



Authority

6196

San Antonio Housing

Admission and Occupancy Department  
818 S. Flores St.  
San Antonio, TX 78204  
Phone (210) 477-

Fax (210) 477-6179

## PUBLIC HOUSING PRE-APPLICATION

**THIS IS NOT FOR Section 8.**

**INSTRUCTIONS: Please read carefully and complete the application legibly. Please make sure to include a MAILING ADDRESS regardless of your household situation. Incomplete applications will be returned.**

1. To be qualified for admission to public housing an applicant must: Be a family as defined in SAHA's Admission and Continued Occupancy policy
  - (a) Meet the HUD requirements on citizenship or immigration status
  - (b) Have an Annual Income at the time of admission that does not exceed the income limits established by HUD posted in SAHA offices
  - (c) Provide documentation of Social Security numbers for all family members,
  - (d) Pass a criminal background check and all screening requirements,
  - (e) Pay any money owed to SAHA from either the public housing or Section 8 voucher programs
2. Complete Pre-applications will be entered on the waiting list by date and time received.
3. Pre-applications will be accepted by mail, fax, or at any San Antonio Housing Authority Development Office.
4. If you or anyone in your family is a person with disabilities, and you require a specific accommodation to fully utilize our programs and services, or if you need assistance in completing this application, please contact the housing authority at **477 6196**.
5. Be sure to include the **names, social security numbers, dates of birth & all income for every family member who will live in the household.** Be sure to provide your complete address so we can contact you. All offers for housing are made via 1<sup>st</sup> class mail.
6. Changes in preference status, household composition, address and phone # must be reported to **477-6196**.

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**Failure to report changes within 10 days will result in the application being withdrawn.**



**FOR SAHA USE ONLY:**

DATE RECEIVED : \_\_\_\_\_ SAHA: \_\_\_\_\_

IF MAILING IN THE PRE-APPLICATION, PLEASE  
KEEP THIS SHEET FOR FUTURE REFERENCE

The San Antonio Housing Authority does not discriminate on the basis of race, color, religion, national origin, ancestry, sexual orientation, age, familial status, or physical or mental disability in the access to its programs for employment, or in its activities, functions, or services.



**FOR OFFICE USE ONLY:**

LOTTERY: \_\_\_\_\_ TIME APPLICATION: \_\_\_\_\_ # BDRMS \_\_\_\_\_

**PRE-APPLICATION FOR PUBLIC HOUSING**

**PLEASE PRINT CLEARLY**

HEAD OF HOUSEHOLD (H) \_\_\_\_\_ PHONE# \_\_\_\_\_ ALTERNATE # \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_ APT # \_\_\_\_\_  
 CITY, STATE, ZIP \_\_\_\_\_

**FOR STATISTICAL PURPOSES ONLY**

**Ethnicity of Head :**  African American/Black  Asian  Native American/ Alaskan Native  White  Native Hawaiian/Other Pacific Islander

**Race of Head:**  Hispanic/Latino  Non-Hispanic/Non-Latino

**HOUSEHOLD FAMILY MEMBERS**

Last & First Name	Date of Birth	Age	Sex M/F	Monthly Income	Source (Wages, Child Support, SS, SSI, TANF, Family contributions, etc)	Social Security #	Relation to Head	Birthplace/ COUNTRY
						- -	Self	
						- -	Co-Head / Spouse	
						- -	Son/ Daughter	
						- -	Son/ Daughter	
						- -	Son/ Daughter	
						- -	Son/ Daughter	
						- -	Other Adult	

**\*Disabled Person-has a verified disability determined to be continuous, and/or long term (more than 12 months)**

**LOCAL PREFERENCE**

- Are you currently displaced due to a disaster-fire, flood, hurricane, earthquake, or governmental action such as Modernization or property disposition (housing is inaccessible or uninhabitable)?  Yes  No
- Are you currently homeless? (Must be referred by COSA, and be residing at shelter/transitional housing- And must be within the last 6 months)  Yes  No

**Verification of displacement and/or homelessness must be attached for consideration of any preference.**

**WAITING LIST**

1. Is the Head of household or Co-Head/Spouse Elderly (62 years or older)?  Yes  No
2. Is the head of household or Co-Head/Spouse Disabled?  Yes  No  
 If yes to either question above, do you wish to reside at an Elderly/Mix property\*?  Yes  No
3. Do you or anyone in the household need a wheelchair accessible apartment?  Yes  No
4. Is any family member mobility, hearing, or visually impaired?  Yes  No
5. Is the Head of Household 51 – 61 years of age and if so do you wish to reside at an Elderly/Mix property\*?  Yes  No

(If yes, the waiting period may be up to 5 years.)

**\* Elderly/Mix Property – All residents must be 62 years of age or older or be a disabled individual of any age.**

Please check the bedroom size you require:

6.  \*\*Efficiency/1 Bdr  2 Bdr  3 Bdr  4 Bdr  5 Bdr

**\*\*Applicants applying for a 1-bedroom, may receive an offer for either an efficiency and/or a 1 bedroom unit depending on availability.**

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 and understand that any false statements made on this application will be cause for me/us to be disqualified for admission. I/we authorize the release of information to the Housing Authority by the Social Security Administration, and/or other business or government agencies.

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

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



## NOTICE OF RIGHT TO REASONABLE ACCOMMODATION

### **You may ask for a reasonable accommodation, if you or any member of your household has a disability.**

1. a change in the rules or policies or how we do things that would give you an equal chance to live here and use the facilities or take part in programs on site,
2. a change in your apartment or a special type of apartment that would give you an equal chance to live here and use the facilities or take part in programs on site,
3. a change to some other part of the housing site that would give you an equal chance for you to live here and use the facilities or take part in programs on site,
4. a change in the way we communicate with you or give you information.

### **If we know that you have a disability, or can verify a disability we will try to make the changes you request unless:**

1. your request is unreasonable,
2. will pose "an undue financial and administrative burden (cost too much money to complete),
3. it requires a fundamental change in the nature of our programs or services,
4. it is structurally infeasible,

We will give you an answer in **10 business days** unless there is a problem getting the required verification, or if need to talk to you about other ways to meet your needs, or you agree to a longer time. If we **turn down** your request, we will explain the reasons, and **you have the right to appeal the decision**, if you think that will help. If you need help filling out a REASONABLE ACCOMMODATION REQUEST FORM or if you want to give us your request in some other way, we will help you. You can get a reasonable accommodation request form at your Property Managers office or at the Housing Authority's Admission and Occupancy Department.

**I/we have read and understand this Notice of Right to Reasonable Accommodation.**

**I/we request a Reasonable Accommodation (the request form must be completed).**

**A Reasonable Accommodation is not required by any household member at this time.**

\_\_\_\_\_  
**Applicant/Resident Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Housing Management**

\_\_\_\_\_  
**Date**



**PROHIBITION AGAINST DENIAL OF ASSISTANCE TO VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE, AND STALKING**

The Violence against Women Reauthorization Act of 2005 (VAWA) protects applicants and tenants who are victims of domestic violence. The VAWA, prohibits denial of admission to an **otherwise qualified applicant**, if that applicant is/has been a victim of domestic violence, dating violence, or stalking. This law also prohibits, tenants from being evicted or terminated from their housing assistance for acts of violence against them:

1. The term *domestic violence* includes felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, or other person the victim shares a child, or who is/has cohabitated;
2. The term *dating violence* means violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim;
3. The term *stalking* means to follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate; or to place under surveillance with the intent to kill, injure, harass, or intimidate another person.

**In order to qualify the applicant/tenant must provide a written Certification (HUD Form 50066), within 14-days of denial of an application, or receipt of a Notice to Vacate, which must include the following:**

- (1) A written statement that the individual certifies that he/she is a victim of domestic violence, dating violence, or stalking,
- (2) the incident or incidences in question are bona fide incidences, of actual or threatened abuse;
- (3) the individual shall provide the name of the perpetrator.

**In lieu of the certification form, or in addition to the certification form, an applicant/ tenant must provide:**

- (1) Federal, State, tribal, territorial, or local police records or court records, and/or protective orders;
- (2) Documentation signed and attested to by an employee, agent or volunteer of a victim service provider, an attorney or a medical professional. The professional attests under penalty of perjury that the applicant/tenant is/has been victimized. (28 U.S.C. 1746)

**Confidentiality**-SAHA will keep confidential any/all information you provide about domestic violence unless the victim or law requires the release of information.

**Failure to provide Certification Form HUD – 50066-** or the information that may be provided in lieu of the certification by the 14th business day, or any extension of that date, will result in the applicant/tenant failing to qualify for the protections afforded to victims of domestic violence, dating violence or stalking.

**Falsification of Certification:** Falsifying information constitutes program fraud under 24 CFR § 982.551(k) and may result in denial or termination of your housing assistance.

**Applicant/Tenant Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**For Help and advice on escaping an abusive relationship, call the National Domestic Violence Hotline at 1-800-799-SAFE (7233) or 1-800-787-3224 (TTY).**

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