



Bryan Housing Authority is a Non-Smoking Campus

Applications Accepted

8 a.m. to 2 p.m.

Monday – Friday

All document copies must be received when turning in application or application will not be accepted.

### Instructions To Applicants

**APPLICATIONS ARE NOT ACCEPTED IF THEY ARE NOT COMPLETE.**

Applications are complete if:

1. All questions on the application have been answered fully.
2. All information that has been requested is included with the application form.
3. Copies, not originals, of Birth Certificates, etc. have been returned.
4. The application has been signed by everyone who is 18 years of age or older.
5. The application has been properly dated (date turned in).
6. Social Security Numbers and Birthdates have been listed.
7. Previous Residency (places where you have been listed).

### THE FOLLOWING ITEMS MUST BE RETURNED WITH THE APPLICATION

1. Copies of Birth Certificates ( hospital birth certificates not acceptable) for everyone on the application.
2. Copies of Social Security Cards for everyone, SNAPs, Social Security, SSI, Pensions, etc
3. Copies of Driver Licenses or other Picture I.D. for anyone 18 years of age and older.

Please have copies of all required documents. Office is not available to make copies.

**APPLICATIONS ARE GOOD FOR SIX (6) MONTHS. YOU MUST COME IN TO RENEW YOUR APPLICATION AND UPDATE THE INFORMATION.**

**IF YOUR ADDRESS OR TELEPHONE NUMBER CHANGES WITHIN THE SIX (6) MONTHS, YOU MUST COME IN AND UPDATE YOUR APPLICATION.**

**PHONE CALLS ARE NOT NECESSARY, WE WILL CONTACT YOU AS SOON AS WE ARE READY TO PLACE YOU IN PUBLIC HOUSING.**

**IF APPLICATIONS ARE DROPPED OR DENIED YOU MUST WAIT SIX (6) MONTHS TO REAPPLY.**

\*\*\* Notice: Incomplete applications will not be accepted. Applications that have been rejected or dropped must be re-submitted **after** 6- months.\*\*\*

<p><b>For Office Use Only</b>                  Date:_____ Time_____</p> <p><b>BDR</b> _____</p> <p><b>Public Housing</b>_____ <b>Section 8</b>_____</p>	<p><b>Applications Accepted 8 a.m. to 2 p.m.</b>  <b>Monday – Friday. All copies must be with</b>  <b>application when turning application in; if not,</b>  <b>application will not be accepted.</b></p>
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**BRYAN HOUSING AUTHORITY  
 APPLICATION OF HOUSING ASSISTANCE**

**DO NOT LEAVE ANY BLANK, FILL IN EVERY QUESTION.**

APPLICANT NAME:\_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

STREET ADDRESS:\_\_\_\_\_ MAILING ADDRESS:\_\_\_\_\_

\_\_\_\_\_

DAYTIME PHONE:\_\_\_\_\_ WORK PHONE:\_\_\_\_\_

LIST NAME AND PHONE NUMBERS OF 2 RELATIVES OR FRIEND WHO KNOW HOW TO CONTACT YOU:

1.)\_\_\_\_\_ PHONE:\_\_\_\_\_

2.)\_\_\_\_\_ PHONE:\_\_\_\_\_

**PERSONAL DECLARATION**

This form must be completed IN YOU OWN HANDWRITING. You must use the correct legal name for each member of your household as it appears on the Social Security Card. All adult members of the household must sign below certifying the information pertaining to them. PLEASE PRINT.

**HOUSEHOLD COMPOSITION AND CHARACTERISTICS**

<b>ADULT LEGAL FULL NAME</b> Last Name	First Name	MI	Relationship to You	Birth Date	Age	Sex	Social Security Number	Marital Status	Place of Birth
			HEAD						
<b>CHILDREN'S FULL LEGAL NAME</b> Last Name	First Name	MI	Relationship to You	Birth Date	Age	Sex	Social Security Number	Absent Parent's Name & Address	Place of Birth

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Children's Full Legal Name	First Name	MI	Relationship to You	Birth Date	Age	Sex	Social Security Number	Absent Parent's Name & Address	Place of Birth

Race of Household: ( ) White ( ) Spanish American ( ) Asian ( ) Black ( ) American Indian

Ethnicity of Head of Household: ( ) Hispanic ( ) Non-Hispanic

Does anyone live with you now who is not listed above? ( ) Yes ( ) No. If yes, please explain:\_\_\_\_\_

Do you plan to have anyone living with you in the future who is not listed above? ( ) Yes ( ) No. If yes, please explain:\_\_\_\_\_

Is the head or spouse of this household physically or mentally handicapped or disabled? ( ) Yes ( ) No. If yes, please explain the nature and the extent of the handicap:\_\_\_\_\_

Identify any special housing needs required as a result of the handicap:\_\_\_\_\_

Do you wish to move? ( ) Yes ( ) No. If yes, why?\_\_\_\_\_

**CURRENT HOUSING STATUS**

How many people live in your unit now? \_\_\_\_\_ How many bedrooms do you have?\_\_\_\_\_

Are you being evicted? ( ) Yes ( ) No. If yes, explain the circumstances:\_\_\_\_\_

Are you being displaced from your present unit? ( ) Yes ( ) No. If yes, explain the circumstances:\_\_\_\_\_

What is your current rent?\_\_\_\_\_ What utilities do you pay?\_\_\_\_\_

Have you ever lived in Public Housing? ( ) Yes ( ) No. If yes, where?\_\_\_\_\_

Have you ever participated in the Section 8 Existing Program? ( ) Yes ( ) No. If yes, enter where and the date(s) of occupancy:\_\_\_\_\_

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## INCOME INFORMATION

Please answer each of the following questions. For each "Yes" answer provide the details in the chart below:

	Yes	No	Amount Received
Is any member of your household 18 years of age or older unemployed and/or does not receive any type of income?			
Does any member of your household expect to work for any period during the next twelve months?			
Does any member of your household work for someone who pays them cash?			
Is any member of your household on leave of absence from work due to lay-off, medical, maternity or military leave?			
Does any member of your household now receive or expect to receive unemployment benefits?			
Does any member of your household now receive or expect to receive child support?			
Is any member of your household entitled to child support that he/she is NOT receiving?			
Does any member of your household now receive or expect to receive alimony payments?			

## INCOME INFORMATION (continued)

	Yes	No	Amount Received
Is any member of your household entitled to alimony payments that he/she is NOT now receiving?			
Does any member of your household receive or expect to receive welfare assistance?			
Does any member of your household receive or expect to receive Social Security benefits?			
Does any member of your household receive or expect to receive income from a pension or annuity?			
Does any member of your household receive income from assets, including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds, income from rental property?			
Does any member of your household receive regular cash contributions from individuals not living in the unit or from any agencies?			
Does any member of your household receive or expect to receive an earned income tax credit?			
Do you receive periodic income such as:			
Retirement Funds			
Pension			
Annuities			
Insurance Policies			
Disability or Death Benefits			
Other			
Do you regularly receive monetary gifts or non-cash contributions from person outside the household?			
Rent			
Utilities			
Groceries			
Clothing			
Miscellaneous Household Supplies			
Other			
Do you receive any income through RSVP or Foster Grandparent Program?			
Are any household members temporarily absent?			
Are any household members permanently absent?			
Are there any full-time students 18 years or older in your household?			
Are there child care expenses to continue your education?			
Do you receive educational grants/scholarships to attend school?			

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## DOES YOUR HOUSEHOLD HAVE ANY OF THE FOLLOWING ASSETS?

Do you have any of the following? For each "Yes" answer, provide the details in the chart below.	Yes	No	
Checking Account (s)			
Savings Account (s)			
Money Market Funds			
Trusts			
If yes, is the trust irrevocable?			
IRA/Keogh Account or Other Company Retirement Accounts			
Stocks/Bonds			
Certificate of Deposits			
Equity in Rental Property or Other Capital Investments			
Personal Property held as an Investment			
Other Accounts			
Cash Held (Safety Deposit Boxes, etc.)			
Have you received any lump sum payment such as:			
Inheritances			
Lottery Winnings			
Insurance Settlements (health, accident, workers comp.)			
Capital Gains			
Social Security Benefits, Unemployment Compensation, etc			
Other			
Have you disposed of any assets for less than Fair Market Value in the past two years?			
Are there any assets held jointly with another person?			
Have you sold any real estate in the past two years?			
Do you or any household member have any interest in real estate, boat and/or mobile home?			
Do you have a Treasury Bill?			
Do you have a retirement or pension that you can withdraw without terminating employment?			
Have you received a lump sum retirement or pension fund at retirement or at termination of your employment?			
Do you have a life insurance policy that you can borrow against?			

TOTAL HOUSEHOLD INCOME: List all money earned or received by everyone living in your household... This includes money from wages, self-employment, child support, contributions, Social Security, disability payments (SSI),

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Workman's Compensation, retirement benefits, AFDC, Veterans benefits, rental property income, stock dividends, income from bank accounts, alimony, and all other sources.

List Amounts received below:

Household Member	Amount of Income	Source of Income

List all assets (including checking and savings accounts, IRA's, Keogh Accounts, certificate of deposits, stocks, bonds, pension, contributions, real estate, or any other assets). YOU MUST include all assets disposed during the past 2 years.

Household Member	Name of Source or Type of Income	Account Number	Current Value or Balance

Have you or any other adult members ever used any name(s) or Social Security number(s) other than the one you are currently using? ( ) Yes ( ) No. If yes, explain: \_\_\_\_\_

Have you or anyone in your household ever been convicted of any crime other than traffic violations? ( ) Yes ( ) No. If yes, explain: \_\_\_\_\_

Have you ever committed any fraud in a Federal assistance housing program or been requested to repay money knowingly misrepresenting information for such housing program? ( ) Yes ( ) No. If yes, explain: \_\_\_\_\_

Do you own a car? ( ) Yes ( ) No. If yes, please answer the following:  
 Model\_\_\_\_\_ Year\_\_\_\_\_ Tag No.\_\_\_\_\_

Do you own a second car? ( ) Yes ( ) No. If yes, please answer the following:  
 Model\_\_\_\_\_ Year\_\_\_\_\_ Tag No.\_\_\_\_\_

**EXPENSES**

Do you pay for child care for a child under the age of 13 which enables you or another family member to work or go to school? ( ) Yes ( ) No. If yes, give the name and address of child care provided, weekly cost, and name of family member enabled to work. \_\_\_\_\_

**HANDICAPPED FAMILIES ONLY**

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Do you pay for a care attendant or for any equipment for the handicapped member(s) of the family necessary to permit that person or someone else in the family to work? ( ) Yes ( ) No. If yes, describe expenses: \_\_\_\_\_

HANDICAPPED AND ELDERLY FAMILIES ONLY

Do you have Medicare? ( ) Yes ( ) No. If yes, what is your Medicare premium: \$ \_\_\_\_\_

Do you have any other kind of medical insurance? ( ) Yes ( ) No. If yes, give policy number and agent's name and address: \_\_\_\_\_

Do you receive medical assistance through the welfare department? ( ) Yes ( ) No.

Do you have any outstanding medical bills on which you are paying? ( ) Yes ( ) No.

Do you expect to have any medical expenses during the next 12 months? ( ) Yes ( ) No.  
If yes, amount of medical expenses: \$ \_\_\_\_\_

Are you aware and understand that you are applying for housing assistance at a **SMOKE FREE FACILITY**? \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, (please initial all household members 18 years of age and over)

Bryan Housing Authority now offers a preference Wait List based on the following:  
Please choose which preference you may qualify for:

\_\_\_\_\_ Working Head of Household

\_\_\_\_\_ Elderly, aged 62 or older or disabled

APPLICANT CERTIFICATION

I/We, do hereby swear and attest that all of the information above about me/us is true and correct. I also understand that all CHANGES in the income of any member of the household as well as ANY CHANGES in the household members must be reported to the Housing Authority in WRITING IMMEDIATELY. I/We understand this application is good for only 6 months from the Date of Application. I/We must renew this application each 6 months thereafter if I/We desire this application to remain active.

\_\_\_\_\_  
Signature of Head of Household                      Date

\_\_\_\_\_  
Signature of Spouse                                      Date

\_\_\_\_\_  
Signature of Other Adult                              Date

\_\_\_\_\_  
Signature of Other Adult                              Date

WARNING! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELON FOR KNOWINGLY AND WILLING MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

Please Return To: BRYAN HOUSING AUTHORITY  
1306 Beck Street  
Bryan, Texas 77803

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**CLAIM FOR FEDERAL PREFERENCE FOR PUBLIC OR ASSISTED HOUSING**

I hereby claim that I/my family am/is entitled to a Federal Preference for ( ) admission to Public Housing, ( ) receipt of assisted housing benefits.

I understand that it is my responsibility to provide documentation, verification and/or certification by other agencies and/or individuals as well as other information as may be required by the Authority in order to establish my/my family's eligibility for Federal Preference.

I further understand that, if I/my family am/is determined to be eligible for Federal Preference for public/assisted housing, I will not immediately be offered housing, but will be placed on a waiting list with other applicants, who may also claim and, or are entitled to Federal Preference. The eventual extension of housing benefits will be based upon my place on the waiting list and the size of the unit for which I/my family am/is qualified.

I/we understand that I/we must provide verification that I/we am/are qualified for a Federal Preference and this must be my/our status at the time I/we am/are offered housing. I/We further understand that if I/we do not qualify for a Federal Preference at this time my/my family is offered housing, my/our preference status will be withdrawn and my/our application returned to the appropriated place on the waiting list.

I/We certify that the above statements are true to the best of my/our knowledge and believe and understand that inquiries must be made to verify them. I/We authorize the release of information to the Bryan Housing Authority, my/our employer(s), the Department of Public Social Services, the Social Security Office, and/or other business or government entities. **NOTICE: ANY FALSE STATEMENTS MADE ON THIS APPLICATION WILL CAUSE ME/US TO BE INELIGIBLE AND/OR SUBJECT TO EVICTION.**

I am claiming the preference checked below, and agree to provide the information and documentation necessary to establish my claim:

**\_\_\_\_ INVOLUNTARY DISPLACEMENT**

\_\_\_\_ Fire, flood or other natural disaster. (Must be documented by letter(s) from government agency, newspaper account, etc)

\_\_\_\_ Action by local, state or federal government. (Must be documented by a certification from the government which caused your displacement.)

\_\_\_\_ Action by your landlord which did not result from acts by you or your family or from a rent increase.

Does not include eviction for non-payment of rent or other eviction which resulted from actions by persons in your household. (Must be documented by a signed statement from your landlord which describes the reason for your displacement.)

\_\_\_\_ Displacement because of actual or threatened violence against you or another family member by a member of your household. (Must be documented by a government or private social service agency which has investigated your claim of family violence.)

**\_\_\_\_ SUBSTANDARD HOUSING – A unit is substandard if it:**

\_\_\_\_ Is dilapidated;

\_\_\_\_ Does not have operable indoor plumbing;

\_\_\_\_ Does not have a usable flush toilet inside the unit for the exclusive use of a family;

\_\_\_\_ Does not have a usable bathtub or shower inside the unit for the exclusive use of a family;

\_\_\_\_ Does not have electricity or has inadequate or unsafe electrical service;

\_\_\_\_ Does not have a safe or adequate source of heat;

\_\_\_\_ Should, but does not have a kitchen;

\_\_\_\_ Has been declared unfit for habitation by an agency or unit or government; (Must be verified by certification by a Government Agency that one or more of the above conditions exist.)

**I/My FAMILY AM/IS HOMELESS OR TEMPORARILY LIVE IN A SHELTER.** (Must be certified by a Government Agency or a private Social Service Agency knowledgeable of your situation or providing temporary shelter to you/your family.)

**PAY MORE THAN 50% OF FAMILY-INCOME FOR RENT AND UTILITY COST.** (Must be documented by rent receipts, canceled checks, lease, utility bill stubs, or other information enabling the Authority to determine the actual amount, and by verification of your total family income from all sources.)

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