



PUBLIC HOUSING PROGRAM
SAN ANTONIO HOUSING AUTHORITY
818 S. Flores San Antonio, TX 78204
(210) 477-6196 # 3 Fax (210) 477-6179
1/22/07

PRE-APPLICATION Procedures for the Public Housing Program

Instructions: This is not for Section 8. Please read carefully and complete the application legibly. 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, 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.

Admission and Occupancy Department
818 S. Flores (South Entrance)
San Antonio, Texas 78204

- 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 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.**
- 6 Be sure to provide your complete address so we can reach you, all offers for housing are made via 1st class mail.
- 7 Changes in preference status, household composition, address and phone # must be reported to **477-6196**. **Failure to report changes will result in you application being withdrawn.**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.



SAHA USE ONLY: Date Rec'd _____ Time of Application _____	Lottery Number _____ BDRM's _____
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Pre-Application for Public Housing

Please print clearly

Name: _____

Street, Apt. # _____

City, State and 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

List all household members that will be on the residential lease

	Last & First Name	Date of Birth	Age	Sex	Social Security Number	Relation to Head	*Disabled Person?	Birthplace: Country
H					___ _ _	Head		
2					___ _ _	Spouse		
3					___ _ _	Other adult		
4					___ _ _	Son/ Daughter		
5					___ _ _	Son/ Daughter		
6					___ _ _	Son/ Daughter		
7					___ _ _	Other		

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

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 60 days. **Verification must be submitted.**

2. Do you or anyone in the household need a wheelchair accessible apartment? Yes No

If you answered yes to the above for any member of the household, you may request a Reasonable Accommodation (wheelchair ramp, or unit without stairs, etc.). **You will be placed on the Accessible Unit Waiting List. Verification of need will be required.**

3. Is any family member disabled, or mobility, hearing, or visually impaired? Yes No

If you answered yes to the above for any member of the household, you may request a Reasonable Accommodation (hearing impaired smoke detector, etc.). **Verification of need will be required.**

4. If the head of the household and/or spouse is 62 years of age or older, or disabled, do you wish to reside at a Senior/Disabled Property? Yes No

5. If 50 years of age or older, do you wish to reside at a Senior/Disabled Property? Yes No
(Applicants 62 years of age and older will be called before near elderly applicants age 50-61).

Elderly, disabled or near elderly applicants that do not wish to reside at a Senior/Disabled Mix Property will have their name placed on the Family List.

6. Please check the bedroom size that you need:

Efficiency 1 Bdr 2 Bdr 3 Bdr 4 Bdr 5 Bdr

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"/> 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
			<input type="checkbox"/> Week	<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.