

**Mail this application to:**

**The name of the waitlist I'm applying for is:** \_\_\_\_\_

*Some waitlists are closed: Before sending this application, check <http://www.housingworks.net/> to see what is open*

You **must** answer every question on this application: respond to questions that are not applicable by writing "N/A".  
**Incomplete applications may be returned or discarded.**

**Name of HoH:** \_\_\_\_\_

**Long-Term Mailing Address** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_  
(this address should ideally work for the next 3-5 years):

**Phone(s):** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Email:** \_\_\_\_\_

The **SSN** for the head of household is: \_\_\_\_\_

Does the HoH have a **Social Security Number** (SSN)? ☐ Yes ☐ No *If "Yes" you must provide it above).*

What is your **date of birth**? \_\_\_\_\_ What is your **gender**? \_\_\_\_\_

**Race** (white, black, asian, etc)? \_\_\_\_\_

What was your **mother's last name** when she was born? *Protects your privacy*) \_\_\_\_\_

**How many people** will be living in the unit? \_\_\_\_\_ people. What **unit size** are you seeking? \_\_\_\_\_ BR

Describe your **Income Sources** (Job, Food Stamps, SSI, TAFDC, etc.) \_\_\_\_\_

What is your family's **ANNUAL** income? \$ \_\_\_\_\_ (do NOT write an hourly, weekly, or monthly amount!)

☐ YES ☐ NO Do you have a **rental voucher** or **some other form of regular rental assistance**?

**Specify:** ☐ Section 8 ☐ MRVP ☐ AHVP ☐ Homebase ☐ \_\_\_\_\_

☐ YES ☐ NO Do you need a **wheelchair accessible unit** (or a "no-steps" unit)?

☐ YES ☐ NO Do you need **reasonable accommodations** due to a disability, either during the application period or tenancy? \_\_\_\_\_

☐ YES ☐ NO Are you or any member of your household subject to a lifetime registration requirement under a **State Sex Offender Registration** program?

☐ YES ☐ NO **Priority/Preference Status:** If there is a section in this application that asks about priorities and preferences, did you claim any?

**Office Only: Date/Time Stamp**



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## PRE-APPLICATION Procedures for the Public Housing Program

**Instructions: This is not for Section 8. Please read carefully and complete application legible. Incomplete applications will be returned delaying your placement on the waiting list.**

- 1 To be qualified for admission to public housing an applicant must:
  - (a) Be a family as defined in SAHA'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 posted in SAHA 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; and
  - (e) Meet or exceed the Applicant Selection Criteria, including attending and successfully completing a SAHA-approved pre-occupancy orientation session;
  - (f) Pay any money already owed to SAHA from either the public housing or Section 8 voucher programs;
  - (g) Meet the screening requirements related to criminal activity and alcohol abuse.
- 2 **Complete applications will be entered on the waiting list in date and time received. The waiting list will then be sorted according to unit type and size and applicant admission preferences.**
- 3 Applications can accepted by mail or by dropping of at the following addresses, please make sure to include a **MAILING ADDRESS** regardless of your household situation.

Housing Assistance & Eligibility  
820 S. Flores (South Entrance)  
San Antonio, Texas 78204

**except**

- 4 Applicants with disabilities may seek assistance with the completion of the application at SAHA's Admissions and Occupancy Department, at the address above.
- 5 **Be sure to include the name, social security number, date of birth and all income for every family member who will live in the household.** Be sure to provide your complete address and telephone number so we can reach you to schedule an application interview.



**SAHA USE ONLY:**

Lottery Number \_\_\_\_\_

Date Rec'd \_\_\_\_\_ Time of Application \_\_\_\_\_ BDRM's \_\_\_\_\_

## Pre-application for Public Housing

1. Name of Applicant \_\_\_\_\_
2. Address, Street, Apt. # only \_\_\_\_\_  
City, State and Zip \_\_\_\_\_  
Area Code and Phone # \_\_\_\_\_ Alternate phone#: \_\_\_\_\_

### For Statistical Purposes Only

3. Race of Head: ☐ African American/Black ☐ Asian or Pacific Islander ☐ Native American/ Alaskan Native  
☐ Caucasian/White
4. Ethnicity of Head: ☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino

### List all household members that will be on the residential lease

	Last & First Name	Date of Birth	Sex	Social Security Number	Relation to Head	Disabled Person?	Birthplace: Country	Full-time Student?
H					Head			
2					Spouse			
3					Other adult			
4					Son/ Daughter			
5					Son/ Daughter			
6					Son/ Daughter			
7					Other			
8								

### Description of Preference System

6. Are you willing to accept an offer of a unit at a location where your race or ethnicity is not the main race or ethnicity? ☐ Yes ☐ No
7. Will you accept the first **UNIT AVAILABLE ANYWHERE** in the city? ☐ Yes ☐ No

8. Is the family displaced by a declared Natural Disaster, such as a flood, hurricane, earthquake, tornado, etc.? ☐ Yes ☐ No
9. Is the family displaced by governmental action through no fault of their own? ☐ Yes ☐ No
10. Is the family displaced by domestic violence? ☐ Yes ☐ No
11. Is an adult family member employed? ☐ Yes ☐ No Who is employed?\_\_\_\_\_.
12. Is an adult family member enrolled in a job-training program, including one required under the welfare program? ☐ Yes ☐ No Who? \_\_\_\_\_
13. Is an adult family member enrolled in a full-time training/education program? ☐ Yes ☐ No
14. Is any family member disabled or mobility, hearing, or visually impaired? ☐ Yes ☐ No Will an accessible unit be required? ☐ Yes ☐ No
15. **Family Income Information:** Please list the source and amount of all current income received by all family members, including yourself. Include all earnings and benefits received from working (full-time or part-time), AFDC/TANF, VA, Social Security, SSI, SSID, Unemployment, Pensions, Worker's Compensation, Child Support, etc.

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

16. Most recent former applicant address, Street, Apt.# \_\_\_\_\_  
Most recent former City, State and Zip \_\_\_\_\_

➤ **Please read the Description of the Preference System before answering the following questions.**  
**Deseg-1<sup>st</sup> available – you are willing to accept “first available unit anywhere in the city.”**

**Family Developments:** You may select up to 3 Tenant Selection Areas for a unit offer

17. Northeast TSA \_\_\_\_\_ Northwest TSA \_\_\_\_\_ Central TSA \_\_\_\_\_ South TSA \_\_\_\_\_

**Senior/Mixed Developments:** You may select up to 3 Tenant Selection Areas for a unit offer.

18. North TSA \_\_\_\_\_ South TSA \_\_\_\_\_ or One of the Family TSAs \_\_\_\_\_

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-applicant Signature

\_\_\_\_\_  
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 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.

## **Notice to all Applicants:**

### **Reasonable Accommodations for Applicants with Disabilities**

The San Antonio Housing Authority is a public agency that provides low rent housing to eligible families, elderly families and single people. SAHA is not permitted to discriminate against applicants on the basis of their race, religion, sex, color, national origin, age, disability or familial status. In addition, SAHA has a legal obligation to provide "reasonable accommodations" to applicants if they or any family members have a disability. A reasonable accommodation is some modification or change SAHA can make to its apartments or procedures that will assist an otherwise eligible applicant with a disability to take advantage of SAHA's programs. Examples of reasonable accommodations would include:

- Making alterations to a SAHA unit so it could be used by a family member with a wheelchair;
- Adding or altering unit features so they may be used by a family member with a disability.
- Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing impaired member;
- Permitting a family to have a large dog to assist a family member with a disability in a SAHA family development where the size of dogs is usually limited;
- Making large type documents, Braille documents, cassettes or a reader available to an applicant with a vision impairment during the application process;
- Making a sign language interpreter available to an applicant with a hearing impairment during the interview or meetings with SAHA staff;
- Permitting an outside agency or individual to assist an applicant with a disability to meet the SAHA's applicant screening criteria.

An applicant family that has a member with a disability must still be able to meet essential obligations of tenancy. They must be able to pay rent, to care for their apartment, to report required information to the Housing Authority, to avoid disturbing their neighbors, etc, but there is no requirement that they be able to do these things without assistance.

If you or a member of your family have a disability and think you might need or want a reasonable accommodation, you may request it at any time in the application process or at any time you need an accommodation. This is up to you. If you would prefer not to discuss your situation with the housing authority, that is your right.

## SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE

This questionnaire is to be administered to every applicant for public housing at the Housing Authority. It is used to determine whether an applicant family needs special features in their housing unit. The need for special adaptations must be verified in order to assure that the limited number of units with special features go to families that actually need the features.

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Applicant Name \_\_\_\_\_ File \_\_\_\_\_  
Interview Conducted by \_\_\_\_\_ Date \_\_\_\_\_

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1. Will you, or any member of your family require any of the following:

- |  |  |
|--|--|
| <input type="checkbox"/> A separate bedroom          | <input type="checkbox"/> Unit for Vision-Impaired    |
| <input type="checkbox"/> A barrier-free apartment    | <input type="checkbox"/> Unit for Hearing-Impaired   |
| <input type="checkbox"/> One-level unit              | <input type="checkbox"/> Bedroom & Bath on 1st floor |
| <input type="checkbox"/> Other modifications to unit | <input type="checkbox"/> Extra Bedroom               |

☐ **Live In Attendant**

2. Can you and all family members use the stairs unassisted? Yes ☐ No ☐

If No, please indicate how the SAHA should accommodate your family: \_\_\_\_\_

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3. Will you or any of your family members need a live-in aide to assist you? Yes ☐ No ☐

If Yes, please explain \_\_\_\_\_

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4. If you checked any of the above listed categories of units, please explain exactly what you need to accommodate your situation. Attach additional sheets if needed.

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5. What is the name of the family member needing the features identified above? \_\_\_\_\_

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Whom should we contact to verify your need for a special apartment?

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

I certify that the above information is accurate and complete.

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
(Today's Month/Day/Year)

\_\_\_\_\_:\_\_\_\_\_ ☐a.m. ☐p.m. (check one)  
(Current Time)

\_\_\_\_\_  
(Head of Household Signature)

## VERIFICATION OF NEED FOR UNIT WITH SPECIAL FEATURES

Name \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Applicant \_\_\_\_\_

Dear Sir/Madam:

The above-named person is applying for admission to public housing and has expressed a need for either a unit with the special features, or a live-in aide. The applicant has named you as a person who can verify the need for the features/aide. It would be appreciated if you would review the information provided and verify the applicant's need for the listed characteristics, if, in your best professional opinion, such is needed. If you have any questions, please call me at \_\_\_\_\_. Your prompt return of this form in the attached stamped, self-addressed envelope would expedite processing.

Sincerely; \_\_\_\_\_

Name

Signature

1. Name of family member with special housing need: \_\_\_\_\_

2. Nature of need(s):

### Special Unit:

☐ A separate bedroom

☐ Unit for Vision-Impaired

☐ A barrier-free apartment

☐ Unit for Hearing-Impaired

☐ One-level unit

☐ Bedroom & Bath on 1st floor

☐ Other modifications to unit

☐ Extra Bedroom

☐ Live In Attendant

3. Verification and explanation of need(s): Please do not provide any information about the nature or extent of the applicant's disability. Simply indicate whether, in your professional judgment, the applicant needs the above feature in an apartment:

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4. Name of person providing verification \_\_\_\_\_

Signature: \_\_\_\_\_ Name of agency \_\_\_\_\_

Phone # \_\_\_\_\_ Agency address \_\_\_\_\_ Date \_\_\_\_\_

I \_\_\_\_\_ hereby authorize the release of the requested information

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



## Housing History, Page 1

**Note: you can often locate landlord information by using the Tax Assessor's website in each town (or by calling the Tax Assessor's phone number in most towns):** To determine if there is an online Tax Assessor page for a town search the web like this: "Tax Assessor, Boston MA" or "Property Assessment, Dallas TX".

### CURRENT RESIDENCE

### DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to: \_\_\_\_\_ or present

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord's Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

### PRIOR RESIDENCE

### DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord's Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

### RESIDENCE BEFORE THAT

### DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord's Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

## Housing History, Page 2

### RESIDENCE BEFORE THAT

### DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord's Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

### RESIDENCE BEFORE THAT

### DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord's Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

### RESIDENCE BEFORE THAT

### DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord's Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

## Housing History, Page 3

### RESIDENCE BEFORE THAT

### DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord's Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

### RESIDENCE BEFORE THAT

### DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord's Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

### RESIDENCE BEFORE THAT

### DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord's Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A