

BRENHAM HOUSING AUTHORITY
901 Rink Street
Brenham, Texas 77833
Phone (979) 836-9221 / Fax (979) 830-8701

This application is for the following HUD programs:

Housing Choice Voucher Program
Northview Village Apartments
Parklane Apartments
Fairview Terrace

Please read carefully

SUBMIT YOUR APPLICATION AND OTHER DOCUMENTS TO BRENHAM HOUSING AUTHORITY LOCATED 901 RINK STREET, BRENHAM, TX 77833

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. If our office is closed, you can e-mail your application and other documents to BrenhamHousing@Gmail.com

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).

Application that are not complete 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.

Applicants who were age 62 or older as of January 31, 2010, and who do not have a SSN, if they were receiving HUD rental assistance at another location on January 31, 2010. This information is needed in order for the owner to verify whether the applicant qualifies for the exemption from disclosing and providing verification of a SSN.

Important information for former military service members. Women and men who served in any branch of the United States Armed Forces, including Army, Navy, Marines, Coast Guard, Reserves of National Guard, may be eligible for additional benefits and services. For more information, please visit the Texas Veterans Portal at <https://veterans.portal.texas.gov>.

You MUST submit for all adults a stated issued ID, all social security cards, all birth certificates,



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



APPLICATION FOR THE HOUSING AND/OR RENTAL ASSISTANCE

901 Rink Street, Brenham, TX 77833

(979) 836-9221, Phone (979) 830-8701, Fax

Name: _____

Current Mailing Address: _____

City/State/Zip: _____

Home Phone: () _____ Work Phone: () _____ Cell Phone: _____

e-mail: _____

INFORMATION ABOUT ALL HOUSEHOLD MEMBERS

List below **all persons age 18 and 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 First, Middle, Last	Relation	US Citizen Y/N	Disabled Y/N	Race & Ethnicity	Sex* M/F	Date of Birth	Age	Marital Status	Social Security # or Alien Registration #
1	HOH								
2									
3									

List all **children** who will be living in the home, oldest to youngest 17yrs and younger

Full Name First, Middle, Last	Relation	US Citizen Y/N	Disabled Y/N	Race & Ethnicity	Sex M/F	Date of Birth	Age	Absent Parent	Social Security # or Alien Registration #
1									
2									
3									
4									
5									
6									

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/legal 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? _____
- Is anyone who will be living in the home expecting a child?
 Yes No If yes, who? _____
- 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? _____
- Has anyone who will be living the home ever used another name, other than the one they are using now?
 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 accommodation to fully utilize our programs?
 Yes No If yes, what type? _____
12. Is any household member age 18 or older a student?
 Yes No If yes, who? _____
 Full- Time Part -Time
 Name of School (s) _____

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 five (5) years. If living with family or friends, please list that as well.

1. Address rented: _____ How long? _____
 Owner/Landlord: _____ Phone: _____
2. Address rented: _____ How long? _____
 Owner/Landlord: _____ Phone: _____
3. Address rented: _____ How long? _____
 Owner/Landlord: _____ Phone: _____

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 who, when, and the reason for the conviction. 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.

1. Did you or any family member file a federal income tax return for the past year? Yes No
 If yes, who? _____
2. Did anyone claim **you** as a dependent during the past year? Yes No
 If yes, who? _____
3. Do you or any member of the family receive any of the following?
 - 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
 - Disability 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

3. List the sources and amounts of all marked YES to the above:

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
UNDER \$50,000 ASSET CERTIFICATION
FOR HOUSEHOLDS WHOSE COMBINED NET ASSETS DO NOT EXCEED \$50,000.
(COMPLETE ONLY ONE FORM PER HOUSEHOLD; INCLUDE ASSETS OF CHILDREN.)

Complete all that apply for 1 through 4:

1. My/our assets include (enter n/a in (A) if you do not own the respective asset):

Source	(A) Cash Value	(B) Int. Rate	(A*B) Annual Income	Source	(A) Cash Value	(B) Int. Rate	(A*B) Annual Income
Savings Account(s)	\$ _____	_____ %	\$ _____	Checking Account(s)	\$ _____	_____ %	\$ _____
Certificates of Deposit	\$ _____	_____ %	\$ _____	Money Market Funds	\$ _____	_____ %	\$ _____
Stocks	\$ _____	_____ %	\$ _____	Bonds	\$ _____	_____ %	\$ _____
Peer to Peer (Cash App, Venmo, Paypal, etc.)	\$ _____	_____ %	\$ _____	Trust Funds	\$ _____	_____ %	\$ _____
Equity in Real Estate	\$ _____	_____ %	\$ _____	Land Contracts	\$ _____	_____ %	\$ _____
Lump Sum Receipts	\$ _____	_____ %	\$ _____	Capital Investments	\$ _____	_____ %	\$ _____
Bitcoin/ Cryptocurrency	\$ _____	_____ %	\$ _____	GoFundMe/Crowdsourcing	\$ _____	_____ %	\$ _____
Life Insurance (Excluding Term)	\$ _____	_____ %	\$ _____	Pre-paid Debit Cards	\$ _____	_____ %	\$ _____
Personal Property Held as an Investment	\$ _____	_____ %	\$ _____	Explanation _____			
Other (list):	\$ _____	_____ %	\$ _____	Explanation _____			

PLEASE NOTE: Certain funds (e.g., Trust) may or may not be (fully) accessible to you. Include only those amounts which are accessible to you.

(Check either box 2 or box 3 below, not both)

2. Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below fair market value (FMV). Those amounts equal a total of: \$ _____ (enter the difference between FMV and the amount you received).
3. I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.
4. I/we do not have any assets at this time (do not check this box if you have entered any numbers in section 1, above).

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$50,000, and the annual income from the net family assets is \$ _____ (enter the total of all (A*B) Annual Income in section 1 above). This amount is included in total gross annual income.

SIGNATURE _____

DATE: _____

INFORMATION ABOUT HOUSEHOLD EXPENSES

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

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 disabled and/or 62 years or older.

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
- 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 NORMORE 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

Brenham Housing Authority
NOTICE OF ELIGIBILITY REQUIREMENTS
(As required by Texas Property Code §92.3515)

An applicant is qualified for housing assistance if he or she meets all the following criteria:

1. Is a family defined as:

Two or more persons (with or without children) regularly living together, related by blood, marriage, adoption, guardianship, or operation of law who will live together in Authority housing; OR two or more persons who are not so related, but are regularly living together, can verify shared income or resources who will live together in Authority housing.

“Family” also includes Elderly Family, Near Elderly Family, Disabled Family, Displaced Person, Single Person, the remaining member of a tenant family, a foster care arrangement, or a kinship care arrangement. Other persons, including members temporarily absent (e.g., a child temporarily placed in foster care or a student temporarily away at college), may be considered a part of the applicant family’s household if they are living or will live regularly with the family (*24 CFR 5.403*)

2. A “family” must meet the HUD requirements on citizenship or immigration status; (*24 CFR 5.500 - 5.528*)

a. A family is not eligible for full housing assistance unless every member of the family in the unit is determined to be either a U. S. Citizen or have eligible immigrant status as defined by the regulations.

b. A Mixed Family (in which one or more family members is determined to be ineligible on the basis of immigration status) may be eligible for prorated assistance.

3. Has an Annual Income at the time of admission that does not exceed the low income limits for occupancy posted in the Authority office.

4. Provides a documented Social Security number for all family members, or certifies that they do not have Social Security numbers (*24 CFR 5.216*)

5. Meets or exceeds the Applicant Suitability Screening

a. I understand that as part of the screening process a CRIMINAL HISTORY CHECK WILL BE RUN ON ALL HOUSHOLD MEMBERS OVER AGE 17. 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.

- b. Past performance in meeting financial obligations, particularly rent, is satisfactory (where nonpayment or late payment of rent has occurred, BHA will take into account extenuating circumstances, such as family illness, loss of job, etc., that may have caused the delinquency).
- c. No record of disturbance of neighbors, destruction of property, or living or housekeeping habits which adversely affect the health, safety or welfare of other residents (*this includes alcohol abuse where the abuse results in behavior which interferes with the health, safety, or right to peaceful enjoyment of premises by other residents*)
- d. No history of criminal activity involving crimes of physical violence to persons or property; possession, sale or use of illegal substances; or any other criminal acts that adversely affect the health, safety or welfare of themselves or other residents

Right to a Hearing

- 1. All applicants who are denied by the Authority will receive a letter that informs them of their right to request in writing, within ten (10) days of receipt of the denial letter, a hearing with the Hearing Officer.
- 2. A hearing may be requested as a result of denial based on preliminary application information or on results of the final verification and screening process.
- 3. Upon receipt of the applicant's written request, the Authority will notify the applicant of the time for an informal hearing, which should occur within the 30-day period following the date the request for hearing is received. Hearings are scheduled monthly.
- 4. **If misrepresentations on the Application for Admission are determined before the family is housed, the family will be denied housing. If misrepresentations result in housing an ineligible or unsuitable family, the family may be required to vacate even though currently eligible. If misrepresentation or failure to provide facts has resulted in payment of a lower Total Tenant Payment than should have been paid, the family will be required to pay the difference between the Total Tenant Payment paid and the amount which should have been paid. In justifiable cases, the Authority may take such other action as deemed reasonable.**

I have reviewed the Authority's tenant eligibility and selection criteria and I understand that tenant selection criteria may include factors such as criminal history, credit history, current income, and rental history. I further understand that if I do not meet the selection criteria, or if I provide inaccurate or incomplete information, my application will be denied.

Signature, Applicant Head of Household

Date

Signature, Applicant Spouse/co-head

Date

Signature, Applicant 18 years or older

Date

WAITING LIST PREFERENCE

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

You must provide proof of income such as a current Social Security Award letter, 4-6 paystubs, 1 year print out of child support, DD214, VAWA, and/or homelessness documentation if claiming any of these preferences.

Local Preference: *Resident of Washington County* - verified by state identification.

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

Homeless Preference: verified through a recognized organization.

Elderly Preference: verified through birth certificate, ID, or government documentation.

Disabled Preference: verified through third party documentation.

Victim of Domestic Violence Preference: verified with VAWA addendum, police report, or court orders.

Working Preference: at least one person is working at least 20 hours a week and continually employed.

NOTE: The following answers will determine your eligibility for any preferences on the waiting list.

Are you a resident of Washington County Yes No

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

Are you homeless? Yes No

Is the head of household, spouse, or co-head homeless, disabled/elderly or victim of domestic violence Yes No

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

IMPORTANT!! If you answered ‘NO’ to all questions above, you are **NOT** eligible for a preference on the waiting list. Please contact the Housing Choice Voucher Program at (979) 836-9221, if you have any questions.

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

Brenham Housing Authority

901 Rink Street - Brenham, TX 77833 - (979) 836-9221, Phone - (979) 830-8701, Fax

Date: _____

Landlord: _____

Tenant: _____
SSN: _____
Address: _____

Your name/company has been provided to us as a previous or current landlord of the above-named person, 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. Thank you for your cooperation, Management.

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

SIGN BY THE 'X' AND 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 at time of move out? Yes No
4. Any serious damage 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

Signature Telephone Number Date