



San Antonio Housing Authority
Admission and Occupancy Department
818 S. Flores St.
San Antonio, TX 78204
Phone (210) 477-6196
Fax (210) 477-6179

PUBLIC HOUSING PRE-APPLICATION

THIS IS NOT FOR Section 8.

INSTRUCTIONS: Please read carefully and complete the application legibly. Incomplete applications will be returned to you and this will delay 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, or certify that they do not have Social Security numbers; and
(e) Meet or exceed the Applicant Selection Criteria, to include passing a criminal background check and all screening requirements, and attending a pre-occupancy orientation session
(f) Pay any money already 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 determined by the daily lottery. The waiting list will then be sorted according to unit type and size.
3. Applications will be accepted by mail, fax, or at any San Antonio Housing Authority Development Office. Please make sure to include a MAILING ADDRESS regardless of your household situation.
4. If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority. Applicants with disabilities may obtain assistance with the completion of the pre-application at any SAHA Development Office, or at the Admissions and Occupancy Department, at the address below.
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 1st 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Failure to report changes within 10 days will result in the application being withdrawn.



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 SAHA USE ONLY:
DATE RECEIVED : \_\_\_\_\_ INITIAL: \_\_\_\_\_

IF MAILING, KEEP THIS SHEET
FOR FUTURE REFERENCE

**FOR SAHA USE ONLY:**  
 LOTTERY: \_\_\_\_\_ TIME APPLICATION: \_\_\_\_\_ # BDRMS \_\_\_\_\_

## Pre-Application for Public Housing

**PLEASE PRINT CLEARLY**

APPLICANT NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_ APT # \_\_\_\_\_  
 CITY, STATE, ZIP \_\_\_\_\_  
 PHONE# \_\_\_\_\_ ALTERNATE PHONE# \_\_\_\_\_

For Statistical Purposes Only

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

HOUSEHOLD FAMILY MEMBERS

	Last & First Name	Date of Birth	Age	Sex M/F	Social Security Number	Relation to Head	*Disabled Person? YES/NO	Birthplace: Country
<b>H</b>					- -	Head		
<b>2</b>					- -	Spouse		
<b>3</b>					- -	Other adult		
<b>4</b>					- -	Son/ Daughter		
<b>5</b>					- -	Son/ Daughter		
<b>6</b>					- -	Son/ Daughter		
<b>7</b>					- -	Other		

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

LOCAL PREFERENCE

1. 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

*Displacement must have occurred within the last 6 Months. Verification must be submitted.*

2. Is the head of household or spouse 62 years of age or older and/or disabled?  Yes  No
- If yes, do you wish to reside at a 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, 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.

**BEDROOM SIZE REQUEST**

Please check the bedroom size that you need:

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

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

**HOUSEHOLD INCOME INFORMATION**

7. **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, and contributions from outside sources, etc.

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

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.



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

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**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 your 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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