



What documents do I need to bring to the appointment?

The following list describes the documentation you need to bring to your appointment. If you have questions about what you need to bring, please call (210) 477-6205.

1. Income and Asset Verification

Bring paperwork that shows proof of all income and assets for your household. For example, if you receive child support payments, bring child support printouts from the Child Support Enforcement Office to include the court ordered amount. Other examples of income are unemployment benefits, social security/SSI, TANF, retirement benefits, and income from work (6 paycheck stubs). Examples of asset verification are a checking and/or savings account statement(s).

2. Birth Certificate/Picture Identification/Social Security Card

Bring birth certificates and social security cards for all household members and picture identification (ID) for everyone in your household 18 years old and older. Examples of picture IDs are driver's licenses, picture badges from work, and school ID card.

3. Childcare Verification

If you have children under 13, bring paperwork showing the childcare provider and the money you spend for childcare.

4. Medical Expense Verification

If the head of household is elderly or disabled, bring printout(s) from the pharmacy, physician, etc for any medical payments you have made for the household.

5. Full Time Student Verification

If a member of your household is 18 years of age or older and is enrolled in an institution of higher education, provide verification of full time student status.

6. Custody Verification

If there are children in your family who are not your biological children, bring the legal papers that show your right to legal custody.

7. Landlord Forms

- Request for Tenancy Approval (RTA) signed by you and your landlord if you will reside in the same unit
- A non-renewal notice signed by you and your landlord if you are moving at the end of your lease

8. Reasonable Accommodation (RA)

If you are a person with a disability and require an RA with respect to your housing assistance, please provide the contact information to include the name, address, and telephone and fax numbers of a physician or medical professional that will be able to verify your reasonable accommodation request. Please note that the continued need for an RA may need to be requested and verified at the time of each recertification.

If you do not provide all documents necessary, it may delay your recertification process.

By signing below, I am certifying that the information I have provided is true and correct. I also acknowledge that it is my responsibility to report any and all changes in the income or composition of my household within ten business days of the change.

Signature _____ Date _____

Any individual with a disability or other medical need who requires accommodation in respect to this correspondence should contact the San Antonio Housing Authority at (210) 477-6205.

Esta nota es muy importante. Si usted no comprende esta nota porque es escrito en inglés, por favor llame al (210) 477-6205 inmediatamente para asistencia.



¿Qué documentos necesito traer a la Cita de re-certificación?

La siguiente lista describe la documentación que usted necesita traer a su cita de re-certificación. Si tiene alguna pregunta sobre lo que se necesita traer, favor de llamar al (210) 477-6205.

1. Verificación de ingresos

Traer documentación que demuestra los ingresos familiares. Por ejemplo, si usted recibe pagos por la manutención de los niños traiga los comprobantes de la oficina del (Child Support Enforcement Office) incluyendo la cantidad ordenada por la corte. Otros ejemplos de ingresos son pago por desempleo, seguro social/SSI, TANF, beneficios de jubilación, e ingresos de trabajo. (6 comprobantes de pago del trabajo Ejemplos verificación de bienes son cuenta corriente de cheques o de ahorros

2. Identificación con fotografía

Traer actas de nacimiento. Traer identificación con foto de todos los miembros de la familia mayores de 18 años. Ejemplos son licencia de conducir, credencial del trabajo con foto, o tarjeta de ID de la escuela con foto del estudiante.

3. Verificación del cuidado de niños

Si tiene niños menores de 13 años, traer documentación demostrando quien provee el cuidado y la cantidad que gasta para el cuidado de ellos.

4. Recibos médicos

Si la cabeza de familia esta tercera edad (anciano/a) o es una persona con discapacidad traiga un recibo de farmacia del pago hecho por concepto médico de esa persona

5. Verificación de estudiante

Si usted tiene un miembro de su familia que esta asistiendo a Universidad, o escuela técnica favor traer un comprobante.

6. Verificación de custodia

Si en su hogar hay niños, que no son sus propios hijos traiga los documentos legales que demuestren que usted tiene la custodia legal de ellos.

7. Formularios del propietario

Los formularios del propietario que usted tiene que presentar son:

- Una solicitud de arrendamiento del propietario o arrendatario (RTA) firmada por usted y su arrendador si usted reside en la misma propiedad.
- Una notificación firmada por usted y su arrendador si usted se va a mudar al final del contrato.

8 Acomodación Razonable (RA)

Si usted o alguien en su hogar tiene una discapacidad y requiere una acomodación especial con respecto a asistencia de vivienda. Por favor provea el nombre, dirección, teléfono y fax de su doctor o proveedor médico, que verifique su petición de acomodación. Por favor entienda que la petición para acomodación deberá ser solicitada y verificada cada vez tenga una re-certificación

Al no entregar todos los documentos necesarios su re-certificación podrá ser retrazada.

Al firmar lo siguiente certifico que la información que he dado es cierta y verdadera. Igual reconozco que es mi responsabilidad reportar cualquier cambio de ingreso o de la composición familiar dentro de 10 días laborales. .

Firma _____

Fecha _____

Todos los individuos con alguna incapacidad u otra necesidad médica que requieran alguna ayuda con respecto a este formulario, deberán contactar a la Autoridad de Vivienda de San Antonio al (210) 477-6205.

Esta carta es muy importante. Si usted no comprende esta carta porque esta escrita en inglés, por favor llame al (210) 477-6205 para asistencia.



Housing Choice Voucher Program Application

Head of household Name _____ Social Security # _____

Co-Head Name _____ Current Phone _____

Current Address _____ Zip Code _____

Do you intend to remain in the same unit or move to a new unit? Stay In Unit Move To New Unit

Household Composition Information

Have there been any changes to the number of people in your household since your last certification?

Yes No If yes, list name(s) and whether person was added or removed _____

Below list the names of all people who currently live in your household.

Name (Last, First)	Relation to Head of Household	Date of Birth	Sex	Social Security Number	U.S. Citizen	Full Time Student	Race* (Circle)	Ethnicity ** (Circle)
Head	of Household		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	W, B, N, A, O	H, NH
			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	W, B, N, A, O	H, NH
			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	W, B, N, A, O	H, NH
			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	W, B, N, A, O	H, NH
			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	W, B, N, A, O	H, NH
			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	W, B, N, A, O	H, NH
			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	W, B, N, A, O	H, NH
			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	W, B, N, A, O	H, NH

* **Race:** W:White, B:Black, N:American Indian/Alaska Native, A:Asian or Pacific Islander, O:Other ** **Ethnicity:** H:Hispanic, NH:Non-Hispanic

If a household member has a disability (verifiable by a qualified physician or other professional), you may qualify for additional deductions in your rent amount. You are not required to answer if someone in your household has a disability.

Does any household member have a disability? Yes No If yes, list name(s) _____

Household Income Information

Below list **ALL** sources of household income. List the names and income of all members of your family who are currently employed, either full-time or part-time. Include earnings from self-employment, military pay, tips, etc. Also list all members of your family who are currently receiving income from other sources (e.g. Social Security, SSI, pension, disability, TANF, unemployment compensation, babysitting, alimony, child support, regular contributions or gifts).

Family Member Name	Source Of Income	Amount	How Often Received*
			Y, M, B, W, H
			Y, M, B, W, H
			Y, M, B, W, H
			Y, M, B, W, H

* **Frequency:** Y Yearly, M Monthly, B Bi-weekly, W Weekly, H Hourly

Asset Information

Below, list all income producing assets in which you are a full or partial owner.

Type of Account	Account Number Ending	Status (Open/Closed/Inactive)	Date Opened	Opening Balance	Current Balance	Current Interest Rate	Interest Earned Last Year
Checking	-----						
Savings	-----						
Other	-----						

Stocks: _____ **Bonds:** _____

CD or IRA	Amount	Early Withdrawal Penalty	Cash Value	Interest Rate	Interest Earned YTD	Maturation Date

Do you own any real estate? Yes No If yes, list address _____

Have you sold any real estate in the past two years? Yes No If yes, list address _____

Applicant/Participant Certification

The following certification must be signed by all household members age 18 or over.

I hereby certify that all the information on this application is true and complete. I understand that by signing this document, I authorize the San Antonio Housing Authority to verify all information reported, including in comparison to income information retrieved electronically through an independent source (Social Security and Supplemental Security Income, State Wage Information Collection Agencies, current and former employers, child support benefits, TANF benefits, financial institutions, etc.).

I further understand that I must inform the San Antonio Housing Authority of any changes in income immediately and in writing.

HOH Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Warning: Title 18, Section 1001 of the United States Code states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the United States is guilty of a felony.

Any individual with a disability or other medical need who requires accommodation with respect to this form should contact the San Antonio Housing Authority at (210) 477-6262. Rev.

12/05



Solicitud para el Programa de Elección de Vivienda (Housing Choice Voucher Program Application)

Nombre de la Cabeza de Familia _____ Seguro Social # _____

Nombre de la Co-cabeza de Familia _____ Teléfono Actual: _____

Dirección Actual _____ Código Postal _____

¿Tiene la intención de permanecer en la misma unidad o de mudarse a una nueva?

Permanecer en la unidad Mudarme a una nueva unidad

Información de la Composición del Hogar

¿Ha habido algún cambio en el número de las personas en su hogar desde la última certificación?

Sí No Si sí, escriba el(los) nombre(s) de la(s) persona(s) que se agregó(aron) o se fue(ron) _____

Liste abajo los nombres de las personas que viven actualmente en su hogar.

Nombre y Apellido	Relación con la Cabeza de Familia	Fecha de Nacimiento	Sexo	Número de Seguro Social	Ciudadano Americano	Estudiante de Tiempo Completo	Raza* (Circule)	Etnia** (Circule)
	Cabeza de Familia		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Si <input type="checkbox"/> No	<input type="checkbox"/> Si <input type="checkbox"/> No	W,B,M, N,A,O	H, NH
			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Si <input type="checkbox"/> No	<input type="checkbox"/> Si <input type="checkbox"/> No	W,B,M, N,A,O	H, NH
			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Si <input type="checkbox"/> No	<input type="checkbox"/> Si <input type="checkbox"/> No	W,B,M, N,A,O	H, NH
			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Si <input type="checkbox"/> No	<input type="checkbox"/> Si <input type="checkbox"/> No	W,B,M, N,A,O	H, NH
			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Si <input type="checkbox"/> No	<input type="checkbox"/> Si <input type="checkbox"/> No	W,B,M, N,A,O	H, NH
			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Si <input type="checkbox"/> No	<input type="checkbox"/> Si <input type="checkbox"/> No	W,B,M, N,A,O	H, NH
			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Si <input type="checkbox"/> No	<input type="checkbox"/> Si <input type="checkbox"/> No	W,B,M, N,A,O	H, NH
			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Si <input type="checkbox"/> No	<input type="checkbox"/> Si <input type="checkbox"/> No	W,B,M, N,A,O	H, NH
			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Si <input type="checkbox"/> No	<input type="checkbox"/> Si <input type="checkbox"/> No	W,B,M, N,A,O	H, NH
			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Si <input type="checkbox"/> No	<input type="checkbox"/> Si <input type="checkbox"/> No	W,B,M, N,A,O	H, NH

* **Raza:** W: Blanca, B: Negra, N: Indio Americano/Nativo de Alaska, A: Asiático o Isleño Pacífico, O: Otro ** **Etnicidad:** H: Hispano, NH: No-Hispano

Si un miembro de la familia tiene una incapacidad (comprobada por un medico calificado u otro profesional), puede calificar para deducciones adicionales del valor de su arrendamiento. No se le obliga a que responda si algún miembro de su hogar tiene una incapacidad. ¿Algún miembro de su hogar tiene alguna incapacidad? Sí No

Sí Si, Escriba el/los nombre(s) _____

Información sobre Ingreso del Hogar

Escriba abajo todas las fuentes de ingreso del Hogar. Liste los nombres e ingresos de todos los miembros de su familia que están empleados actualmente, ya sea de tiempo completo o medio tiempo. Incluya los ingresos como trabajador independiente, pagos militares, propinas, etc. También liste todos los miembros de la familia que están recibiendo actualmente ingresos de otras fuentes (por ejemplo, Seguro Social, Seguro de Ingreso Suplementario (SSI), pensión por incapacidad, Asistencia Temporal para Familias Necesitadas (TANF), seguro de desempleo, pensión alimenticia, sostenimiento de menor, contribuciones regulares o regalos).

Nombre del Miembro Familiar	Fuente de Ingreso	Cantidad	Qué tan a menudo*
			Y, M, B, W, H
			Y, M, B, W, H
			Y, M, B, W, H
			Y, M, B, W, H

* **Frecuencia:** Y Anual, M Mensual, B Quincenal, W Semanal, H Por Hora

Solicitud para el Programa de Elección de Vivienda

(Housing Choice Voucher Program Application)

Información de Activos

Liste abajo todos los activos que producen ingresos, de los cuales es propietario total o parcial.

Tipo de Cuenta	Últimos números de cuenta	Estado (Abierta/Cerrada Inactiva)	Fecha de Apertura	Saldo de Apertura	Saldo Actual	Tasa de Interés Actual	Intereses Devengados el Año Pasado
Corriente							
De Ahorros							
Otro							

Acciones: _____ **Bonos:** _____

CD o Cuenta Personal de Publicación (IRA)	Cantidad	Penalización por Retiro Anticipado	Valor en Efectivo	Tasa de Interés	Interés Devengado hasta la fecha (YTD)	Fecha de Maduración

¿Es propietario de finca raíz? Si No Si sí, escriba la dirección _____

¿Ha vendido finca raíz en los últimos dos años? Si No Si sí, escriba la dirección _____

Certificación del Solicitante/Participante

La siguiente certificación debe estar firmada por todos los miembros del hogar de 18 años o mayores

Por medio de la presente certifico que toda la información de esta solicitud es fiel y completa. Comprendo que al firmar este documento, autorizo a la Autoridad de Vivienda de San Antonio para verificar toda la información reportada, incluyendo comparación a la información del ingreso cobrado electrónicamente a través de fuentes independientes (Seguridad Social y Seguridad de Ingreso Suplementario, Agencias de Recolección de Información de Salarios Estatales, empleadores actuales y antiguos, beneficios de sostenimiento de menores, beneficios de Asistencia Temporal para Familias Necesitadas (TANF), instituciones financieras, etc.).

También comprendo que debo informarle inmediatamente por escrito a la Autoridad de Vivienda de San Antonio sobre cualquier cambio en mi ingreso.

Firma de la Cabeza del Hogar:	Fecha:
Firma:	Fecha:
Firma:	Fecha:
Firma:	Fecha:
Firma:	Fecha:
Firma:	Fecha:
Firma:	Fecha:
Firma:	Fecha:
Firma:	Fecha:

Advertencia: El Título 18, Sección 1001 del Código de Estados Unidos expresa que una persona que de manera intencional entregue declaraciones falsas o fraudulentas a alguna Agencia o Departamento de los Estados Unidos de América es culpable de un delito grave.



Family Obligations and Reasons for Termination

IMPORTANT

Federal regulations and SAHA policy require participant families to adhere to certain obligations. Please initial beside each obligation and sign the acknowledgement at the end of the document.

- _____ The family must supply any information that SAHA or HUD determines necessary for eligibility, for annual recertification, or for any other interim reexamination. This includes paperwork that shows proof of all income for your household. Examples of income documentation needed are child support income, unemployment benefits, social security/SSI, TANF, retirement benefits, contributions, and income from work. Some examples of income verification are 6 paycheck stubs, W2 tax forms, and bank statements.
- _____ The family must disclose and verify social security numbers and must sign and submit consent forms for obtaining information.
- _____ Any information supplied by the family must be true and complete.
- _____ The family must report any change of income within ten days of the change in writing.
- _____ SAHA must approve the composition of the family living in the unit. The family must inform SAHA of the birth, adoption or court-awarded custody of a child within 15 days in writing.
- _____ The family must request, in writing, SAHA approval to add any other family member as an occupant of the unit. No other person except members of the family may live in the unit except for foster children or live-in aids who are approved by SAHA.
- _____ The family must notify SAHA within ten days in writing if any family member no longer resides in the unit.
- _____ The family is responsible for any Housing Quality Standards (HQS) inspection failure that is caused by the family. If the family causes the HQS inspection failure, the family will be terminated from the program. (See the HQS inspection checklist in this packet.)
- _____ The family must allow SAHA HQS inspections. SAHA will notify the family only of recertification inspection dates; quality control or special inspections may be conducted without prior notice. An adult 18 years of age or older must be present for the unit to be inspected. If the unit cannot be inspected, the family will be terminated from the program.
- _____ The family may not commit any serious or repeated violation of the lease and is responsible for paying rent and utilities on time. Utilities must be in the name of the head or co-head of household for the entire period the family receives housing assistance.
- _____ The unit must be the family's only residence. The family may not receive any other housing assistance subsidy if they are receiving Section 8 housing assistance.
- _____ No one other than SAHA approved family members may represent to any outside agency that they reside in the unit. This includes allowing someone other than approved family members to receive mail at the unit.



Family Obligations and Reasons for Termination

_____ The family must receive approval in writing from SAHA before vacating a unit. If the tenant vacates the unit prior to lease expiration, they will be liable for unearned housing assistance payments made to the owner.

_____ The family must notify SAHA and the owner in writing before the family moves out of the unit or terminates the lease.

_____ The family must promptly notify in writing SAHA if they will be absent from the unit.

_____ The family must not sublease or let the unit and the family must not assign the lease or transfer the unit.

_____ The family will be terminated if members of the family commit fraud, bribery or any other corrupt or criminal act in connection with this program.

_____ The family will be terminated if family members engage in drug-related or violent criminal activity.

By signing below, I acknowledge that I have been briefed on the Section 8 certification process and have been informed of my obligations as a participant in the Section 8 program and that failure to abide by the obligations listed above will result in termination of my housing assistance.

Signature of Head of Household

Date

Any individual with a disability or other medical need who requires accommodation with respect to this correspondence should contact the San Antonio Housing Authority at (210) 477-6205.



Obligaciones Familiares y Razones de Finalización de la Asistencia

IMPORTANTE

Los reglamentos federales y las políticas de SAHA (Autoridad de Vivienda de San Antonio), requieren que las familias que participen se adhieran a ciertas obligaciones. Por favor coloque sus iniciales al lado de cada obligación y firme el reconocimiento al final del documento.

- _____ La familia debe entregar toda la información que SAHA o que el HUD (Departamento Federal de Vivienda y Desarrollo Urbano) determine como necesaria para la elegibilidad, para la verificación anual o para cualquier otra reevaluación provisional. Esto incluye el papeleo que compruebe todos los ingresos de su hogar. Algunos ejemplos de la documentación de entradas necesaria son el ingreso por sostenimiento de menores, el seguro de desempleo, la seguridad social o la seguridad de ingreso suplementario (SSI), la Asistencia Temporal Para Familias Necesitadas (TANF), las prestaciones de jubilación, los aportes y las entradas por concepto de empleo. Algunos ejemplos de verificación de entradas son: 6 comprobantes de pago, los formularios de impuestos W2 y los extractos bancarios.
- _____ La familia debe presentar y verificar los números del seguro social y debe firmar y entregar los formularios de autorización para obtener información.
- _____ Toda la información entregada por la familia debe ser fiel y completa.
- _____ La familia debe reportar por escrito todos los cambios en las entradas dentro de los diez días posteriores al cambio.
- _____ SAHA debe aprobar la composición familiar que vive en la unidad de vivienda. La familia le debe informar por escrito a SAHA sobre el nacimiento, la adopción o la custodia de algún menor otorgada por algún tribunal dentro de los 15 días posteriores al cambio.
- _____ La familia debe solicitar por escrito, la aprobación de SAHA para agregar a cualquier otro miembro familiar como residente de la unidad de vivienda. Ninguna otra persona que no sea miembro familiar puede vivir en la unidad de vivienda, a excepción de los niños adoptados o los ayudantes que sean aprobados por SAHA.
- _____ La familia debe notificarle a SAHA por escrito dentro de los diez días siguientes, si algún miembro familiar ya no reside en la unidad.
- _____ La familia es responsable por la falla en la inspección de algún Estándar de Calidad de Vivienda [Housing Quality Standards (HQS)] causada por la familia. Si la familia causa la falla en la inspección de algún Estándar de Calidad de Vivienda, dicha familia será sacada del programa. (Ver la lista de inspección del Estándar de Calidad de Vivienda en este paquete).
- _____ La familia debe permitir que se lleven a cabo las inspecciones de Estándar de Calidad de Vivienda de SAHA. SAHA sólo le notificará a la familia sobre las fechas de inspección de verificación; las inspecciones de control de calidad o de otro tipo, se pueden llevar a cabo sin notificación previa. Un adulto de 18 años o mayor debe estar presente cuando se inspeccione la unidad de vivienda. Si la unidad no puede ser inspeccionada, la familia será sacada del programa.



Obligaciones Familiares y Razones de Finalización de la Asistencia

- _____ La familia no puede cometer ninguna violación seria ni repetida al contrato de arrendamiento y es responsable por pagar el arriendo y los servicios a tiempo. Los servicios deben estar a nombre de la cabeza o la co-cabeza de la familia durante todo el período en el cual la familia reciba la asistencia para vivienda.
- _____ La unidad debe ser la única residencia de la familia. La familia no puede recibir ningún otro subsidio de asistencia para vivienda si están recibiendo la asistencia de vivienda de la Sección 8.
- _____ Ninguna persona que no sea aprobada como miembro familiar por SAHA puede declararle a ninguna agencia externa que él o ella residen en la unidad de vivienda. Esto incluye permitirle a alguien que no esté aprobado por SAHA como miembro familiar para que reciba correo en la unidad.
- _____ La familia debe recibir aprobación por escrito de SAHA antes de desalojar la unidad. Si el arrendador desaloja la unidad antes del vencimiento del contrato de arrendamiento, será responsable por los pagos de la asistencia de vivienda no utilizada entregados al propietario.
- _____ La familia debe notificar por escrito a SAHA y al propietario, antes de que la familia desaloje la unidad o de finalizar el contrato de arrendamiento.
- _____ La familia debe notificarle por escrito a SAHA, de manera oportuna, si sus miembros se encontrarán fuera de la unidad de vivienda
- _____ La familia no puede subarrendar ni arrendar la unidad de vivienda y la familia no debe asignar el contrato de arrendamiento ni transferir la unidad de vivienda.
- _____ La familia será sacada del programa si los miembros de la familia cometen fraude, soborno o cualquier otro acto corrupto o criminal en conexión con este programa.
- _____ La familia será sacada del programa si los miembros familiares se involucran en actividades violentas o relacionadas con drogas.

Al firmar abajo, reconozco que me han informado acerca del proceso de certificación de la Sección 8 y que me han informado sobre mis obligaciones como participante del programa de la Sección 8 y que la falla en el cumplimiento de las obligaciones mencionadas anteriormente, ocasionará la finalización de mi asistencia para vivienda.

Firma de la Cabeza de Familia

Fecha

Todos los individuos con alguna incapacidad u otra necesidad médica que requieran algún acuerdo con respecto a este formulario, deberán contactar a la Autoridad de Vivienda de San Antonio al (210) 477-6205.



Authorization for Release of Information **(Non-Employment)**

RE:	
Head of Household	HOH SSN Last 4
Street Address	
SAHA Representative	

To process your Change of Income request, we must verify the change. By signing this form, you are authorizing the San Antonio Housing Authority to obtain verification of the change you reported regarding any of the following.

- **Temporary Assistance for Needy Families (TANF)**
- **Child Support**
- **Veteran’s Benefits**
- **Workman’s Compensation**
- **Domestic Employment**
- **Full Time Student Status**
- **Pension**

Note: This authorization is in addition to HUD Form 9886, which you sign each year at recertification and is valid for 15 months. HUD Form 9886 is applicable to salary and wages from current or previous employers; wage and unemployment compensation; Social Security wage, employment, and retirement information; and unearned income (interest and dividends) reported by financial institutions.

This form can be sent to any applicable third-party source regarding the information specified above to verify the change you report. This information will only be used to determine that your housing assistance benefits are set at the correct level.

Applicant/Participant Release (MUST be signed by all household members, age 18 and over)

I hereby authorize the release of information pertaining to the above listed benefits or sources of income to the San Antonio Housing Authority (SAHA).

Head of Household Signature: _____ **Date:** _____

Household Member Signature: _____ **Date:** _____

Household Member Signature: _____ **Date:** _____

Household Member Signature: _____ **Date:** _____

Any individual with a disability or other medical need who requires accommodation with respect to this form should contact the San Antonio Housing Authority at (210) 477-6205.



Autorización para Divulgar Información **(No Laboral)**

RE:	
Nombre del Participante	Últimos 4 dígitos del Seguro Social de la Cabeza de Familia
Dirección	
Representante de SAHA	

Para procesar su solicitud de Cambio de Entrada, debemos verificar dicho cambio. Al firmar este formulario, usted está autorizando a la Autoridad de Vivienda de San Antonio para obtener la verificación del cambio que usted reportó con respecto a cualquiera de los siguientes puntos.

- **Asistencia Temporal para Familias Necesitadas (TANF)**
- **Sostenimiento de Menores**
- **Beneficios para Veteranos**
- **Compensación Laboral**
- **Empleo Doméstico**
- **Estado como Estudiante de Tiempo Completo**
- **Pensión**

Nota: Esta autorización es adicional al Formulario (HUD) 9886, la cual firma cada año en rectificación y que es válida por 15 meses. El Formulario HUD 9886 aplica al salario y los sueldos de los empleadores anteriores o actuales; la compensación de salarios y de desempleo; las entradas por concepto de Seguridad Social de desempleo, la información de jubilación y el ingreso no salarial (intereses y dividendos) reportado por instituciones financieras.

Este formulario solamente se le puede enviar a alguna tercera parte que aplique, con respecto a la información especificada arriba, para verificar el cambio que usted reporta. Esta información no será usada para determinar si sus benéficos de asistencia están fijados al nivel correcto.

Divulgación de la Información del Solicitante o Participante (DEBE estar firmada por todos los miembros de familia de 18 años o mayores).

Por medio de la presente autorizo la divulgación a la Autoridad Vivienda de San Antonio (SAHA), de la información con respecto a los beneficios listados anteriormente o a las fuentes de entrada familiares.

Firma de la Cabeza de Familia: _____ **Fecha:** _____

Firma de Miembro del Hogar: _____ **Fecha:** _____

Firma de Miembro del Hogar: _____ **Fecha:** _____

Firma de Miembro del Hogar: _____ **Fecha:** _____

Todos los individuos con alguna incapacidad u otra necesidad médica que requieran algún acuerdo con respecto a este formulario, deberán contactar al la Autoridad de Vivienda de San Antonio al (210) 477-6205



Authorization to obtain Credit Report

I hereby authorize the San Antonio Housing Authority to obtain all of my credit history records, if any, from any credit reporting agency.

A form must be completed and signed by each household member age 18 or over.

Falsifying information constitutes program fraud under 24 CFR § 982.551(k) and may result in denial or termination of benefits.

Section 8 Division – Applicant Or Tenant Information

Full name: _____
Last First MI

Other names used: _____
Maiden Other

SSN: _____ Driver's license no.: _____

Date of birth: _____

Sex: Male Female Race: _____ Ethnicity: _____

Current address: _____

City, State, Zip code: _____

Home phone: _____ Work phone: _____

I certify that the above information is true and correct, and I authorize the San Antonio Housing Authority to obtain a copy of my credit report.

Requestor's signature _____ Date _____

Head of household <input type="checkbox"/> Same as above? If no, list HOH name _____ HOH Address: _____ _____ _____	<div style="background-color: black; color: white; padding: 2px; font-weight: bold; font-size: small;">For office use only</div> HOH SSN _____ Name/Address of landlord _____ _____ _____
New applicant <input type="checkbox"/> Transfer <input type="checkbox"/> COFC <input type="checkbox"/> Housing Specialist _____	
Print two copies – one to Investigations Rev. 08/07	



Authorization to obtain Criminal History

I hereby authorize the San Antonio Housing Authority to obtain all of my criminal history records, if any, from any law enforcement agency. I understand that such records will include arrests and convictions for misdemeanors and felonies, if any, as well as any probation or parole information.

A form must be completed and signed by each household member age 18 or over.

Falsifying information constitutes program fraud under 24 CFR § 982.551(k) and may result in denial or termination of benefits.

Section 8 Division – Applicant Or Participant Information

Full name: _____
 Last First MI

Other names used: _____
 Maiden Other Driver's license no.: _____

SSN: _____

Date of birth: _____

Sex: Male Female Race: _____ Ethnicity: _____

Current address: _____

City, State, Zip code: _____

Home phone: _____ Work phone: _____

Please answer the following questions. Failure to respond may result in denial of the application.

Are you subject to a lifetime sex offender registration? Yes No

Are any other members of your household subject to a lifetime sex offender registration? Yes No
 If yes, list the name of the person (s) and their date of birth:

Household Member Name: _____ Date of Birth: _____

Household Member Name: _____ Date of Birth: _____

I certify that the above information is true and correct, and I authorize the San Antonio Housing Authority to obtain a copy of my credit report and complete criminal history record.

Applicant/Participant Signature: _____ Date: _____

Head of household: <input checked="" type="checkbox"/> Same as above?	For office use only
If no, list HOH name _____	
HOH Address: _____	HOH SSN: _____
_____	Name/Address of landlord: _____
_____	_____
New applicant <input type="checkbox"/> Transfer <input type="checkbox"/> COFC <input type="checkbox"/>	_____
Print two copies (one for Investigations)	Housing Specialist: _____

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(I)(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.

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.	
<input type="checkbox"/> Check this box if you choose not to provide the contact information.	

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.



Family Self- Sufficiency Fact Sheet



Money accrued (for you) as you pay Rent!!!!!!

- The Family Self Sufficiency Program is a 5-year program designed to assist families of Public Housing and Section 8 achieve self-sufficiency by providing opportunities in the areas of education, training, job readiness and employment.
- The program links you, the participant, to support services in an effort to move you towards economic independence. The FSS Coordinator's will assist you with your **service plan**, (setting and meeting your goals) and will guide and support you with becoming Self-Sufficient.
- A unique incentive of the program is the **escrow account**. The account grows based on increases in your income. When the family completes their goals, meets or exceeds the appropriate income level, and has been free from government assistance for 12 consecutive months, you are considered a graduate, and are eligible to receive the funds in your escrow account.
- **FSS Participants will receive first priority** for the Homeownership Program. Homeownership counseling and assistance is discussed prior to entering the Homeownership program.

DO I QUALIFY?

- A RESIDENT ACTUALLY LIVING IN SECTION 8 HOUSING
- A WILL TO EXCEL ACADEMICALLY/ FINANCIALLY
- A DESIRE TO PURCHASE MY OWN HOME

If you are ready for a new lease on life, Ready to work on becoming Self-Sufficient and to own your own home in the near future: Please Call Us Today!!!!

Barbara: 477-6456
Joseph: 477-6465

PLEASE VISIT US ON THE WEB

WWW.SAHA.ORG

For your convenience, many of our forms are available for download on our website under the Section 8 Housing Choice Voucher section:

- Change of Income
- Change of Family Composition
(to add/remove a person to your household)
- Request for Transfer

- Recertification Packets
- Direct Deposit Request
- Agency Referrals (Community Resources)
- And Much More...

If you would prefer to skip a trip downtown, completed forms may be faxed to us at 210-477-6206 or mailed to:

San Antonio Housing Authority
Assisted Housing Programs
P.O. Box 29
San Antonio, TX 78291-0029.