

### Housing Choice Voucher Application

BASIC INFORMATION						
Main Telephone: _____		Alternate Telephone: _____				
Email Address: _____						
Current Address: _____						
HOUSEHOLD INFORMATION						
<b>Head of Household</b>  <b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Name</b> Last: _____ First: _____ Last 4 of SSN: _____ DOB: _____  <b>US Citizen</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Race</b> <input type="checkbox"/> White <input type="checkbox"/> African-American/Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander  <b>Hispanic/Latino?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Marital Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Common-Law/ Live-In Partner <input type="checkbox"/> Widowed	<b>62 Years or Older</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Full-Time Student</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Disabled Individual</b> <input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Highest Level of Education Completed</b> <input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> No School <input type="checkbox"/> _____ Grade <input type="checkbox"/> _____ College
<input type="checkbox"/> <b>Co-Head</b> <input type="checkbox"/> <b>Spouse</b>  <b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Name</b> Last: _____ First: _____ Last 4 of SSN: _____ DOB: _____  <b>US Citizen</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Race</b> <input type="checkbox"/> White <input type="checkbox"/> African-American/Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander  <b>Hispanic/Latino?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Marital Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Common-Law/ Live-In Partner <input type="checkbox"/> Widowed	<b>62 Years or Older</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Full-Time Student</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Disabled Individual</b> <input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Highest Level of Education Completed</b> <input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> No School <input type="checkbox"/> _____ Grade <input type="checkbox"/> _____ College
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The following person has been designated to coordinate compliance with the nondiscrimination requirement contained in HUD's regulations implementing Section 504: Benjamin Lugg, 818 South Flores, San Antonio, Texas 78204.

Relationship	<b>Name</b>	<b>Race</b>	<b>Marital Status</b>	<b>62 Years or Older</b>	<b>Disabled Individual</b>	<b>Highest Level of Education Completed</b>
	Last: _____ First: _____ Last of SSN: _____ DOB: _____	<input type="checkbox"/> White <input type="checkbox"/> African-American/Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <b>Hispanic/Latino?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Common-Law/ Live-In Partner <input type="checkbox"/> Widowed	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Full-Time Student</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> No School <input type="checkbox"/> _____ Grade <input type="checkbox"/> _____ College
Sex	<b>US Citizen</b>					
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No					

**\*Required Documentation:** If a household member 18 years or older was marked as a full-time student above, you must attach proof of full-time student status.

<p>1. <b>Is any member of the family a veteran of the U.S. Armed Forces?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide the name(s) of the family member(s) and branch of service: _____</p>	
<p>2. <b>Is Head of Household currently homeless?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>3. <b>Is any member of the family a state-registered lifetime sex offender?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide the name(s) of the family member(s): _____</p>	<p>Office Use Only: <b>Verification</b> <b>Date:</b> _____ <b>By:</b> _____</p>

Continue to Page 3 of the Housing Choice Voucher Application.



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**FAMILY INCOME INFORMATION**

**IMPORTANT:** SAHA will utilize the U.S. Housing and Urban Development Enterprise Income Verification System (EIV) to verify your household income. SAHA will compare the income information you provide on this application to the information provided to us by EIV. If this process reveals unreported income and / or unreported employment, your assistance may be denied or terminated.

4. Please list the amount of all current income for all family members 18 years or older.

Income Source	Household Member	Amount	Name of Source	Address of Source	Phone	Hours (Avg. Per Week)	Pay Rate (Hourly)
Employment Wages (Weekly)		\$					
		\$					
		\$					
TANF Earnings (Monthly)		\$					
Child Support Income (Monthly)		\$					
Unemployment Benefits (Weekly)		\$					
Social Security Benefits (Monthly)		\$					
Contributions		\$					
Other Income		\$					

**Required Documentation:** Please attach the required supporting documentation for all household income. Proof of income must not be older than 90 days.

<b>For Employment Wages:</b>	<u>Last 4 consecutive paystubs</u> or letter from employer in company letterhead; If self-employed, income tax records (including Schedule C) for previous year
<b>For TANF Earnings:</b>	TANF Award Letter
<b>For Child Support Income:</b>	Child support court order or child support printout from Attorney General's Office
<b>For Social Security Benefits:</b>	Social Security / SSI Award Letter
<b>For Unemployment Benefits:</b>	Unemployment Benefit Award Letter
<b>For Contributions:</b>	<b>Signed</b> Notarized Letter from person providing contributions including frequency and amount
<b>For Other Income:</b>	<b>Signed</b> Notarized Letter from person providing income including amount, frequency, and address

**EMPLOYMENT INFORMATION CERTIFICATION**

**By signing below, I am certifying that the employment information above is true and correct for each household member. Please Note:** Each household member with employment information must sign below.

Household Member Signature	Date
Household Member Signature	Date
Household Member Signature	Date
Household Member Signature	Date



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**HOUSEHOLD ASSETS**

5. Please include all active accounts with financial institutions for each family household member.

Asset Type	Household Member	Current Balance	Name of Financial Institution	Last 4 of Account Number
Checking Account(s)		\$		
		\$		
		\$		
		\$		
Savings Account(s)		\$		
		\$		
		\$		
CD or IRA		\$		
Stocks / Bonds / Collectibles		\$		

6. Do you own any real estate?  YES  NO

If Yes, please provide the address. You must provide a copy of the title deed(s) at the time you submit this application.

7. Have you sold any real estate in the past two years?  YES  NO

If Yes, please provide the address. You must provide a copy of the contract(s) of sale at the time you submit this application.

**Required Documentation:** Please attach the required supporting documentation for all household assets. Proof of assets must not be older than 90 days.

<b>Checking and Savings Accounts:</b>	<b>(May Be Required Upon Request)</b> Current bank statements for checking and savings accounts
<b>CD / Stock / Bonds / Etc.</b>	Copy of certificates of deposit
<b>Real Estate</b>	Deeds for all real estate owned, tax office

**EXPENSES AND ALLOWANCES**

8. Please list all expenses paid by each household member. **Note:** Medical Expenses include but are not limited to medical insurance premiums, Medicare deduction, prescriptions, medical supplies, etc.

Amount	Child Care Expense	Medical Expense	Disability Assistance
	Provider		
Address			
Expense Reimbursed?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

9. Are any of the above expenses paid on behalf of a household member with a disability so an adult in the family, including the person with a disability, can work?  YES  NO

If Yes, name which expense(s):

**Required Documentation:** Please attach the required supporting documentation for all household expenses.

<b>Child Care Expense (For Children Under 12):</b>	<b>SIGNED</b> notarized letter from child care provider to include amount paid, frequency, and provider's address
<b>Medical Care Expense (For Elderly / Disabled Families Only):</b>	Pharmacy printout for medical prescriptions <b>not</b> covered by medical insurance within the past 12 months; medical expenses <b>not</b> covered by medical insurance and frequency; cost of medical premiums for health insurance
<b>Disability Assistance:</b>	Disability / handicap expenses to care for a disabled family member



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**PHA ASSISTANCE AND BAD DEBT VERIFICATION**

10. Have you or any adult member of the household ever received rental assistance from SAHA Public Housing or any other housing authority / agency?  YES  NO

If Yes, please list the name of the public housing authority / agency: \_\_\_\_\_

11. Do you currently have an outstanding balance owed to SAHA or any other housing authority/agency?  YES  NO

If Yes, please provide the following information:

- State the amount owed: \$ \_\_\_\_\_
- State the name of the housing agency to whom the balance is owed: \_\_\_\_\_

Do you have an active payment agreement with the housing authority/agency?  YES  NO

**CERTIFICATION**

**IMPORTANT: According to Title 18, United States Code, Section 1001, it is a federal crime to knowingly or willfully make any materially false, fictitious or fraudulent statement or representation in any matter to a public housing authority.**

**The following certification must be signed by all household members 17 years or older.**

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 (SAHA) to:

- **Verify all reported information**, which includes comparing all reported information with information retrieved through independent sources. These verifications may include, but are not limited to, the following: Social Security and Supplemental Security Income, state wage information, collection agencies, current and former employers, Temporary Assistance for Needy Families (TANF), child support benefits, child care, financial institutions, veteran's benefits, worker's compensation, domestic employment, full-time student status, and pension.
- 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. This may include screening my records for state lifetime sex offender registrations, if any, using the *Dru Sjodin National Sex Offender Database* and/or other official federal, state, and local resources.
- Obtain all of my **credit history records**, if any, from any credit reporting agency, and to obtain a copy of my credit report.

**SIGNATURES**

**DATE**

_____	_____
Head of Household	
_____	_____
Co-Head /Spouse	
_____	_____
Household Member 17 years or older	
_____	_____
Household Member 17 years or older	
_____	_____
Household Member 17 years or older	
_____	_____
Household Member 17 years or older	
_____	_____
Household Member 17 years or older	



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