

**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**

# SAN ANTONIO HOUSING AUTHORITY

818 S FLORES SAN ANTONIO, TEXAS 78204

*You must contact The San Antonio Housing Authority to make an appointment to return this completed paperwork to our office for recertification /in place.*

*Read and Review your completed paperwork before making and appointment with our office.*

**REMINDER!!!!!!!!!!!!!!**  
**INCOMPLETE PAPERWORK CANNOT BE ACCEPTED**

*Person to contact for appointment is:*

**Norma Alderete @ 277-3501**

# Request for Tenancy Approval Housing Choice Voucher Program

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

OMB Approval No. 2577-0169  
(exp. 9/30/2002)

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Eligible families submit this information to the Public Housing Authority (PHA) when applying for housing assistance under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The PHA uses the information to determine if the family is eligible, if the unit is eligible, and if the lease complies with program and statutory requirements. Responses are required to obtain a benefit from the Federal Government. The information requested does not lend itself to confidentiality.

1. Name of Public Housing Agency (PHA)			2. Address of Unit (street address, apartment number, city, State & zip code)		
3. Requested Beginning Date of Lease	4. Number of Bedrooms	5. Year Constructed	6. Proposed Rent	7. Security Deposit Amount	8. Date unit available for inspection
9. Type of House/Apartment <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Semi-Detached / Row House <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Garden / Walkup <input type="checkbox"/> Elevator / High-Rise					
10. If this unit is subsidized, indicate type of subsidy: <input type="checkbox"/> Section 202 <input type="checkbox"/> Section 221(d)(3)(BMIR) <input type="checkbox"/> Section 236 (Insured or noninsured) <input type="checkbox"/> Section 515 Rural Development					

## 11. Utilities and Appliances

The owner shall provide or pay for the utilities and appliances indicated below by an "O". The tenant shall provide or pay for the utilities and appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and appliances provided by the owner.

Item	Specify fuel type	Provided by	Paid by
Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil or Electric <input type="checkbox"/> Coal or Other		
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil or Electric <input type="checkbox"/> Coal or Other		
Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil or Electric <input type="checkbox"/> Coal or Other		
Other Electric			
Water			
Sewer			
Trash Collection			
Air Conditioning			
Refrigerator			
Range/Microwave			
Other (specify)			

12. Owner's Certifications. By executing this request, the owner certifies that:

a. The most recent rent charged for the above unit was \$ \_\_\_\_\_ per month. This rent included the following utilities:

The reason for any differences between the prior rent and the proposed rent in Block 6 is:

b. The owner (including a principal or other interested party) is not the parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

c. Check one of the following:

\_\_\_\_\_ The unit, common areas servicing the unit, and exterior painted surfaces associated with such unit or common areas have been found to be lead-based paint free by a lead-based paint inspector certified under the Federal certification program or under a federally accredited State or Tribal certification program.

\_\_\_\_\_ A completed statement is attached containing disclosure of known information on lead-based paint and/or lead-based paint hazards in the unit, common areas or exterior painted surfaces, including a statement that the owner has provided the lead hazard information pamphlet to the family.

13. PHA Determinations.

a. The PHA has not screened the family's behavior or suitability for tenancy. Such screening is the owner's own responsibility.

b. The owner's lease must include word-for-word all provisions of the HUD tenancy addendum.

c. The PHA will arrange for inspection of the unit and will notify the owner and family as to whether or not the unit will be approved.

Print or Type Name of Owner or Other Party Authorized to Execute the Lease		Print or Type Name of Family	
Signature		Signature (s)	
Business Address		Present Address of Family (street address, apartment no., city, State, & zip code)	
Telephone Number	Date (mm/dd/yyyy)	Telephone Number	Date (mm/dd/yyyy)

☐ Moving

☐ New Contract

☐ Recertification Date

FOR OFFICE USE ONLY: Date: RFLA accepted/by Name \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Cent.Trt./Con.Dist \_\_\_\_\_/\_\_\_\_\_  
SSN \_\_\_\_\_ Cert/Vou# \_\_\_\_\_ Cert/Vou Exp \_\_\_\_\_ Lease Exp \_\_\_\_\_  
Family Cert. Bd \_\_\_\_\_ # in Family \_\_\_\_\_ Children U/age 6 \_\_\_\_\_ Max Rent (Cert only) \_\_\_\_\_  
Date RFLA received by Insp. \_\_\_\_\_ U/A \_\_\_\_\_ FMR/PS \_\_\_\_\_ AAF \_\_\_\_\_  
Date Unit appd/Inspector Name \_\_\_\_\_/\_\_\_\_\_ Crent approved for \$ \_\_\_\_\_  
Return this RFLA to: (CC) \_\_\_\_\_

October/2000



**Disclosure of Information on Lead-Based Paint and/or Lead Based Paint Hazards**  
**Section 8 Tenant-Based Assistance**

**San Antonio Housing Authority Office of Housing Assistance Programs**  
San Antonio, Texas 78204

**Lead Based Paint Warning Statement**

Housing units built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not treated properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, owner's must disclose the presence of known lead-based paint and/or lead hazards in the dwelling. Families must also receive a federally approved pamphlet on lead poisoning prevention (issued by the San Antonio Housing Authority)

**Owner's (Lessor's) Disclosure**

(a) Presence of lead-based paint and/or lead-based paint hazards, Check (i) or (ii) below:

- (i) \_\_\_\_\_ Known lead-based paint and/or lead-based paint hazards are present in the housing unit. Please contact the San Antonio Housing Authority's Inspection Department at (210)-220-3338 or (210) 220-3301.
- (ii) \_\_\_\_\_ No knowledge of lead-based paint and/or lead-based paint hazards in the housing unit.

(b) Records and reports available to the owner Check (i) or (ii) below:

- (i) \_\_\_\_\_ Owner (Lessor) has provided the family (lessee) with all available records and reports pertaining to lead-based paint and/or lead -based paint hazards in the housing unit. List documents below:
- \_\_\_\_\_
- \_\_\_\_\_

- (ii) \_\_\_\_\_ Owner (Lessor) has no reports or records pertaining to lead-based and/or lead-based paint hazards in the housing unit.

**Family's (Lessee's) Acknowledgment (initial)**

- (c) \_\_\_\_\_ Family (Lessee) has received copies of all information listed above.
- (d) \_\_\_\_\_ Family (Lessee) has received the pamphlet *Protect Your Family from Lead in Your Home*.

**Agent's Acknowledgment (initial)**

- (e) \_\_\_\_\_ Agent has informed the Owner (lessor) of his/her obligations under 42 U.S.C. 4852d and is aware of his/her responsibility to ensure compliance.

**Certification of Accuracy**

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

\_\_\_\_\_  
Family

\_\_\_\_\_  
Date

\_\_\_\_\_  
Family

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner/Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner/Agent

\_\_\_\_\_  
Date

# HOUSING AUTHORITY

OFFICE OF HOUSING ASSISTANCE PROGRAMS

OF THE CITY OF SAN ANTONIO

818 S. FLORES ST. SAN ANTONIO, TEXAS 78204 220-3312

## OWNER CERTIFICATION FORM

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

TO: The San Antonio Housing Authority  
Section 8 Office of Housing Assistance Programs  
818 S. Flores  
San Antonio, Texas 78204

Re: \_\_\_\_\_ (Address of Unit)  
\_\_\_\_\_ (City, State, Zip Code)

I hereby certify that, \_\_\_\_\_, \_\_\_\_\_, is the  
(Print Name) (Signature)

\_\_\_\_\_ Owner \_\_\_\_\_ Management Agent \_\_\_\_\_ Apartment Manager

of the above referenced unit and, as such, declare that said property is not under any other type of housing assistance program, or other program with income and rent restriction requirements; i.e., Low Income Housing Tax Credit, U.S. Department of Housing and Urban Development (HUD), Community Development Block Grant (CDBG), HOME Investment Partnerships Act (HOPA), Resolution Trust Corporation (RTC), tax exempt financing, Federal Home Loan Bank's Affordable Housing Program, Bexar County or other Housing Authority, etc. (If recipient of any other type of assistance, please indicate below.)

Please provide us with the following form of proof of ownership:

A copy of the Bexar Appraisal District Property Information card from the previous year (or other documentation you believe to be applicable/sufficient)

If person completing certification is a Management Agent/Property Manager, please provide a copy of the Management Agreement/Contract.

If you have any questions, please contact your Contract Coordinator.

## 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