

PROJECT-BASED VOUCHER APPLICATION FOR ADMISSION

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States Government as to any matter within its jurisdiction.

DATE _____

NAME: _____

MAILING ADDRESS _____ APT # _____ CITY _____ STATE _____ ZIPCODE _____
HOME PHONE: _____ CELL: _____ EMAIL: _____

List Name, Address and Phone Number of two (2) relatives or friends who will know how to contact you.

1. _____

2. _____

PERSONS TO RESIDE IN UNIT (Legal Names)	RELATIONSHIP	GENDER (M/F)	BIRTH DATE	BIRTH PLACE	SOCIAL SECURITY NUMBER	LEGAL CITIZEN OF USA
ADULTS -18 Years of Age or Older						
CHILDREN						

1. Head of Household: (Circle One) White Black American Indian/Alaskan Native Hispanic Asian/Pacific Islander
2. Ethnicity of Head of Household: (USED FOR STATISTAL PURPOSES ONLY) Hispanic Non-Hispanic
3. Marital Status: (Circle One) Married Separated Single Divorced Widowed
4. Are you Currently Serving or Have You Served in the U.S. Military: Yes No
5. Do you Anticipate Any Changes in Your Household Composition: Yes No Explain:

INFORMATION REGARDING DISABILITIES IS VOLUNTARY

1. Does any member of your family require handicap-accessible unit or any other handicap accommodations? Yes No
2. Does any member of your household qualify for disability under Section 504 of the Rehabilitation Act of 1973 or Federal Fair Housing Act as amended in 1988 and Americans with Disabilities Act? Yes No

INCOME INFORMATION: Are you Currently Employed? Yes No Any Family Member Paid in Cash? Yes No

EMPLOYER NAME: _____ **EMPLOYER PHONE NUMBER:** _____

EMPLOYER ADDRESS: _____

EMPLOYER NAME: _____ **EMPLOYER PHONE NUMBER:** _____

EMPLOYER ADDRESS: _____

How Often are You Paid? _____ Hourly Rate: \$ _____ Gross Monthly: \$ _____

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Annuities: \$ _____ **Child Support:** \$ _____ **TANF:** \$ _____ **Food Stamps:** \$ _____

Social Security: \$ _____ **SSI:** \$ _____ **Social Security:** \$ _____ **SSI:** \$ _____ **VA Benefits:** \$ _____

ASSETS INFORMATION (Checking/Savings Accounts, IRAs, Certificate of Deposits, etc. of ALL Household Members)

NAME OF ACCOUNT HOLDER	BANK NAME	ACCOUNT/ASSET	ACCOUNT #	BALANCE

Answer Yes or No: (Applies to ANY Household Member)

- _____ 1. Receive interest/income on checking/savings accounts, certificate of deposits, stocks/bonds, rental property?
- _____ 2. Own real estate or assets for which you receive no income? (Checking Account/Cash)
- _____ 3. Sold or given away real property or other assets (including cash) in the past two years?
- _____ 4. Own any stocks, bonds, trusts, pensions, other assets?
- _____ 5. Disposed of assets for less than their fair market value during the past two years?
- _____ 6. Received any lump sum payments in the last two years?

Applicant Certification

- ❖ I certify that the information given to Texoma Council of Governments (TCOG) on household composition, income, family assets, criminal history, rental history, allowances/deductions is accurate and complete to the best of my knowledge and belief.
- ❖ I understand that any attempt to obtain Section 8 Housing, any rent subsidy/rent reduction by false information, impersonation, failure to disclose or other fraud (and any act of assistance to such attempt) is a crime under Federal law.
- ❖ I understand that income changes of any family member and changes in household composition must be reported to the Section 8 Housing Choice Voucher Program Agency in writing within 10 days of the date of change.
- ❖ I understand that false statements or information are grounds for termination of housing assistance & termination of tenancy.
- ❖ I understand that it is my responsibility to provide documentation, verification, and/or certification by other agencies required by Texoma Council of Governments to establish my household's eligibility for Section 8 rent subsidy.
- ❖ I understand that the information I provide to Texoma Council of Governments will be verified and reports will be acquired from various income reporting agencies for verification.
- ❖ I understand that I will not be offered housing immediately but will be placed on a waiting list with other applicants.
- ❖ I understand that the eventual extension of housing benefits will be based on my place on the waiting list determined by date and time of application, bedroom size and unit availability.

Signature of Head of Household Date

Spouse/Other Household Member 18 Years of Age or Older Date

Other Household Member 18 Years of Age or Older Date

Other Household Member 18 Years of Age or Older Date

PLEASE SELECT ONLY THE CITIES YOU WOULD LIKE TO BE HOUSED. ONCE OFFERED A UNIT, YOU WILL BE REMOVED FROM ALL OTHER WAITING LISTS.

- BELLS
- BONHAM
- CELESTE
- ECTOR
- FARMERSVILLE
- GUNTER
- HONEY GROVE
- HOWE
- LADONIA
- LEONARD
- POTTSBORO
- PRINCETON
- SAVOY
- TIOGA
- TOM BEAN
- TRENTON
- VAN ALSTYNE
- WHITEWRIGHT
- WINDOM