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## PRE-APPLICATION Procedures for the Public Housing Program

**Instructions: This is not for Section 8. Please read carefully and complete application legible. Incomplete applications will be returned delaying your placement on the waiting list.**

- 1 To be qualified for admission to public housing an applicant must:
  - (a) Be a family as defined in SAHA'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 posted in SAHA offices.
  - (d) Provide documentation of Social Security numbers for all family members, age 6 or older, or certify that they do not have Social Security numbers; and
  - (e) Meet or exceed the Applicant Selection Criteria, including attending and successfully completing a SAHA-approved pre-occupancy orientation session;
  - (f) Pay any money already owed to SAHA from either the public housing or Section 8 voucher programs;
  - (g) Meet the screening requirements related to criminal activity and alcohol abuse.
- 2 **Complete applications will be entered on the waiting list in date and time received. The waiting list will then be sorted according to unit type and size and applicant admission preferences.**
- 3 Applications can accepted by mail or by dropping of at the following addresses, please make sure to include a **MAILING ADDRESS** regardless of your household situation.

Housing Assistance & Eligibility  
820 S. Flores (South Entrance)  
San Antonio, Texas 78204

**except**

- 4 Applicants with disabilities may seek assistance with the completion of the application at SAHA's Admissions and Occupancy Department, at the address above.
- 5 **Be sure to include the name, social security number, date of birth and all income for every family member who will live in the household.** Be sure to provide your complete address and telephone number so we can reach you to schedule an application interview.



<b>SAHA USE ONLY:</b>	Lottery Number _____
Date Rec'd _____	Time of Application _____ BDRM's _____

## Pre-application for Public Housing

1. Name of APPLICANT: \_\_\_\_\_
2. Address, Street, Apt. #(only) \_\_\_\_\_  
 City, State and Zip \_\_\_\_\_  
 Area Code and Phone # \_\_\_\_\_ Alternate phone#: \_\_\_\_\_

### For Statistical Purposes Only

3. Race of Head:  African American/Black  Asian or Pacific Islander  Native American/ Alaskan Native  
 Caucasian/White
4. Ethnicity of Head:  Hispanic/Latino  Non-Hispanic/Non-Latino

### List all household members that will be on the residential lease

	Last & First Name	Date of Birth	Sex	Social Security Number	Relation to Head	Disabled Person?	Birthplace: Country	Full-time Student?
<b>H</b>				_____	<b>Head</b>			
<b>2</b>				_____	<b>Spouse</b>			
<b>3</b>				_____	<b>Other adult</b>			
<b>4</b>				_____	<b>Son/ Daughter</b>			
<b>5</b>				_____	<b>Son/ Daughter</b>			
<b>6</b>				_____	<b>Son/ Daughter</b>			
<b>7</b>				_____	<b>Other</b>			
<b>8</b>				_____				

**Description of Preference System**

6. Are you willing to accept an offer of a unit at a location where your race or ethnicity is not the main race or ethnicity?  Yes  No
7. Will you accept the first **UNIT AVAILABLE ANYWHERE** in the city?  Yes  No

8. Is the family displaced by a declared Natural Disaster, such as a flood, hurricane, earthquake, tornado, etc.?  Yes  No
9. Is the family displaced by governmental action through no fault of their own?  Yes  No
10. Is the family displaced by domestic violence?  Yes  No
11. Is an adult family member employed?  Yes  No Who is employed? \_\_\_\_\_.
12. Is an adult family member enrolled in a job-training program, including one required under the welfare program?  Yes  No Who? \_\_\_\_\_
13. Is an adult family member enrolled in a full-time training/education program?  Yes  No
14. Is any family member disabled or mobility, hearing, or visually impaired?  Yes  No Will an accessible unit be required?  Yes  No
15. **Family Income Information:** Please list the source and amount of all current income received by all family members, including yourself. Include all earnings and benefits received from working (full-time or part-time), AFDC/TANF, VA, Social Security, SSI, SSID, Unemployment, Pensions, Worker's Compensation, Child Support, etc.

Family Member Name	Income Source	Amount \$	Frequency – Per
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year

16. Most recent former applicant address, Street, Apt.# \_\_\_\_\_  
 Most recent former City, State and Zip \_\_\_\_\_

➤ **Please read the Description of the Preference System before answering the following questions. Deseg-1<sup>st</sup> available – you are willing to accept “first available unit anywhere in the city.**

**Family Developments:** You may select up to 3 Tenant Selection Areas for a unit offer

17. Northeast TSA \_\_\_\_\_ Northwest TSA \_\_\_\_\_ Central TSA \_\_\_\_\_ South TSA \_\_\_\_\_

**Senior/Mixed Developments:** You may select up to 3 Tenant Selection Areas for a unit offer.

18. North TSA \_\_\_\_\_ South TSA \_\_\_\_\_ or One of the Family TSAs  \_\_\_\_\_

I/we certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified. I/we authorize the release of information to the Housing Authority by my/our employer(s), the Department of Public assistance, the Social Security Administration, and/or other business or government agencies. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission.

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

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Co-applicant Signature

\_\_\_\_\_  
 Date

**Warning:** 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of 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.