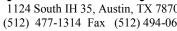
Housing Authority of the City of Austin 1124 South IH 35, Austin, TX 78704 (512) 477-1314 Fax (512) 494-0686



PLEASE ANSWER THE FOLLOWING QUESTIONS

G AUT

Name:	Social Security #			
Are you?		Divorced	□Widowed	
If married, give your maiden name: _				
Place of Birth:	Date	of birth:	Age	:
Residential Information:				
Mailing Address:				
City, State Zip Code				
Current Phone Number: (home	e)(w	ork)	(cell)_	
Street Address (where you are current	ly living):			
City, State Zip Code				
Current Phone Number: (home	e)(w	ork)	(cell)_	
Who do you currently live with?				
Are you or the person you live with c	rrently on Section 8/Pub	lic Housing?		\square No
If yes, where?				
Address:				
Manager's name:				
If you currently live in Public Housin while you are being added on? (You y		•	11 2	•
Are you renting? \Box Yes \Box No	Did you sign a lea	ase? □Yes	□ No	
Are you living with someone who rem	ts? \Box Yes \Box No			
How long have you lived at your curr	ent address?			
Have you lived in Texas for the past t	wo years?	\Box No		
If no, where did you live (City, State)	2	When?	From	То
Have you ever been evicted?			□Yes	\Box No
If yes, where?	When?			

Income Information: Are you currently working or rece (Income includes SS, SSI, TANF,				, work, ali	mony, etc.)	□Yes	□ No
If yes, what is/are your source(s)	of income? List	each sepa	rately a	and the am	ount you re	ceive for each	h.
Income Source 1:	How much	do you ge	et? \$		□ weekly	□ bi-weekly	\Box monthly
Income Source 2:	How much	do you ge	et? \$		□ weekly	□ bi-weekly	□ monthly
Income Source 3:	How much	do you ge	et? \$		□ weekly	□ bi-weekly	□ monthly
Income Source 4:	How much	do you ge	et? \$		□ weekly	□ bi-weekly	□ monthly
If working, who is your employer	?						
Address:					Phone #		
Do you receive food stamps? Are you currently a full-time stud		□ No	If yes,	where?		l?	
Receiving any student financial at			-		n per semes	ter?	
Are you enrolled in any job-traini If yes, where?				· · · · · ·		□Yes	□ No
 How much money do you spen 	d on rent every	month?		\$	Whe	o pays?	
 How much money do you spen 	d on utilities eve	ery month	n?	\$	Whe	o pays?	
How much money do you spend on your car every month?				<u>\$</u>	Who	o pays?	
 ↔ How much money do you spend on telephones every month? This includes cell phones, home phones, pagers, etc. 				<u>\$</u>	Whe	o pays?	
 ↔ How much money do you spend on children every month? This includes clothes, shoes, school supplies, child care, etc. 			\$	Whe	o pays?		
• What is your monthly grocery	bill?			\$	Whe	o pays?	
 Does anyone buy you food, dia 	pers, cleaning su	upplies, o	or anyth	ing else fo	or you and/o	or your childre	en?
\Box Yes \Box No		How	much?	\$	Whe	o pays?	
 Does anyone give you any more 	ney for your exp	enses?					
\Box Yes \Box No		How	much?	\$	Whe	o pays?	

Asset and Deduction Information			
	WHAT A	RE YOUR SOURCES OF INCOME?	
Yes 🗆	No 🗆	Do you have a savings account?	
Yes 🗆	No 🗆	Do you have a checking account?	
Yes 🗆	No 🗆	Do you have a Money Market/IRA account?	
Yes 🗆	No 🗆	Do you own any property? House Trailer Land How much is the approximate value?	
Yes 🗆	No 🗆	Do you have any stocks/bonds? How much have you earned this year?	
Yes 🗆	No 🗆	Do you receive income from a Trust Fund or any type of inheritance? How much? How often?	
Yes 🗆	No 🗆	Do you have any C.D.'s (Certificate of Deposits)? What are the balances?	
Yes 🗆	No 🗆	Are you currently paying for any medications that you are required to take daily?	
Yes 🗆	No 🗆	Are you currently paying for health insurance? If yes, how much?	
Yes 🗆	No 🗆	Are you currently paying for daycare services? If so, where?	
		How much? How often? Who pays?	
		Name of Daycare or person caring for child	
		Address Phone Number	
Yes 🗆	No 🗆	Are you currently paying child support for a child not living with you?	
		If yes, how much? How often? To who?	
"Yes" re statemen	esponse w nts will be	, hereby attest to the above information as curate to the best of my knowledge. I understand that all of the information with a vill need verifying from the agencies in reference. I also understand that any false e considered "Fraud" and are punishable under federal law and my eligibility for e with the Housing Authority of the City of Austin can be denied.	

Signature of applicant: _____ Date: _____

Signature of interviewer:	Date Interviewed Client:	
Are you elderly (over 62) and/or disabled?	□Yes	□ No
Do you require a wheelchair accessible unit?	\Box Yes	\Box No
Do you have any physical disabilities that prevent you from climbin	ng stairs?	\Box No
Do you require any other special accommodations (like a live-in aid	de)? □Yes	\Box No
If Yes, list needs:		

All disability/ handicap information must be verified by the Housing Authority of the City of Austin. If you request a special accommodation, it must be approved by a physician before you can be housed.

Who is your current physician?

Address:	Phone #	

Live-In Aides

Please note: If you are a live-in aide and are being added to another tenant's application/lease, you are required to reside with the tenant. You cannot have another place of residence. If you are not going to live with the tenant whose application/lease you are being added to, please notify your caseworker.

I,, hereby attest to all of the above information as	
being true and accurate to the best of my knowledge. I understand that all of the information with a "Yes"	
response will need verifying from the agencies in reference. I also understand that if I have claimed to receiv	ve
no income of any sort that I will have to verify this information on a monthly basis to either Section 8 or	
Conventional Public Housing if I am housed and that if this information is found to be false at any time, it v	vill
result in severe penalties to include denial or termination of any assistance I may be receiving. I also unders	stand
that any false statements will be considered "Fraud" and are punishable under federal law and my eligibility	y for
housing assistance with the Housing Authority of the City of Austin can be denied.	

Signature of applicant:	Date:	

Signature of interviewer: _____ Date Interviewed Client: _____