



BALLINGER HOUSING AUTHORITY
1401 N. 13th STREET
BALLINGER, TX 76821

This is certification that I was given an Application for Housing with the Ballinger Housing Authority.

Adults	
Children	

I agree that this application will be returned in-person to the Ballinger Housing Authority when completed. Applications are not to be left in drop-box.

Items needed when returning application:

- Driver's License/State-Issued photo ID for everyone 16 and up
- Social Security Cards for everyone who will reside in the unit
- Official Birth Certificates for everyone who will reside in the unit
- Copy of most recent bank statement
- Print-out/Copy of any assistance family may be on (TANF, SS, VA, etc)
- Income documents (4 most recent check stubs, child support printout, etc)

Print Name

Phone Number

Signature

Date

APPLICATION FOR PUBLIC HOUSING

BALLINGER HOUSING AUTHORITY

1401 N 13th STREET

BALLINGER, TEXAS 76821

Telephone 325-365-2629

Fax 325-365-3827

Hearing impaired may contact Relay Texas (800-RELAYTX or 800-735-2989)

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, 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

V. PREVIOUS LANDLORDS OF ALL ADULT MEMBERS OF HOUSEHOLD

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.
------	-----------	------	-----------

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 _____

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
STUDENT VERIFICATION
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.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (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	
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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.



Ballinger Housing Authority



1401 N 13th St.
Ballinger, Texas 76821
Telephone: 325-365-2629
Fax#: 325*-365-3827
e-mail ballpha@wtxs.net

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 all household members (24 CFR 5.216). 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 of all household members. Giving the Social Security Numbers of all household members 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.

I have received a copy of this Privacy Act Notice.

_____	_____
Head of Household	Date
_____	_____
Spouse	Date
_____	_____
Other family member over age 18	Date
_____	_____
Other family member over age 18	Date

Hearing impaired may contact Relay Texas (800-RELAYTX or 800-735-2989)

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

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(l)(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.



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 10/31/2019.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status. The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

**I hereby acknowledge that the PHA provided me with the
*Debts Owed to PHAs & Termination Notice:***

Signature

Date

Printed Name

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

A. An applicant is qualified for housing assistance if he or she meets all of 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. Is a family that meets 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, age 6 or older, or certifies that they do not have Social Security numbers (*24 CFR 5.216*)

5. Meets or exceeds the Applicant Suitability Screening

a. Past performance in meeting financial obligations, particularly rent, is satisfactory (where nonpayment or late payment of rent has occurred, Authority will take into account extenuating circumstances, such as family illness, loss of job, etc., that may have caused the delinquency).

b. 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*)

- c. 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

B. 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 fourteen (14) days of receipt of the denial letter, a hearing with the Executive Director or his/her designee.
- 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 and applicant will agree on a time for an informal hearing, which should occur within the 30-day period following the denial date.

C. 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



Ballinger Housing Authority

1401 N 13th St.
Ballinger, Texas 76821
Telephone: 325-365-2629
Fax#: 325-365-3827
e-mail ballpha@wtxs.net

VIOLENCE AGAINST WOMEN ACT (VAWA)

WHAT APPLICANTS AND RESIDENTS NEED TO KNOW

This information meets notification requirements of the Federal Violence Against Women Act

APPLICANT INFORMATION

The Ballinger Housing Authority will not deny admission to an applicant who has been a victim of domestic violence, dating violence or stalking if the applicant otherwise qualifies for assistance or admission.

To qualify for public housing assistance, all applicants, including victims of domestic violence, dating violence or stalking, must, at a minimum:

- ⇒ Meet the definition of “family”
- ⇒ Be income eligible
- ⇒ Have at least one family member who is a U.S. citizen or has eligible immigration status
- ⇒ Pass criminal background screening
- ⇒ Have no outstanding debt at any PHA
- ⇒ Meet all other screening criteria

RESIDENT INFORMATION

Reporting incidents of domestic violence, dating violence or stalking to law enforcement, victim’s rights advocates, and the housing authority may help preserve your housing rights. The Ballinger Housing Authority will not terminate assistance to a victim of domestic violence, dating violence or stalking based solely on such an incident or threat.

The Ballinger Housing Authority will terminate assistance to an individual perpetrator of such actions and continue to allow the victim or other household members to remain in the dwelling unit. This does not limit the authority of the housing authority to terminate your assistance for other criminal activity or good cause.

CERTIFICATION

In processing a request by a victim for continued assistance the housing authority will request that

you certify that you are a victim of domestic violence, dating violence or stalking, and that the actual or threatened abuse meets the requirements set forth in the VAWA. Such certification must include the name of the perpetrator. If you do not provide the requested certification within 14 business days, your assistance may be terminated.

CONFIDENTIALITY

Any information provided pursuant to the VAWA shall neither be entered into any shared database nor provided to any related entity, except to the extent that disclosure is requested or consented to by the individual in writing; required for use in an eviction proceeding of an abuser, stalker or perpetrator of domestic violence; or is otherwise required by applicable law.

STATE AND LOCAL LAWS

Some states have passed laws effecting applicants, tenants, owners and landlords that are more stringent than requirements of VAWA. Many states have related laws pending. You may want to check with your state and / or city for the most current state and local laws protecting victims of domestic violence, dating violence or stalking.

Certification of receipt of VAWA information:

Head of Household Signature

Date

Other Adult Signature

Date

Other Adult Signature

Date

Hearing impaired may contact Relay Texas (800-RELAYTX or 800-735-2989)

BALLINGER HOUSING AUTHORITY

DECLARATION OF SECTION 214 STATUS

Notice: In order to be eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully within the U.S. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I _____ certify, under penalty of perjury (1), that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- I am a citizen, naturalized citizen or national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age (2); or
- I have eligible immigration status as checked below (see next page for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
 - Immigrant status under §§101(a)(15) or 101(a)(20) of the INA (3); or
 - Permanent residence under §249 of INA (4); or
 - Refugee, asylum, or conditional entry status under §§207, 208 or 203 of the INA (5); or
 - Parole status under §§212(d)(5) of the INA (6); or
 - Threat to life or freedom under §243(h) of the INA (7); or
 - Amnesty under §245A of the INA (8).

[HA: Enter INS/SAVE Primary Verification #: _____ Date: _____]

(Signature of Family Member)

(Date)

Check box if signature of adult residing in the unit who is responsible for a child.

[See next page for footnotes and instructions]

(1)**Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction or any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years or both.

The following footnotes pertain to noncitizen who declare eligible immigration status in one of the following categories:

- (2) **Eligible immigration status and 62 years of age or older.** For noncitizen who are 62 years of age or older or who will be 62 years of age or older **and** receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- (3) **Immigrant status under §§101(a)(15) or 101(a)(20) of INA.** A noncitizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C.1101(a)(20) and 1101(a)(15), respectively [*immigrant status*]. This category includes a noncitizen admitted under §§210 or 210A of the INA (8 U.S.C.1106 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.
- (4) **Permanent residence under §249 of INA.** A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C.1259) [*amnesty granted under INA 249*].
- (5) **Refugee, asylum, or conditional entry status under §§207, 208 or 203 of INA.** A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8U.S.C.1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C.1158) [*asylum status*]; or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C.1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
- (6) **Parole status under §212(d)(5) of INA.** A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C.1182(d)(5)) [*parole status*].
- (7) **Threat to life or freedom under §243(h) of INA.** A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C.1253(h)) [*threat to life or freedom*].
- (8) **Amnesty under §245A of INA.** A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C.1255a) [*amnesty granted under INA 245A*].

Instructions to Housing Authority: Following verification of status claimed by persons claiming eligible immigration status (other than for noncitizen age 62 or older and receiving assistance or June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.

Instructions To Family Member For Completing Form: On previous page, print or type first name, middle initial(s), and last name. Place an "X" or "✓" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "✓" in the box below the signature if the signature is by the adult residing in the unit who is responsible for Child.

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by this agency. Required for future DPS Audits)

Signature of Applicant or Employee (optional)

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please:	
Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____	NO _____ initial
Purpose of CCH: _____	
Empl ___	Vol/Contractor ___ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	

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. | EIV- Outstanding debt owed to this Housing Authority or other HUD public housing assistance programs. | _____Yes
Disapproval | _____No |

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
Disapproval | _____No |
| 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
Disapproval | _____No |
| 11. | Applicant has a substantial arrest record indicating possible adverse effects on other tenants and there are no signs to indicate any rehabilitation. | _____Yes
Disapproval | _____No |
| 12. | Applicant or Family Member is a Lifetime Registered Sex Offender | _____Yes
Disapproval | _____No |

OTHER ITEMS

- | | | | |
|-----|---------------------------------------------------------|-------------------------|---------|
| 13. | Applicant has entered false information on application. | _____Yes
Disapproval | _____No |
|-----|---------------------------------------------------------|-------------------------|---------|

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.