

**Required documents needed to complete your HOUSING APPLICATION:**

- ✓ **DRIVER'S LICENSE OR PHOTO ID** (18 yrs. and older)
- ✓ **SOCIAL SECURITY CARD FOR EVERY HOUSEHOLD MEMBER**
- ✓ **BIRTH CERTIFICATE FOR ALL CHILDREN** (17 yrs. and younger)
- ✓ **VERIFICATION OF INCOME**
  - Pay stubs from previous 30 days
  - Social Security award letter
  - Child Support verification
  - Unemployment verification
  - Food Stamp award letter

**COMPLETED APPLICATIONS & DOCUMENTS MAY BE RETURNED TO:**

TEXOMA HOUSING PARTNERS  
PO Box 548 / 810 W. 16<sup>th</sup> St.  
Bonham, TX 75418  
(903) 583-3336

OR

TEXOMA HOUSING PARTNERS  
PO Box 636 / 326 W. Duke St.  
Howe, TX 75459  
(903) 546-5200

Applications will not be accepted until ALL required documentation is provided.



**Release of Information**

I grant permission for Texoma Housing Partners to collect required application and recertification documentation and submit to Texoma Council of Governments on my behalf. Information to include any document regarding income, employment, medical expenses, and any other required documentation required to comply with the THP Project Based Voucher housing regulations. All members over 18 must sign below.

\_\_\_\_\_  
Name of Applicant/Resident

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Applicant/Resident

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Applicant/Resident

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



*The Nation's First Affordable Housing Consortium*

PO Box 548 | 810 W. 16<sup>th</sup> St. Bonham, TX 75418 | (903) 583-3336 – Toll-Free (800) 258-1618 | [www.texomahousing.org](http://www.texomahousing.org)

Serving Bells, Bonham, Celeste, Ector, Farmersville, Gunter, Honey Grove, Howe, Ladonia, Leonard, Pottsboro, Princeton, Savoy, Tioga, Tom Bean, Trenton, Van Alstyne, Whitewright and Windom



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

### DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

**Paperwork Reduction Notice:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 04/30/2023.

#### NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

#### What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

**How long is the debt owed and termination information maintained in EIV?**

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

**What are my rights?**

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

<p><b>This Notice was provided by the below-listed PHA:</b></p>	<p><b>I hereby acknowledge that the PHA provided me with the Debts Owed to PHAs &amp; Termination Notice:</b></p>
<p><b>Signature</b></p>	<p><b>Date</b></p>
<p><b>Printed Name</b></p>	

# 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 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: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 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	RELATIONSHIP	GENDER (M/F)	BIRTH DATE	BIRTHPLACE	SOCIAL SECURITY NUMBER	LEGAL CITIZEN OF USA?

1. Head of Household:  White  Black  American Indian/Alaskan Native  Hispanic  Asian/Pacific Islander
2. Ethnicity of Head of Household: (USED FOR STATISTICAL PURPOSES ONLY)  Hispanic  Non-Hispanic
3. Marital Status:  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: \_\_\_\_\_
6. Have you or any member of your household ever been arrested? Yes  No
7. Have you ever lived in income-based housing?  Yes  No

**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 Is ANY family member paid in cash?  Yes  No

EMPLOYER NAME: \_\_\_\_\_ EMPLOYER PHONE: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

How often are you paid? \_\_\_\_\_ Hourly Rate: \$ \_\_\_\_\_ Gross Monthly: \$ \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ EMPLOYER PHONE: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

How often are you paid? \_\_\_\_\_ Hourly Rate: \$ \_\_\_\_\_ Gross Monthly: \$ \_\_\_\_\_

Annuities: \$ \_\_\_\_\_ Child Support: \$ \_\_\_\_\_ TANF: \$ \_\_\_\_\_ Food Stamps: \$ \_\_\_\_\_

Social Security: \$ \_\_\_\_\_ SSI: \$ \_\_\_\_\_ Social Security: \$ \_\_\_\_\_ SSI: \$ \_\_\_\_\_ VA Benefits: \$ \_\_\_\_\_

**ASSETS INFORMATION:** (Checking/Savings Accounts, IRA's, 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 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 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 yrs. or older                      Date

\_\_\_\_\_  
Other Household Member 18 yrs. or older                      Date

\_\_\_\_\_  
Other Household Member 18 yrs. 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 (0 BD, 1 BD, 2 BD, 3 BD, 4 BD)
- BONHAM (1 BD, 2 BD, 3 BD, 4 BD)
- CELESTE (1 BD, 2 BD, 3 BD)
- ECTOR (2 BD, 3 BD, 4 BD)
- FARMERSVILLE (1 BD, 2 BD, 3 BD)
- GUNTER (1 BD, 2 BD, 3 BD)
- HONEY GROVE (1 BD, 2 BD, 3 BD)
- HOWE (1 BD, 2 BD, 3 BD)
- LADONIA (1 BD, 2 BD, 3 BD, 4 BD)
- LEONARD (0 BD, 1 BD, 2 BD, 3 BD, 4 BD)
- POTTSBORO (1 BD, 2 BD, 3 BD)
- PRINCETON (1 BD, 2 BD, 3 BD)
- SAVOY (0 BD, 1 BD, 2 BD, 3 BD)
- TIOGA (1 BD, 2 BD, 3 BD)
- TOM BEAN (0 BD, 1 BD, 2 BD, 3 BD, 4 BD)
- TRENTON (1 BD, 2 BD, 3 BD)
- VAN ALSTYNE (1 BD, 2 BD, 3 BD)
- WHITEWRIGHT (1 BD, 2 BD, 3 BD)
- WINDOM (1 BD, 2 BD, 3 BD)

❖ If applying for a one bedroom, would you also consider an efficiency bedroom?

Yes  No

❖ Do you require a handicap accessible unit? Yes  No

**Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)**  
U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

**PHA or IHA requesting release of information** (full address, name of contact person, and date):

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD, and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n. This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.  
**Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- Public Housing
- Housing Choice Voucher
- Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

**Revocation of consent:** If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

**Sources of Information to be Obtained**

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information.



**Consent:** I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

**Signatures:**

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Advisory.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). Purpose: This form authorizes HUD and the above-named HA to request income information to verify your household's income in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:** HUD and the HA (or any employee of HUD or the HA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the HA for the unauthorized disclosure or improper use.

**OMB Burden Statement.** The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

## PET INFORMATION

Do you own a pet?       Yes       No

Type of pet: \_\_\_\_\_

Each household shall have only one pet. The animal's weight shall not exceed twenty-five (25) pounds at full growth. The animal's height shall not exceed twelve (12) inches at full growth.

The pet deposit is **\$200**. (*\$100 is non-refundable.*)

Elderly and disabled households will pay a refundable pet deposit of **\$50**.