



200 Forest Acres Circle
P.O. Box 1066
Tatum, TX 75691



Phone: 903-947-6464

Fax: 903-947-3230

www.tatumbekvillehousing.com

Email: housing@tatumbekvillehousing.com



Application for Project Based Voucher WAITING LIST

Please read the following notes:

- **A legible copy of the Head of Household's photo ID, Social Security Card and Birth Certificate must be submitted with this application.**
The application will NOT be processed without these documents!
- **DO NOT LEAVE ANY PART OF THIS APPLICATION BLANK!**
- You **MUST update at least every 6 months** or application will be purged from the system. Call the office at **903-947-6464** during regular business hours to update, even if there are no changes!
- All applications are entered by the date and time received.
- Housing may depend upon the submission and verification of evidence of citizenship or eligible immigration status.
- Rent is approximately 30% of your adjusted gross income.
- **You must have sufficient income to meet living expenses.**
- You must notify Tatum Housing Authority of any changes to your household, including phone number, legal address, and mailing address.
- ALL adults must initial the bottom of each page and sign (not type) pages 4 and 10.

How to submit your application and identification documents:

- In person: 200 Forest Acres Circle, Tatum, TX 75691
- By mail: P.O. Box 1066 Tatum, TX 75691
- Fax: 903-947-3230 (**DO NOT FAX ID'S!!!**)
- Email: housing@tatumbekvillehousing.com (Make sure all pages/pictures are clear, complete, and cropped!)
- Text: 903-424-3933 (Make sure all pictures are clear, complete, and cropped!)

**Business Hours: Monday – Wednesday 8:00 am – 4:00 pm
(Closed noon – 1:00 pm for lunch)**

KEEP THIS PAGE!



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Application for Project Based Voucher **WAITING LIST**

Please check all locations that you wish to apply for:

Bedroom size notations are for reference only. The unit size will be determined by the agency based on HUD regulations.

- Beckville (1,2)**
 Gladewater (1,2,3)
 Tatum (1,2,3)

Part 1: Contact Information

Phone Number: (____) _____ - _____ Optional 2nd (____) _____ - _____

Email: _____

Legal Address: _____

City: _____ State: _____ ZIP Code: _____

Mailing Address: *(If different)* _____

City: _____ State: _____ ZIP Code: _____

Part 2: Optional Alternate Contact Information

Check this box if you choose NOT to provide the optional alternate contact information.

Name: _____ Relationship: _____

Phone: _____ Email: _____

Part 3: Household Information

List ALL household members, starting with the Head of Household.

----- Family Member #1-----
Last Name: _____ First Name: _____ MI: _____
DOB: ____ / ____ / _____ SS#: _____ - _____ - _____ Sex: Male Female
 Head Disabled: Yes No Ethnicity: (Check one) Hispanic Not Hispanic
Race: (Check all that apply) American Native Asian Black Hawaiian White
Citizenship Status: Eligible U.S. Citizen Eligible NonCitizen Ineligible NonCitizen

----- Family Member #2-----
Last Name: _____ First Name: _____ MI: _____
DOB: ____ / ____ / _____ SS#: _____ - _____ - _____ Sex: Male Female
Relation to Head: Spouse Other Adult Youth under 18 Full Time Student 18+
Disabled: Yes No Ethnicity: (Check one) Hispanic Not Hispanic
Race: (Check all that apply) American Native Asian Black Hawaiian White
Citizenship Status: Eligible U.S. Citizen Eligible NonCitizen Ineligible NonCitizen

----- Family Member #3-----
Last Name: _____ First Name: _____ MI: _____
DOB: ____ / ____ / _____ SS#: _____ - _____ - _____ Sex: Male Female
Relation to Head: Spouse Other Adult Youth under 18 Full Time Student 18+
Disabled: Yes No Ethnicity: (Check one) Hispanic Not Hispanic
Race: (Check all that apply) American Native Asian Black Hawaiian White
Citizenship Status: Eligible U.S. Citizen Eligible NonCitizen Ineligible NonCitizen

----- Family Member #4-----
Last Name: _____ First Name: _____ MI: _____
DOB: ____ / ____ / _____ SS#: _____ - _____ - _____ Sex: Male Female
Relation to Head: Spouse Other Adult Youth under 18 Full Time Student 18+
Disabled: Yes No Ethnicity: (Check one) Hispanic Not Hispanic
Race: (Check all that apply) American Native Asian Black Hawaiian White
Citizenship Status: Eligible U.S. Citizen Eligible NonCitizen Ineligible NonCitizen

----- Family Member #5-----

Last Name: _____ First Name: _____ MI: _____
DOB: ____ / ____ / _____ SS#: _____ - _____ - _____ Sex: Male Female
Relation to Head: Spouse Other Adult Youth under 18 Full Time Student 18+
Disabled: Yes No Ethnicity: (Check one) Hispanic Not Hispanic
Race: (Check all that apply) American Native Asian Black Hawaiian White
Citizenship Status: Eligible U.S. Citizen Eligible NonCitizen Ineligible NonCitizen

----- Family Member #6-----

Last Name: _____ First Name: _____ MI: _____
DOB: ____ / ____ / _____ SS#: _____ - _____ - _____ Sex: Male Female
Relation to Head: Spouse Other Adult Youth under 18 Full Time Student 18+
Disabled: Yes No Ethnicity: (Check one) Hispanic Not Hispanic
Race: (Check all that apply) American Native Asian Black Hawaiian White
Citizenship Status: Eligible U.S. Citizen Eligible NonCitizen Ineligible NonCitizen

----- Family Member #7-----

Last Name: _____ First Name: _____ MI: _____
DOB: ____ / ____ / _____ SS#: _____ - _____ - _____ Sex: Male Female
Relation to Head: Spouse Other Adult Youth under 18 Full Time Student 18+
Disabled: Yes No Ethnicity: (Check one) Hispanic Not Hispanic
Race: (Check all that apply) American Native Asian Black Hawaiian White
Citizenship Status: Eligible U.S. Citizen Eligible NonCitizen Ineligible NonCitizen

----- Family Member #8-----

Last Name: _____ First Name: _____ MI: _____
DOB: ____ / ____ / _____ SS#: _____ - _____ - _____ Sex: Male Female
Relation to Head: Spouse Other Adult Youth under 18 Full Time Student 18+
Disabled: Yes No Ethnicity: (Check one) Hispanic Not Hispanic
Race: (Check all that apply) American Native Asian Black Hawaiian White
Citizenship Status: Eligible U.S. Citizen Eligible NonCitizen Ineligible NonCitizen

I certify that the statements on this application are true to the best of my knowledge and belief and understand that they will be verified. I authorize the release of information to the Housing Authority by my employers(s), the Department of Public Assistance, the Social Security Administration, and other business or government agencies. I understand that any false statement made on this application will cause me to be disqualified for admission.

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

Other Adult Signature: _____ Date: _____

Warning: 18U.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.

Part 4: Family Income

List the total gross income (**before taxes taken out**) and any payments received by **every** family member for wages, military pay, pensions, social security, SSI, welfare, child support, unemployment, business, family contributions, or any other source. Please do not leave this section blank.

You must have sufficient income to meet living expenses.

Family Member: _____ Source: _____

Amount: \$ _____ How Often: Weekly Bi-weekly Monthly _____

Family Member: _____ Source: _____

Amount: \$ _____ How Often: Weekly Bi-weekly Monthly _____

Family Member: _____ Source: _____

Amount: \$ _____ How Often: Weekly Bi-weekly Monthly _____

Family Member: _____ Source: _____

Amount: \$ _____ How Often: Weekly Bi-weekly Monthly _____

Part 5: Household Questionnaire (These apply to ALL household members)

Answer ALL questions! Your application can not be processed if incomplete.

1. Do you share custody of any child listed above? Yes (docs required) No
If yes, will this be the primary residence for the child/children at least 51% of the time?
 Yes No If no, explain: _____
2. Do you expect anyone to move in or out of your household within the next twelve months?
 Yes No If yes, explain: _____
3. Does anyone live with you who is not listed above? Yes No
If yes, explain: _____
4. Are any members of your household pregnant? Yes No
Name(s): _____ Due Date: _____
5. Is any household member currently in the military? Yes No
Name(s): _____ Branch: _____
6. Is any member of the household a Veteran? Yes No
Name(s): _____
7. Is the family currently displaced by domestic violence? Yes No
All information provided will be kept confidential and will not be release for any purpose without your express written consent.
Shelter or Organization: _____
Address: _____
Phone/Email: _____
Police/Sheriff's Department: _____
Address: _____
Phone/Email: _____
8. Does any family member require a handicap accessible unit or other accommodation due to mobility, visual, or hearing impairment or other special need? Yes No
If yes, explain: _____
9. Is any adult family member enrolled in an education program full time? Yes No
Name of Program: _____

10. Is any adult family member enrolled in a job training program, including one required under the TANF program? Yes No If yes, explain: _____
11. Has any family member EVER lived in public housing, Section 8 Housing Choice Voucher, or any other assisted/subsidized housing? Yes No
 If yes, under what name? _____
 Who was the Head of Household? _____
 Agency: _____ From: _____ To: _____
12. Has any family member ever used a name other than the one listed? Yes No
 If yes, explain: _____
13. Has any family member ever used a Social Security number different than the one associated with their name listed above? Yes No
 If yes, explain: _____
14. Has any family member listed ever been evicted? Yes No
 If yes, Name: _____ Date of Eviction: _____
 Name and Phone # of Landlord: _____
 Reason for Eviction: _____
15. Has any family member listed ever been evicted from Public or Assisted Housing for violent, criminal, or drug-related activity? Yes No
 If yes, explain: _____
16. Do you owe any money to another Public Housing Authority, Section 8 Agency, or other subsidized housing program? Yes No
 If yes, name: _____
17. Do you owe money to a utility company? Yes No
 If yes, Name of Company: _____ Date: _____
 Reason/Explanation: _____

Questions 18 and 19 are VERY important. Do not leave ANYTHING out!

18. Have YOU or ANYONE in your household **EVER** been ARRESTED? Yes No
If yes, Name: _____ Date of Arrest: _____
Reason/Explanation: _____

Please attach a separate page if necessary to include ALL ARRESTS with details.

19. Have YOU or ANYONE in your household **EVER** been arrested/convicted for the use, sale, manufacture, or distribution of a controlled substance or for a violent crime? Yes No
If yes, Name: _____ Date of Arrest: _____
Reason/Explanation: _____

Please attach a separate page if necessary to include ALL arrest/conviction details.

20. Is any household member required to report to a parole/probation officer? Yes No
Name of Officer: _____ Phone #: _____
21. Is any household member required to register as a sex offender? Yes No
If yes, Name of Person: _____
22. Has anyone in the household applied for benefits, assistance or monies that are in the process of being approved? Yes No
If yes, explain: _____
23. Does anyone in the household receive an educational scholarship or grant? Yes No
If yes, Source: _____ Amount: _____
24. If you are offered housing, will anyone outside of your household pay any of your bills or give you regular gifts (food, clothing, cigarettes, etc.)? Yes No
If yes, Name: _____ Amount: _____ Frequency: _____
25. If you are offered housing, will any governmental agency, church, or other organization help you with deposits or bills? Yes No
If yes, Source: _____ Amount: _____

26. Check all that apply to income currently received by any member of the household:
- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Employment | <input type="checkbox"/> SNAP | <input type="checkbox"/> Workers Compensation |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> TANF | <input type="checkbox"/> Self Employment |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Interest | <input type="checkbox"/> Stock Dividends |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Alimony | <input type="checkbox"/> Annuities/Pensions |
| <input type="checkbox"/> SSI/Disability | <input type="checkbox"/> Military Pay | <input type="checkbox"/> Rental Property Income |
| <input type="checkbox"/> Veterans Benefits | <input type="checkbox"/> Pell Grant | <input type="checkbox"/> Other Source _____ |

For each box checked, you must complete Part 4 on Page 4 of this application.

27. Have you owned or sold a home or property in the last five years? Yes No
 If yes, complete the mortgage information below. You must provide closing documents.
 Mortgage Company: _____ Date Sold: _____
 Company Address: _____

28. During the last two years, have you sold or given away any assets for less than fair market value? Yes No List all assets, such as homes, land, stocks, bonds, annuities, savings bonds, credit union shares, retirement accounts and life insurance.

Description of Asset	Location of Asset	Value of Asset

29. List your current monthly expenses:

Rent: _____	Car Payment: _____	Cable/Satellite: _____
Electric: _____	Car Insurance: _____	Internet: _____
Gas: _____	Fuel: _____	Cell Phone: _____
Water: _____	Credit Cards: _____	Medical: _____

30. Do you have any other regular monthly payments not listed above? Yes No
 If yes, specify: _____

31. Do you pay child care expenses? Yes No
 Provider Name: _____ Phone: _____
 Amount: _____ Frequency of Payments: Weekly Bi-Weekly Monthly

32. Please list all vehicles the family has in their possession:

Registered Owner	Year	Make	Model	Color	Plate #	State

Part 6: Rental / Address History

PLEASE NOTE: If you leave any part of this section blank, your application will be deemed incomplete and your application will be **denied**. You must provide names, valid addresses, and valid phone numbers for every landlord or family member. Please understand that by filling out this application you agree to the landlord background check.

List all Landlords for the past **five (5) years**, beginning with your current landlord. If you currently live with a relative or friend, we will need current information for their landlord. If you have **ONLY** ever lived with family, we need the appropriate information for that address, whether it is owned or rented. Please attach a separate page if necessary. *Please call the office during regular business hours if you have questions or need assistance with this section.*

Landlord's Name: _____ Phone #: _____

Landlord's Address: _____

City: _____ State: _____ Zip: _____ From: _____ To: _____

Landlord's Name: _____ Phone #: _____

Landlord's Address: _____

City: _____ State: _____ Zip: _____ From: _____ To: _____

Landlord's Name: _____ Phone #: _____

Landlord's Address: _____

City: _____ State: _____ Zip: _____ From: _____ To: _____

Landlord's Name: _____ Phone #: _____

Landlord's Address: _____

City: _____ State: _____ Zip: _____ From: _____ To: _____

Landlord's Name: _____ Phone #: _____

Landlord's Address: _____

City: _____ State: _____ Zip: _____ From: _____ To: _____

Part 7: Credit History, Background, and Criminal Check Release

I, the undersigned, have been notified and understand that the Tatum 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, date of birth and social security number
- the check will include, but not be limited to criminal history, rental and credit history
- I will be given an opportunity to order a full FBI report with fingerprints, at no cost to me, if I do not agree with the report or if I believe the report is erroneous in any way.
- I will be afforded an opportunity for an informal hearing if I contest the report and I am rejected for housing assistance based on the report.
- the housing authority may choose to do a fingerprint check if they are not satisfied with the results of the first report.

Head of Household:

Last Name: _____ First Name: _____ MI: _____

DOB: _____ SS#: _____ - _____ - _____ Sex: Male Female

Driver's License/ID#: _____ Driver's License/ID State of Issuance: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Applicant Signature: _____ Date: _____

Other Adult Applicant:

Last Name: _____ First Name: _____ MI: _____

DOB: _____ SS#: _____ - _____ - _____ Sex: Male Female

Driver's License/ID#: _____ Driver's License/ID State of Issuance: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Applicant Signature: _____ Date: _____