



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

Name: _____ Social Security # _____

Are you? Married Single Separated 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) _____ (work) _____ (cell) _____

Street Address (where you are currently living): _____

City, State Zip Code _____

Current Phone Number: (home) _____ (work) _____ (cell) _____

Who do you currently live with? _____ What is their relationship to you? _____

Are you or the person you live with currently on Section 8/Public Housing? Yes No

If yes, where? _____

Address: _____

Manager's name: _____

If you currently live in Public Housing or Section 8, has the manager/ landlord approved you to be living there while you are being added on? (You will need to provide a letter from the manager/landlord.) Yes No

Are you renting? Yes No Did you sign a lease? Yes No

Are you living with someone who rents? Yes No

How long have you lived at your current address? _____

Have you lived in Texas for the past two years? Yes No

If no, where did you live (City, State)? _____ When? From _____ To _____

Have you ever been evicted? Yes No

If yes, where? _____ When? _____

Income Information:

Are you currently working or receiving **any** type of income? Yes No
(Income includes SS, SSI, TANF, child support, family assistance, work, alimony, etc.)

If yes, what is/are your source(s) of income? List each separately and the amount you receive for each.

Income Source 1: _____ How much do you get? \$ _____ weekly bi-weekly monthly

Income Source 2: _____ How much do you get? \$ _____ weekly bi-weekly monthly

Income Source 3: _____ How much do you get? \$ _____ weekly bi-weekly monthly

Income Source 4: _____ How much do you get? \$ _____ weekly bi-weekly monthly

If working, who is your employer? _____

Address: _____ Phone # _____

Do you receive food stamps? Yes No If yes, how much per month? _____

Are you currently a full-time student? Yes No If yes, where? _____

Receiving any student financial aid? Yes No If yes, how much per semester? _____

Are you enrolled in any job-training programs (does not include Choices) Yes No

If yes, where? _____

❖ How much money do you spend on rent every month? \$ _____ Who pays? _____

❖ How much money do you spend on utilities every month? \$ _____ Who pays? _____

❖ How much money do you spend on your car every month?
This includes car payments, insurance, maintenance, gas, etc. \$ _____ Who pays? _____

❖ How much money do you spend on telephones every month?
This includes cell phones, home phones, pagers, etc. \$ _____ Who pays? _____

❖ How much money do you spend on children every month?
This includes clothes, shoes, school supplies, child care, etc. \$ _____ Who pays? _____

❖ What is your monthly grocery bill? \$ _____ Who pays? _____

❖ Does anyone buy you food, diapers, cleaning supplies, or anything else for you and/or your children?
 Yes No How much? \$ _____ Who pays? _____

❖ Does anyone give you any money for your expenses?
 Yes No How much? \$ _____ Who pays? _____

Asset and Deduction Information

WHAT ARE 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?

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- 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?

I, _____, hereby attest to 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 any false statements will be considered "Fraud" and are punishable under federal law and my eligibility 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: _____

Are you elderly (over 62) and/or disabled? Yes No

Do you require a wheelchair accessible unit? Yes No

Do you have any physical disabilities that prevent you from climbing stairs? Yes No

Do you require any other special accommodations (like a live-in aide)? Yes 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 receive 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 will result in severe penalties to include denial or termination of any assistance I may be receiving. I also understand that any false statements will be considered "Fraud" and are punishable under federal law and my eligibility 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: _____