

Date Received _____
 Time Received _____
 Initialed by _____



Rental Application - Valley View Manor

Houston Housing & Redevelopment Authority

Applicant Name: _____

First Middle Last

Co-Applicant Name: _____

First Middle Last

Address _____

City: _____ State: _____ Zip Code _____

Telephone: _____ Cell: _____

Name of Landlord: _____ Phone: _____

Previous Housing

If less than 3 years provide additional information on an additional sheet

Address _____

City: _____ State: _____ Zip Code _____

Name of Landlord: _____ Phone: _____

Applicant Employer _____ Co-Applicant Employer _____

Name/Company _____ Name/Company _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

Phone _____ Phone _____

Fax _____ Fax _____

Salary _____ Salary _____

Household Composition			
First,Middle,Last Name	Relationship	Date of Birth	Social Security #
	Head of Household		
	Spouse		
	Other		

The Department of Housing and Urban Development requires that, for statistical purposes only, we report the race and ethnicity of the Head of Household for applicants. You are not required to answer, nor does your answer affect your position on our waiting list or your eligibility for housing.

Race of Head of Household **White** **Black** **Asian/Pacific Islander** **American Indian/Native American**

Ethnicity of Head of Household **Hispanic** **Non Hispanic**

Are you a Non-Citizen Student? **Yes** **No**

Are you a United States Citizen? **Yes** **No**

If no, are you a Non-Citizen with eligible alien status? **Yes** **No**

Citizenship or Eligible Alien Status must be verified by an acceptable document recognized by the Federal government.

HOUSEHOLD INCOME INFORMATION
(ALL INFORMATION WILL BE VERIFIED BY A THIRD PARTY)

For each household member age 18 or older (including family members temporarily absent), list current and anticipated income for twelve-month period commencing on anticipated date of occupancy or recertification. Include all full time, part time and seasonal. If a household member has more than one source of income, use a separate line for each source.

DO YOU RECEIVE OR EXPECT TO RECEIVE:	YES	NO	MONTHLY AMOUNT
1. Wages, salaries, (includes overtime, tips, bonuses, commissions, self-employment)?	_____	_____	\$ _____
2. Does any member work for someone who pays them in cash?	_____	_____	\$ _____
3. Regular pay for a member of the armed forces?	_____	_____	\$ _____
4. Welfare or disability benefits (Examples: MFIF, SSI, etc.)?	_____	_____	\$ _____
5. Worker's Compensation?	_____	_____	\$ _____
6. Unemployment benefits, or severance pay?	_____	_____	\$ _____
7. Child support? (If court ordered, include even if it is not being received)	_____	_____	\$ _____
8. Alimony?	_____	_____	\$ _____
9. Social Security payments (include unearned income of minor children)?	_____	_____	\$ _____
10. Pensions (PERA, railroad, VA, etc.)?	_____	_____	\$ _____
11. Retirement benefits?	_____	_____	\$ _____
12. Death benefits?	_____	_____	\$ _____
13. Annuities or life insurance dividends?	_____	_____	\$ _____
14. Lump sum payment(s) (i.e. inheritance, insurance settlements, etc.)?	_____	_____	\$ _____
15. Net income from rental property?	_____	_____	\$ _____
16. Regular cash contributions or gifts from individuals not living in the unit?	_____	_____	\$ _____
17. Other (list)?	_____	_____	\$ _____
18. Other (list)?	_____	_____	\$ _____
19. Other (list)?	_____	_____	\$ _____

HOUSEHOLD ASSETS
(ALL INFORMATION WILL BE VERIFIED BY A THIRD PARTY)

DO YOU HAVE MONEY HELD IN:	YES	NO	CURRENT BALANCE	INTEREST RATE
1. Checking Accounts	_____	_____	\$ _____	_____ %
2. Savings Accounts	_____	_____	\$ _____	_____ %
3. Stocks	_____	_____	\$ _____	_____ %
4. Capital Investments	_____	_____	\$ _____	_____ %
5. Bonds	_____	_____	\$ _____	_____ %
6. Trusts	_____	_____	\$ _____	_____ %
7. Securities	_____	_____	\$ _____	_____ %
8. Insurance Settlements	_____	_____	\$ _____	_____ %
9. 401 K	_____	_____	\$ _____	_____ %
10. IRA/KEOGH Accounts	_____	_____	\$ _____	_____ %
11. Certificates of Deposit	_____	_____	\$ _____	_____ %
12. Pension/retirement Funds	_____	_____	\$ _____	_____ %
13. Money Market Funds	_____	_____	\$ _____	_____ %
14. Treasury Bills	_____	_____	\$ _____	_____ %
15. Other	_____	_____	\$ _____	_____ %
DO YOU HOLD/OWN:	YES	NO	VALUE	
1. Real Estate?	_____	_____	\$ _____	
2. Contract for Deed?	_____	_____	\$ _____	
3. Coin collections, antique cars, gems/jewelry, stamps Or any other items held as an investment?	_____	_____	\$ _____	
4. What assets are held jointly with another person?	_____	_____	\$ _____	

LIST BELOW ALL ITEMS FROM ABOVE THAT WERE CHECKED "YES"

# FROM ABOVE	NAME OF COMPANY, FINANCIAL INSTITUTION OR SOURCE	MAILING ADDRESS OF COMPANY OR SOURCE	PHONE NUMBER OF COMPANY, FINANCIAL INSTITUTION OR SOURCE	ADDITIONAL COMMENTS

I/We hereby certify that I/we have _____ have not _____ sold or disposed of any assets for less than Fair Market Value during the two year (24 month) period preceding the date of this application. Any assets sold or disposed of for less than Fair Market Value are identified below.

Household Member	Asset & Estimated Amount	Date sold/disposed	Amount Received
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

HOUSEHOLD ALLOWANCE INFORMATION
(All information will be verified)

All or part of your household's expenses may be allowable as a deduction from your annual income. Eligible expenses include child care costs, payments on outstanding medical bills, medical insurance premiums, costs of assistive devices, cost of attendant care and any other medical and dental costs NOT covered by an outside source; e.g., insurance, Medicare, state agency or charitable organization.

DO YOU EXPECT TO INCUR ANY OF THE FOLLOWING EXPENSES:	YES	NO	MONTHLY AMOUNT
1. Medicare Premiums?	_____	_____	\$ _____
2. Other Medical insurance premiums?	_____	_____	\$ _____
3. Outstanding medical bills on which you are currently paying?	_____	_____	\$ _____
4. Cost of assistive devices for a handicapped or disabled household member?	_____	_____	\$ _____
5. Do you receive medical assistance through a public assistance agency /program?	_____	_____	\$ _____
6. Dental Expenses?	_____	_____	\$ _____
7. Do you expect to have any additional medical expenses during the next 12 months?	_____	_____	\$ _____

MISCELLANEOUS

The following questions pertain to yourself and every member of your household who will occupy the unit. WRITE either YES or NO in response to each question. Add an explanation must be provided below if the answer is YES. Use additional sheets, if necessary.

- _____ Does your household have any needs that might be better served by an apartment which is accessible to persons with mobility, hearing or visual impairments?
- _____ Do you or anyone else in your household qualify for housing because of a handicap or disability?
- _____ Will anyone else live in the unit on either a full-time or part-time basis?
- _____ Are you now living or have you lived in a government-subsidized development? If yes, when: _____
- _____ Name of Development: _____ State: _____ Zip Code: _____
- _____ Has your housing assistance ever been terminated for fraud, non-payment of rent or utilities, failure to cooperate with recertification procedures, for drug-related criminal activity or for any other reason? If yes, explain:

- _____ Have you or any member of your household ever been arrested or convicted of a felony, or a misdemeanor other than a traffic violation?
- _____ Are you or any member of your household subject to a lifetime registration under the State sex offender registration program?
- _____ Do you or any member of your household have a pattern of alcohol abuse that would interfere with the health, safety or right to peaceful enjoyment of the premises by other tenants?
- _____ Do you or any member of your household use an illegal drug or other illegal controlled substance?
- _____ Have you or any member of your household ever been arrested or convicted of the illegal distribution or manufacture of an illegal drug or other controlled substance?
- _____ Have you or any member of your household ever used different names from the names given in this application?
- _____ Have you or any member of your household ever used social security numbers different from those listed in this application?
- _____ Have you or any member of your household lived in any other state within the past 10 years? If yes, which ones?
Explanation: _____
- _____ How did you hear about this development? _____

SIGNATURES

I/We understand the information in this application will be used to determine eligibility for Section 8 housing assistance and that this information will be verified. I/We understand that any false information may make me/us ineligible for a unit.

I/We certify that all information given in this application is true, complete and accurate. I/We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate my/our lease agreement.

I/We understand that any action(s) by myself/ourselves or my/our household members, whether verbal or non-verbal, that harass, intimidate, threaten or are perceived by management to harass, intimidate or threaten the health or safety of the management staff or interfere with the management of the property is grounds for management to decline my/our application for housing.

I/We understand that if I/we or any member of my/our household suggest or offer bribes of money, material goods, etc., to the management staff responsible for determining either my/our placement on the waiting list of processing of my/our housing application is grounds for management to decline my/our application for housing.

I/We authorize management to make any and all inquiries to verify this information, directly or through information exchanged now or later with rental and credit screening services and to contact previous and current landlords or other sources for credit and verification information which may be released to appropriated Federal, state or local agencies.

If my/our application is approved, and move-in occurs, I/we certify that only those persons listed in this application will occupy the unit, that it will be my/our only residence, and that there are no other persons for whom I/we have, or expect to have, responsibility to provide housing.

I/We agree to notify management in writing regarding any changes in household address, telephone numbers, income and household composition.

My/Our signature(s), as indicated below, acknowledge that I/we have read and completed each section of this rental application, as applicable.

All household members age 18 or older sign below:

Applicant's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD the PHA 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 this verification form is restricted to the purposes cited above. 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 appropriated, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use.

Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f), (g) and (h). Violation of these provision are cited as violations of 42 U.S.C. 408(f), (g) and (h).