

**APPLICATION for PUBLIC HOUSING**

**This is not a Section 8 application and cannot be used for the Housing Voucher program.**

**Instructions: Please read carefully. Incomplete applications will not be processed**

1. This application is valid for all public housing properties operated by the Housing Authority
2. To be qualified for admission to public housing an applicant must:
  - (a) Be a family as defined in PHA'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 that are posted in PHA offices.
  - (d) Provide documentation of Social Security numbers for all family members, age 6 or older, or certify that they do not have Social Security numbers;
  - (e) Meet or exceed the Applicant Selection Criteria, including attending and successfully completing a PHA-approved pre-occupancy orientation session, if requested to do so;
  - (f) Pay any money owed to PHA or any other housing authority;
  - (g) Not have had a lease terminated by PHA in the past 12 months;
  - (h) Be able and willing to comply with the Housing Authority lease;
  - (i) Not have any family members engaged in any criminal activity that threatens the life, health, safety, or right to peaceful enjoyment of the premises by other residents, and not have any family members engaged in any drug-related criminal activity.
  - (j) Not have any family members subject to a lifetime sex offender registration in any state.
3. Complete applications will be entered on the waiting list in the order received. The waiting list will then be processed in order according to unit type and size and time and date of application.
4. Each applicant who meets the above qualifications will receive one unit of the size and type needed. If the applicant accepts the offer, the applicant will be offered a lease. If the applicant refuses the offer without good cause, the application will be moved from the top of the waiting list to the bottom.
5. Applicants with disabilities may seek assistance with the completion of the application at PHA's Admissions and Occupancy Department, at the address above.
6. PHA will conduct a criminal record check on all applicants age 17 years and older.

**Please fill out only 1 criminal background & 1 citizenship form for each adult (over 17)**

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**All apartments owned by the City of Llano Housing Authority are NON-SMOKING**



**THIS SECTION FOR OFFICE USE ONLY**

Date: \_\_\_\_\_

Received By: \_\_\_\_\_

Time: \_\_\_\_\_

Bedroom Size: \_\_\_\_\_

**THIS FORM MUST BE COMPLETED IN FULL AND SIGNED BY ALL ADULTS**

**Complete this form in your own handwriting in ink.** Use the correct legal name for each person who will reside in the apartment as it appears on the Social Security card. All persons age 18 and over must sign this application certifying the information pertaining to them is correct. Please do not leave blank any section of the application. If that section does not apply to you, write N/A in it.

**I. WHO TO CONTACT FOR HOUSING OFFERS, UPDATE INFORMATION, ETC.:**

Name of Head of household: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address: \_\_\_\_\_

Alternate Contact (Relative or Friend): \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

**II. HOUSEHOLD COMPOSITION:**

Race of Head of Household (check one):

- White, Non-Hispanic
- White, Hispanic
- Black
- American Indian/Alaskan Native
- Asian or Pacific Islander
- Other: \_\_\_\_\_

Adults (age 18 & over)			Relation to Head	Sex M/F	Social Security Number	Elderly/Disabled	Date of Birth	Place of Birth
Last,	First	MI						
			Head					

Children (under age 18)			Sex M/F	Social Security Number	Date of Birth	Place of Birth	Name & Address of Absent Parent (not living with child)
Last,	First	MI					

6. Is the applicant family displaced by a declared Natural Disaster, such as a flood, hurricane, earthquake, etc.? Yes No. If yes, who can verify this? Please give name, address and phone #. \_\_\_\_\_
7. Is the applicant family displaced by governmental action through no fault of their own? Yes No If yes, who can verify this? Please give name, address & phone #: \_\_\_\_\_
8. Is the applicant family displaced by domestic violence? Yes No If yes, who can verify this? Please give name, address, and phone number \_\_\_\_\_
9. Is any adult family member employed? Yes No If yes, name, address & phone # of employer: \_\_\_\_\_
10. Is any adult family member enrolled in a job training program, including one required under the Welfare program? Yes No If yes, who can verify this? Please give name, address & phone #: \_\_\_\_\_
11. Is any adult family member enrolled in an education program full-time? Yes No If yes, who can verify this? Please give name, address and phone #: \_\_\_\_\_
12. **Family Income Information:** Please list the source and amount of all income expected for the coming 12 months for all family members, including yourself. Include all earnings and benefits received from AFDC/TANF, VA, Social Security, SSI, SSID, Unemployment, Worker's Compensation, Child Support, etc. Example: Wages, \$150/week, SSI, \$421/month

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

6. Do you have a checking or savings account or own any Certificates of Deposit, stocks, bonds, etc? Yes No If yes, describe the type of asset(s) please: \_\_\_\_\_  
What is the market value of all assets? \_\_\_\_\_
7. Do you own any real estate? Yes No If yes, what is the address? \_\_\_\_\_
8. Have you sold any real estate in the past two years? Yes No If yes, what was the address? \_\_\_\_\_

**PHA will be contacting all former landlords for the period three years from the date of application**

- 9. Current Landlord's name and phone # \_\_\_\_\_  
Date Family Moved to this location \_\_\_\_\_
- 10. Most recent former address, Street, Apt. # \_\_\_\_\_  
Most recent former City, State and Zip \_\_\_\_\_  
Most recent former Area Code and Phone # \_\_\_\_\_
- 11. Most recent prior landlord's name, phone # \_\_\_\_\_  
Date Family Moved to this location \_\_\_\_\_
- 12. Three years of previous Landlord's name and Phone #, year occupied their unit:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Screening Questions: A "yes" answer will not necessarily disqualify you for admission.**

- 19. Have you ever been evicted from housing? Yes No If yes, why? \_\_\_\_\_  
\_\_\_\_\_
- 20. Have you ever lived in public housing before? Yes No If yes, where? \_\_\_\_\_  
Dates: From \_\_\_\_\_ To \_\_\_\_\_ Name of Lessee: \_\_\_\_\_  
Do you owe any money to the housing authority? Yes No
- 21. Do you have any past due utility bills? Yes No If yes, please describe and give amount owed: \_\_\_\_\_
- 22. Have you, or any member of the applicant household ever been arrested or convicted of a crime other than a traffic violation? Yes No If yes, please explain the nature of the problem and who was involved: \_\_\_\_\_  
\_\_\_\_\_
- 23. Is anyone in your household currently on parole or probation? Yes No If yes, please explain: \_\_\_\_\_

**Qualifying for Deductions in Calculating Rent:**

- 24. Is the head of household or spouse age 62 or older or a person with a disability? Yes No If yes, please answer the following questions. If no, please skip down to question # 27.

25. Does your household have any medical expenses (include insurance, Medicare deduction, doctor visits, hospital, clinic costs, medicine, therapy, supplies, medical transportation, etc.)?

Yes  No If yes, please describe the type of expense (not your medical condition) and the unreimbursed amount you spend per month on all medical expenses: Type of expense: \_\_\_\_\_

\_\_\_\_\_ Monthly medical expense: \$\_\_\_\_\_ Please give us the name, address & phone # of someone who can verify the expense: \_\_\_\_\_

26. Do you have any expenses on behalf of a household member with disabilities so an adult in the family can work?  Yes  No If yes, describe the nature of the expense and the monthly amount: \_\_\_\_\_

Please give us the name, address & phone # of someone who can verify the expense: \_\_\_\_\_

27. Do you have childcare expenses for children under age 13 so an adult in the family can work, go to school or attend job training?  Yes  No If yes, please list the name, address and phone # of your childcare provider: \_\_\_\_\_

Monthly unreimbursed child care cost: \$ \_\_\_\_\_

28. Is any member of the household age 18 or older other than the family head and spouse a full time student or a person with a disability?  Yes  No If yes, please give us the name of the family member and the name and address of someone who can verify this information:

Name of family member: \_\_\_\_\_ Please give us the name, address & phone # of someone who can verify this information: \_\_\_\_\_

29. Is any member of the household a veteran?  Yes  No If yes, please give the name of the family member: \_\_\_\_\_

Is any member of the household currently enlisted in the United States Military?  Yes  No If yes, please give the name of the family member: \_\_\_\_\_

30. Drivers License or State ID #: Applicant: \_\_\_\_\_ Co-applicant: \_\_\_\_\_

Automobile: Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ License: \_\_\_\_\_

## APPLICANT/TENANT CERTIFICATION

**All family members age 18 and over should review the information listed on this application and MUST sign below.**

I/We do hereby swear and attest that all the information\* given to the Housing Authority of the City of Llano on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that I/We must report any changes in income, assets, family composition, or address to the Housing Authority with 14 days of such change. I/We further understand that false statements or information are punishable under Federal Law and are grounds for denial of this application and subsequent housing.

I/We understand that this application is valid to **six (6) months only** unless renewed or updated by the applicant.

\_\_\_\_\_  
SIGNATURE OF HEAD OF HOUSEHOLD

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF SPOUSE OF HEAD OF HOUSEHOLD

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF OTHER ADULT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF OTHER ADULT

\_\_\_\_\_  
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 a 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.

\*After verification by this Housing Authority, the information will be electronically submitted to the Department of Housing and Urban Development or its agent on Form HUD-50058 (Tenant Data Summary). For additional information on its use, see the Federal Privacy Act Statement.

*If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national toll-free hotline at 1-800-424-8590 or local Fair Housing hot line at 1-800-739-3611.*

**Do NOT write below this line (For PHA use only)**

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## PHA OFFICIAL'S CERTIFICATION

I CERTIFY THAT:

1. the information given to the Housing Authority of the City of Llano, Texas by the household of \_\_\_\_\_ on household composition, income, net family assets, and allowances and deductions has been verified as required by Federal Law;
2. the family was eligible at admission; and
3. the family has certified that it has given our agency accurate and complete information.

\_\_\_\_\_  
SIGNATURE OF PHA OFFICIAL OR REPRESENTATIVE

\_\_\_\_\_  
DATE

Date Eligibility Established: \_\_\_\_\_ Date Denial Mailed: \_\_\_\_\_

Record of Offers:

Date: \_\_\_\_\_ Unit # \_\_\_\_\_ Project # \_\_\_\_\_ B/R size: \_\_\_\_\_ Bldg. # \_\_\_\_\_ Bldg Ent # \_\_\_\_\_

Accepted: \_\_\_\_\_ Moved in: \_\_\_\_\_ Rejected: \_\_\_\_\_

Earliest date next offer can be made: \_\_\_\_\_ Removed: \_\_\_\_\_

Date: \_\_\_\_\_ Unit # \_\_\_\_\_ Project # \_\_\_\_\_ B/R size: \_\_\_\_\_ Bldg # \_\_\_\_\_ Bldg Ent # \_\_\_\_\_

Accepted: \_\_\_\_\_ Moved in: \_\_\_\_\_ Rejected: \_\_\_\_\_

Earliest date next offer can be made: \_\_\_\_\_

Date: \_\_\_\_\_ Unit # \_\_\_\_\_ Project # \_\_\_\_\_ B/R size: \_\_\_\_\_ Bldg # \_\_\_\_\_ Bldg Ent # \_\_\_\_\_

Accepted: \_\_\_\_\_ Moved in: \_\_\_\_\_ Rejected: \_\_\_\_\_

Earliest date next offer can be made: \_\_\_\_\_

Date: \_\_\_\_\_ Unit # \_\_\_\_\_ Project # \_\_\_\_\_ B/R size: \_\_\_\_\_ Bldg # \_\_\_\_\_ Bldg Ent # \_\_\_\_\_

Accepted: \_\_\_\_\_ Moved in: \_\_\_\_\_ Rejected: \_\_\_\_\_

Earliest date next offer can be made: \_\_\_\_\_

**Do NOT write above this line (For PHA use only)**

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**PLEASE CONTINUE TO THE NEXT PAGE TO FINISH FILLING OUT YOUR APPLICATION**

I understand this application is good for only six (6) months and if I have not been offered a unit within six (6) months, I must notify the Llano Housing Authority of any change of address and to let them know if I am still interested in keeping my name on the waiting list, and that I must re-new this application each six (6) months thereafter to remain active on the waiting list.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_

Renewal must be made in person (no phone calls accepted)

First renewal date being six (6) months from date of application

Date Renewed: _____	Date Renewed: _____
Date Renewed: _____	Date Renewed: _____
Date Renewed: _____	Date Renewed: _____
Date Renewed: _____	Date Renewed: _____
Date Renewed: _____	Date Renewed: _____
Date Renewed: _____	Date Renewed: _____

Date Cancelled: \_\_\_\_\_

Reason Cancelled: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban  
Development and the Housing Agency/Authority (HA)**  
U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

**PHA or IHA requesting release of information (full address, name of contact person, and date):**

City of Llano Housing Authority  
1110 Berry St  
Llano, TX 78643

Tiffany Saylor, Executive Director  
325-247-4931  
cofha@frontier.com

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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n. This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

Public Housing  
Housing Choice 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.

**Revocation of consent:** If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

**Sources of Information to be Obtained**

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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(l)(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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

**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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

**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 Advisory.** 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

**OMB Burden Statement.** The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

DECLARATION OF SECTION 214 STATUS

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully within the United States. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, \_\_\_\_\_ certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because:

I am a citizen by birth, naturalized citizen or national of the United States.

OR:

I have eligible immigration status and I am 62 years of age or older (attach proof of age).

OR:

I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

Immigrant status under #1001(a)(15) or 101(a)(20) of the INA

OR:

Permanent residence under #249 of INA

OR:

Refugee, asylum or conditional entry status under #207, 208 or 203 of the INA

OR:

Parole status under #212(d)(f) of the INA

OR:

Threat to life of freedom under #243(h) of the INA

OR:

Amnesty under #254 of the INA

\_\_\_\_\_  
Signature of Family Member

\_\_\_\_\_  
Date

Check box if signature of adult residing in the unit is responsible for a child named on statement above.

HA: Enter INS/SAVE Primary Verification # \_\_\_\_\_ Date \_\_\_\_\_

**Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious or fraudulent statement or entry, in any manner within the jurisdiction of any 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.**

[See reverse side for footnotes and instructions]

The following footnotes pertain to noncitizens that declare eligible immigration status in one of the following categories:

**Eligible immigration status and 62 years of age or older:** For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

**Immigrant status under 101(a)(15) or 101(a)(20) of INA:** A noncitizen lawfully admitted for permanent residence, as defined by 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by 101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [immigrant status]. This category includes a noncitizen admitted under 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker status] who has been granted lawful temporary resident status.

**Permanent residence under 249 of INA:** A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under 249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249].

**Refugee, asylum or conditional entry status under 207, 208 or 203 of INA:** A noncitizen who is lawfully present in the U.S. pursuant to an admission under 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated under 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under 203(a)(7) of the INA (U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].

**Parole status under 212(d)(5) of INA:** A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under 212(d)(5) of the INA (8 U.S.C. 1182(d)(5) [parole status].

**Threat to life or freedom under 245(a) of INA:** A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom].

**Amnesty under 245(a) of the INA:** A noncitizen lawfully admitted for temporary or permanent residence under 245(a) of the INA (8 U.S.C. 1255(a)) [amnesty granted under INA 245(a)].

**Instructions to Housing Authority:** Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), the HA must enter INS/SAVE Verification Number and date that it was obtained. An HA signature is not required.

**Instructions to Family Member for Completing Form:** On opposite page, print or type first name, middle initial(s) and last name. Place an "x" in the appropriate boxes. Sign and date at bottom page. Place an "X" in the box below the signature if the signature is by the adult residing in the unit who is responsible for the child.

## CRIMINAL CHECK ACKNOWLEDGMENT

I, the undersigned, have been notified and do understand that the Llano Housing Authority, as part of the applicant screening process for assisted housing, is authorized by the Housing Opportunity Program Extension Act of 1996 to order a criminal history report on me according to the Housing Authority's Criminal Screening Policy.

I further understand that

- ◆ the check will be run first on my name, sex, race, date of birth and social security number
- ◆ I will be provided a copy of any report that is received, if requested

---

Full Legal Name

---

Birthdate/Birth place

---

ID/Driver's License # and issuing state

---

Applicant Signature

---

Date

(This form is the same on the front and back. Each adult in the household must fill out this form. If there is only one adult in the household, you need to only fill out the front of the form.)

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---

Full Legal Name

---

Birthdate/Birth place

---

ID/Driver's License # and issuing state

---

Applicant Signature

---

Date

(This form is the same on the front and back. Each adult in the household must fill out this form. If there is only one adult in the household, you need to only fill out the front of the form.)

**LLANO HOUSING AUTHORITY**  
**REQUEST FOR REASONABLE ACCOMMODATION or**  
**STRUCTURAL MODIFICATION**

This form is to be used by an applicants applying for housing or by a resident of PHA housing to request a change in a rule, policy, procedure, or a physical modification to his/her unit, building common areas, or non-housing program because of his/her disability.

This form should be filled out by the applicant/resident with a disability unless the individual is a minor or cannot do this as a direct result of his/her disability. In this case the applicant/resident's designee may fill out the form.

Please let the property management staff know if you need assistance in filling out this form. PHA staff will assist when requested to do so. Applicants should send the completed form with their housing application to the Occupancy Department. Residents should deliver or mail this form to their Property Manager.

Date of Request: \_\_\_\_\_

1) Name of the applicant/resident with a disability requesting the accommodation:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

2) Name of person filling out this form if not the individual listed above:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

3) I need the following change as a result of my disability. Check the kind of change(s) needed:

For current residents: A change in the apartment, some other part of the housing complex, or a non-housing program operated at the complex or other PHA facility. Please be specific about what you need – use the other side of this paper, if necessary.

For applicants: A specific type of unit, unit features, building features or non-housing program operated at the complex. Please be specific about what you need – use the other side of this paper, if necessary.

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- A change in a PHA rule or procedure or the way the Housing Authority communicates with me. Please list the rule or communication method and be specific about the change you need— use the other side of this paper, if necessary

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- 4) You may verify that I have a disability (**but not the nature or severity of the disability**) and my need for this request as a direct result of my disability by contacting the following person: (Give name, address, phone number of your health care provider):

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Release of Information:

**I give you permission to contact the above individual(s) to verify that I, or a family member that is under my guardianship, has a disability and needs the Reasonable Accommodation/Structural Modification requested above as a direct result of this disability. I understand that the information you obtain will be kept completely confidential and used solely to determine if you will provide an accommodation/modification.**

Signed: \_\_\_\_\_

Date:

\_\_\_\_\_

The Fair Housing Act prohibits discrimination in housing based on color, race, religion, national origin, sex, familial status, or disability.

**NOTICE OF ELIGIBILITY REQUIREMENTS**  
**(As required by Texas Property Code §92.3515)**

A. An applicant is qualified for housing assistance if he or she meets all of the following criteria:

1. Is a family defined as

Two or more persons (with or without children) regularly living together, related by blood, marriage, adoption, guardianship or operation of law who will live together in Authority housing; OR two or more persons who are not so related, but are regularly living together, can verify shared income or resources who will live together in Authority housing.

"Family" also includes: Elderly Family, Near Elderly Family, Disabled Family, Displaced Person, Single Person, the remaining member of a tenant family, a foster care arrangement, or a kinship care arrangement. Other persons, including members temporarily absent (e.g., a child temporarily placed in foster care or a student temporarily away at college), may be considered a part of the applicant family's household if they are living or will live regularly with the family (24 CFR 5.403)

2. Is a family that meets the HUD requirements on citizenship or immigration status; (24 CFR 5.500 - 5.528)

a. A family is not eligible for full housing assistance unless every member of the family in the unit is determined to be either a U. S. citizen or have eligible immigrant status as defined by the regulations.

b. A Mixed Family (in which one or more family members is determined to be ineligible on the basis of immigration status) may be eligible for prorated assistance.

3. Has an Annual Income at the time of admission that does not exceed the low income limits for occupancy posted in the Authority office.

4. Provides a documented Social Security number for all family members. (24 CFR 5.216)

5. Meets or exceeds the Applicant Suitability Screening

a. Past performance in meeting financial obligations, particularly rent, is satisfactory (where nonpayment or late payment of rent has

occurred, Authority will take into account extenuating circumstances, such as family illness, loss of job, etc., that may have caused the delinquency).

- b. No record of disturbance of neighbors, destruction of property, or living or housekeeping habits which adversely affect the health, safety or welfare of other residents (*this includes alcohol abuse where the abuse results in behavior which interferes with the health, safety, or right to peaceful enjoyment of premises by other residents*)
- c. No history of criminal activity involving crimes of physical violence to persons or property; possession, sale or use of illegal substances; or any other criminal acts that adversely affect the health, safety or welfare of themselves or other residents

**B. Right to a Hearing**

- 1. All applicants who are denied by the Authority will receive a letter that informs them of their right to request in writing, within ten (10) days of receipt of the denial letter, a hearing with the Executive Director or his/her designee.
- 2. A hearing may be requested as a result of denial based on preliminary application information or on results of the final verification and screening process.
- 3. Upon receipt of the applicant's written request, the Authority and applicant will agree on a time for an informal hearing, which should occur within the 30-day period following the denial date.

**C. If misrepresentations on the Application for Admission are determined before the family is housed, the family will be denied housing. If misrepresentations result in housing an ineligible or unsuitable family, the family may be required to vacate even though currently eligible. If misrepresentation or failure to provide facts has resulted in payment of a lower Total Tenant Payment than should have been paid, the family will be required to pay the difference between the Total Tenant Payment paid and the amount which should have been paid. In justifiable cases, the Authority may take such other action as deemed reasonable.**

I have reviewed the Authority's tenant eligibility and selection criteria and I

**understand that tenant selection criteria may include factors such as criminal history, credit history, current income and rental history. I further understand that if I do not meet the selection criteria, or if I provide inaccurate or incomplete information, my application will be denied.**

\_\_\_\_\_  
**Signature, Applicant Head of Household**

\_\_\_\_\_  
**Date**