|---------------|-----|-------------------|---|
| 1         |                    |                |              |                 |          |               |     |                   |   |
| 2         |                    |                |              |                 |          |               |     |                   |   |
| 3         |                    |                |              |                 |          |               |     |                   |   |

\* [ ] I decline to answer (only Position to Head of Household and/or Sex)

**Children: Under 18** who will be living in the home, oldest to youngest. Disclosure of child's gender is optional.

| Full Name | Race/Ethnicity | US Citizen Y/N | Disabled Y/N | Handicapped Y/N | Sex M/F | Date of Birth | Age | Student Full/Part | Social Security # or Alien Registration # |
|-----------|----------------|----------------|--------------|-----------------|---------|---------------|-----|-------------------|---|
| 1         |                |                |              |                 |         |               |     |                   |   |
| 2         |                |                |              |                 |         |               |     |                   |   |
| 3         |                |                |              |                 |         |               |     |                   |   |
| 4         |                |                |              |                 |         |               |     |                   |   |
| 5         |                |                |              |                 |         |               |     |                   |   |
| 6         |                |                |              |                 |         |               |     |                   |   |

|   |
|---|
| <p><b>Race/Ethnicity of Head of Household (For HUD purposes only)</b></p> <p><b>Check the appropriate race/ethnicity: (More than one category can be entered if applicable)</b></p> <p><input type="checkbox"/> White                      <input type="checkbox"/> Black/African American                      <input type="checkbox"/> American Indian/Alaskan Native</p> <p><input type="checkbox"/> Asian                              <input type="checkbox"/> Native Hawaiian/Other Pacific Islander</p> <p><b>Ethnicity: (Check the appropriate ethnicity)</b>    <input type="checkbox"/> Hispanic/Latino    <input type="checkbox"/> Not Hispanic/Latino</p> |
|---|

**Answer the following questions about all members of the household:**

- Has any adult who will live in the home previously lived in a State other than Texas?.....  Yes     No  
 If yes, which family member(s)? \_\_\_\_\_ State lived? \_\_\_\_\_
- Does anyone other than an adult who will live in the home share custody of any of the children listed?  
 Yes     No                      If yes, who? \_\_\_\_\_
- Does anyone who will be living in the home have a divorce decree or court order as the result of a divorce or legal separation?  Yes     No    If yes, who? \_\_\_\_\_
- If married (by ceremony or common law) and the spouse is not listed on this application, list his/her name:  
 \_\_\_\_\_ Where does he/she live? \_\_\_\_\_  
 Is the absence temporary or permanent? \_\_\_\_\_
- Is there anyone else not listed on the application who is temporarily absent from the home?  
 Yes     No                      If yes, who? \_\_\_\_\_

6. Is anyone who will be living in the home expecting a child?  
 Yes  No If yes, who? \_\_\_\_\_
7. Has anyone who will be living in the home ever used another social security number other than the one listed on this application?  Yes  No If yes, who? \_\_\_\_\_
8. Has anyone who will be living the home ever used another name, other than the one they are using now (maiden)  
 Yes  No If yes, who, what names? \_\_\_\_\_
9. Is there anyone in the home a Veteran?  
 Yes  No If yes, who? \_\_\_\_\_
10. Do you own a car? If yes, list the year, make and model. \_\_\_\_\_
11. Does anyone in your household require any type of special accommodations to fully utilize our programs?  
 Yes  No If yes, what type? \_\_\_\_\_

**Secondary Contact Information:**

List the names, addresses, and telephone numbers of two relative or friends who live in the area or who can contact you:

1. Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_
2. Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**PRESENT AND PREVIOUS HOUSING INFORMATION**

List your current living information. Then list all prior addresses and/or landlords for the past four (4) years. If living with family or friends, please list that as well.

1. **Current Address:** Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
 Landlord Name: \_\_\_\_\_ LL Phone: \_\_\_\_\_  
 LL Address \_\_\_\_\_ **How long there** \_\_\_\_\_
2. **Previous Address:** Street: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Landlord Name: \_\_\_\_\_ LL Phone: \_\_\_\_\_  
 LL Address: \_\_\_\_\_ **How long there** \_\_\_\_\_
3. **Previous Address:** Street \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Landlord Name: \_\_\_\_\_ LL Phone: \_\_\_\_\_  
 LL Address: \_\_\_\_\_ **How long there** \_\_\_\_\_

**CRIMINAL BACKGROUND AND OTHER INFORMATION**

These questions apply to you and all members of your household:

1. Has any household member **ever been convicted, plead guilty to or received deferred adjudication** for any crime  
 .....  Yes  No  
 If yes, how many times? \_\_\_\_\_ Please explain. **Include Person, the reason for the conviction, and approximate dates. Attach a separate sheet if needed.**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. Is any household member a sex offender or subject to lifetime registration as a sex offender? .....  Yes  No  
 If yes, who? \_\_\_\_\_ In what State(s)? \_\_\_\_\_
3. Has any household member ever been evicted? .....  Yes  No  
 If yes, how many times? \_\_\_\_\_ Please explain. \_\_\_\_\_
4. Is any member of the household currently using illegal drugs?  Yes  No If yes, who? \_\_\_\_\_
5. Does any household member abuse alcohol in a way that threatens the health, welfare or safety of others?  
 Yes  No If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

6. Has any household member received housing rental assistance (example: public housing, Section 8, Housing Choice Voucher or other income based housing)?  
 Yes  No If yes, when? \_\_\_\_\_ Housing Agency Name: \_\_\_\_\_  
 Under what name? \_\_\_\_\_ Who was Head of the Household? \_\_\_\_\_

**INFORMATION ABOUT INCOME OF ALL FAMILY MEMBERS**

*Income includes money or contributions from any and all sources paid to or on behalf of family member.*

- Did you or any family member file a federal income tax return for the past year? .....  Yes  No  
 If yes, who? \_\_\_\_\_
- Did anyone claim **you** as a dependent during the past year? .....  Yes  No  
 If yes, who? \_\_\_\_\_
- Do you or any member of the family receive any of the following or expect to receive any of the following during the next twelve (12) months?
  - Wages, salaries, tips, fees or commissions from an employer? (**full or part-time job**) .....  Yes  No
  - Self-Employment or Compensation for personal services? .....  Yes  No
  - Income from the operation of a business or profession? .....  Yes  No
  - Interest, dividends, or other income from real or personal property or investments? .....  Yes  No
  - Payments from **Social Security**? .....  Yes  No
  - Payments from annuities? .....  Yes  No
  - Payments from insurance policies? .....  Yes  No
  - Payments from retirement funds? .....  Yes  No
  - Payments from pensions or VA Benefits? .....  Yes  No
  - Payments from **SSI or disability**? .....  Yes  No
  - Payments from death benefits? .....  Yes  No
  - Lump sum payments for the delayed start of periodic payments? .....  Yes  No
  - Unemployment compensation? .....  Yes  No
  - Worker’s compensation? .....  Yes  No
  - Severance pay? .....  Yes  No
  - Welfare assistance (Food Stamps)? .....  Yes  No
  - Temporary Assistance for Needy Families (TANF) payments? .....  Yes  No
  - Alimony payments? .....  Yes  No
  - Child support payments .....  Yes  No
  - Regular gifts or contributions from anyone? .....  Yes  No
  - Regular or special military pay? .....  Yes  No
  - Financial assistance to attend school? .....  Yes  No

Are you a full time student?  Yes  No                      Are you a part time Student? .....  Yes  No

3. **List the sources and amounts of all income expected for the coming 12 months for all family members and from any and all sources:**

| Family Member Name | Income Source | Amount \$ | Frequency – (Circle one)              |
|--------------------|---------------|-----------|---------------------------------------|
|                    |               |           | Weekly Bi-Weekly Semi-Monthly Monthly |
|                    |               |           | Weekly Bi-Weekly Semi-Monthly Monthly |
|                    |               |           | Weekly Bi-Weekly Semi-Monthly Monthly |
|                    |               |           | Weekly Bi-Weekly Semi-Monthly Monthly |
|                    |               |           | Weekly Bi-Weekly Semi-Monthly Monthly |
|                    |               |           | Weekly Bi-Weekly Semi-Monthly Monthly |

- If receiving Child Support, how are the funds received? [ ] Debit Card [ ] Direct Deposit [ ] Cash  
 [ ] Contributions [ ] NA  
 If receiving Social Security, SSI or SSDI, widow’s benefits or any payment from the Social Security Association Office, how are the benefits received? [ ] NA [ ] Debit Card [ ] Paper Check [ ] Direct Deposit

**INFORMATION ABOUT THE ASSETS OF ALL FAMILY MEMBERS**

*An asset is something of value that can be converted to cash. If marked "yes", explain on the table below.*

1. Do you or any family member have any of the following?  
 Savings account? .....  Yes  No                      Checking account?.....  Yes  No  
 Certificates of deposit? .....  Yes  No                      Money market account? .....  Yes  No  
 Employment or SSI/SS Prepaid Debit Card  Yes  No                      Child Support Debit card? .....  Yes  No

| Family Member Name | Bank Name | Account Number | Balance |
|--------------------|-----------|----------------|---------|
|                    |           |                |         |
|                    |           |                |         |
|                    |           |                |         |
|                    |           |                |         |

2. Do you or any family member own or have access to any of the following? List all accounts below.  
 Stocks/ 401k? .....  Yes  No                      Burial Plot Policy?.....  Yes  No  
 Real property (land or house)?  Yes  No                      Life Insurance Policy?.....  Yes  No  
 Pensions? .....  Yes  No                      Individual retirement accounts?.....  Yes  No  
 Any other type of investment?. .....  Yes  No

| Family Member Name | Type of Asset | Account Number | Value |
|--------------------|---------------|----------------|-------|
|                    |               |                |       |
|                    |               |                |       |
|                    |               |                |       |
|                    |               |                |       |

**INFORMATION ABOUT HOUSEHOLD EXPENSES**

1. Does any family member have expenses for child care of a child age 12 or younger? .....  Yes  No  
 If yes, complete the following:

| Minor's Name | Care Provider |         |       | Value |
|--------------|---------------|---------|-------|-------|
|              | Name          | Address | Phone |       |
|              |               |         |       |       |
|              |               |         |       |       |
|              |               |         |       |       |
|              |               |         |       |       |

2. Is any portion of these childcare expenses reimbursed from an outside agency (CCMS) or person? ....  Yes  No  
 If yes, how much is reimbursed per month? \_\_\_\_\_  
 What is your parent fee? \_\_\_\_\_

3. Do you pay a **care attendant** for a disabled family member so that an adult family member can work? (Could be the person with disabilities).....  Yes  No

| Care Attendant |         |       | Amount Monthly |
|----------------|---------|-------|----------------|
| Name           | Address | Phone |                |
|                |         |       |                |

4. Are you paying for any type of equipment for a disabled family member that enables an adult member to work? (Could be the person with disabilities) .....  Yes  No  
 If yes, what is the anticipated monthly cost? \_\_\_\_\_

5. Indicate the dollar amount for your monthly living expenses listed below. Enter the monthly amount, the last dated paid and who paid that expense.

| Item                   | Monthly Amount Spent | Last Date Paid | Who pays this bill? |
|------------------------|----------------------|----------------|---------------------|
| Rent                   |                      |                |                     |
| Electricity            |                      |                |                     |
| Gas                    |                      |                |                     |
| Water                  |                      |                |                     |
| Telephone (Cell Phone) |                      |                |                     |
| TV Cable               |                      |                |                     |
| Car payment(s)         |                      |                |                     |
| Car insurance          |                      |                |                     |
| Gas for car            |                      |                |                     |
| Life Insurance         |                      |                |                     |
| Health Insurance       |                      |                |                     |
| Loan(s)                |                      |                |                     |
| Rentals                |                      |                |                     |
| Furniture              |                      |                |                     |
| Food                   |                      |                |                     |
| Credit Card Payment(s) |                      |                |                     |

6. **Medical Expenses –**

This section only applies if the head, spouse, or co-head is 62 years or older, or is disabled.

Do you or any member of the family pay for any of the following items?

Medical insurance premiums?.....  Yes  No

Long term care insurance? .....  Yes  No

Out of pocket prescription expenses?.....  Yes  No

Past due medical bills? .....  Yes  No

Other anticipated medical expenses? .....  Yes  No

Please list the type and amount of the medical expenses for all family members that you anticipate paying over the next 12 months:

| Family Member Name | Type of Expense | Monthly Amount |
|--------------------|-----------------|----------------|
|                    |                 |                |
|                    |                 |                |
|                    |                 |                |
|                    |                 |                |
|                    |                 |                |

**CERTIFICATION OF THE APPLICANT**

*By signing below, I hereby certify that all the information I have provided on this application is true and complete and authorize a criminal background check be completed. I understand that a **CRIMINAL HISTORY CHECK WILL BE RUN ON ALL HOUSHOLD MEMBERS OVER AGE 17**. Criminal backgrounds will be performed to determine eligibility for housing. I authorize and request any and all of my former landlords, employers, and any other persons, companies or organizations (including credit bureaus, schools, and law enforcement agencies), to furnish any information about me and my household members that may be requested by Brenham Housing Authority. I release each such person, company, or organization from any and all liability of whatsoever nature by reason of furnishing such information to BHA, and any agent acting on its behalf. I understand that I am required to notify the Housing Authority in writing within **10 calendar days** if any member of the family moves out of my household, and that I will not permit anyone to move into my unit without prior approval of the Housing Authority. I understand that I must notify the Housing Authority in writing of any changes to the household due to birth, adoption or court-awarded custody. I also understand that any person who attempt to obtain housing assistance or rent reduction by making false statements, by impersonation, by failure to disclose information, or intentionally concealing information, or any act of assistance to such attempt is a crime under Federal and State law.*

**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 OF THE UNITED STATES AND SHALL BE FINED NOT MORE THAN \$10,000, OR IMPRISONED FOR NOT MORE THAN FIVE YEARS OR BOTH.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse or Co-head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Adult Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Adult Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Adult Member

\_\_\_\_\_  
Date

**CERTIFICATION OF HOUSING AUTHORITY REPRESENTATIVE**

I hereby certify by my signature that I have explained all questions on this application form, and reviewed the answers provided with the head of household, to ensure that these questions were fully understood and fully answered.

\_\_\_\_\_  
Signature of BHA Representative ..

\_\_\_\_\_  
Date

**WAITING LIST PREFERENCE SELF-CERTIFICATION**

## **Waiting List Preferences**

**NOTE:** The following answers will determine your eligibility for the preference on the waiting list. Eligibility will be verified prior to receiving any housing.

**First Preference:** *Resident of Washington County* (Verified by a current valid ID listing this as residency)

**Second Preference:** *Veteran of the Armed Forces of the United States* – verified by honorable discharge paperwork or receipt of government assistance by the VA (DD214)

**Third Preference:** *Homeless /Elderly/Disabled or Victim of Domestic Violence*

Homeless to be verified by third party such as a recognized charitable organization.

Elderly will be verified by Birth Certificate.

Disabled will be certified by SS/SSI Award Letters.

Victim of Domestic Violence will be verified by a VAWA Form/ or a Police Report.

**Fourth Preference:** *Working Individual* – must work at least 20 hours a week and continually employed

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**NOTE:** The following answers will determine your eligibility for a housing preference on the waiting list. Eligibility will be verified prior to the family receiving housing. Use the definitions above to answer these questions.

**Are you a resident of Washington County**  Yes  No

**Are you a Veteran of the Armed Forces of the United States**  Yes  No

**Is the Adult Head of Household, Spouse, or Co - Head;  
Homeless, Disabled/Elderly, or Victim of Domestic Violence**  Yes  No

**Working *individual* (min. 20 hrs. week & continually employed)**  Yes  No

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**IMPORTANT!!** If you answered ‘NO’ to all questions above, you are **NOT** eligible for a preference on the waiting list.

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Head of Household Certification:

I do hereby swear and attest all of the above information is true and correct to the best of my knowledge.

Reporting false information is considered fraud and will result in immediate removal from the waiting list.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Date: \_\_\_\_\_

Landlord: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Resident \_\_\_\_\_  
SSN: \_\_\_\_\_  
Address: \_\_\_\_\_

Your name/company has been provided to us as a previous or current landlord of this applicant, who is applying for rental assistance with Brenham Housing Authority. Your cooperation is requested in supplying the information needed to determine the applicant's eligibility.

Please take a moment to answer the following questions. You may fax, mail or e-mail this form back to us.

I hereby release the City of Brenham Housing Authority to release both verbal and written information concerning my tenancy on the program to present and potential landlords.

X \_\_\_\_\_  
Applicant/Tenant Signature Date

Applicant: DO NOT WRITE BELOW THIS LINE

1. What dates did the tenant lease from you?  
\_\_\_\_\_
2. Did the applicant incur late charges more than once?  Yes  No
3. Did the applicant owe money for rent and/or other charges at time of move out?  Yes  No
4. Were there serious damages to the unit or property?  Yes  No
5. Was the applicant evicted?  Yes  No
6. Did the applicant abandon the unit or move out early?  Yes  No
7. Was the applicant given lease violation notices in writing?  Yes  No
8. Please explain the lease violations, if any, for which notices or warning(s) were given:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Does this person/family owe money? If so, how much? \_\_\_\_\_  Yes  No
10. Would you lease to the applicant again?  Yes  No

\_\_\_\_\_  
Landlord Signature Telephone Number Date

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