

DOUBLE MOUNTAIN PROPERTY MANAGEMENT
202 W. McARTHUR
ROTAN, TEXAS 79546
325-735-3613

APPLICATION for PUBLIC HOUSING

Instructions: Please read Carefully. Incomplete applications will not be processed

This application is valid for all public housing properties operated by Double Mountain Property Management hereinafter referred to as "PHA".

To be qualified for admission to public housing an applicant must:

- a. Be a family as defined in PHA's Admission and Continued Occupancy policy;
- b. Document citizenship or eligible immigration status;
- c. Have an Annual Income at the time of admission that does not exceed the income limits established by HUD that are posted in PHA office.
- d. Provide documentation of Social Security numbers for all family members;
- e. Meet or exceed the Applicant Selection Criteria;
- f. Pay any money owed to PHA or any other housing authority;
- g. Not have had a lease terminated by a PHA in the past 12 months;
- h. Be able and willing to comply with the PHA lease;
- i. Not have any family members engaged in any criminal activity that threatens the life, health, safety, or right to peaceful enjoyment of the premises by other residents, and not have any family members engaged in any drug-related criminal activity;
- j. Not have any family members subject to a lifetime sex offender registration in any state.
- k. Pay any money owed to a utility supplier;
- l. Have sufficient income to pay monthly resident supplied utilities;

Complete applications will be entered on the waiting list in the order received. The waiting list will then be processed in order according to unit type and size.

Each applicant who meets the above qualifications will receive one unit of the size and type needed. If the applicant accepts the offer, the applicant will be offered a lease. If the applicant refuses the offer, the applicant will be withdrawn from the waiting list and may re-apply at any time.

Applicants with disabilities will be given assistance, if requested, with the completion of the application at PHA's office at the address above.

PHA will conduct a criminal record check on all adult applicants or those for whom adult records are available.

**Application Submittal**
For Office Use OnlyDate Received: ____/____/____
Time Received: _____
Application Fee: \$ _____

RURAL RENTAL HOUSING ASSOCIATION OF TEXAS, INC.

RENTAL APPLICATION_____
Property Name**Application Assignment**
For Office Use OnlyApartment No.: _____
Lease Date: ____/____/____
Rent: \$ _____**ABOUT YOU: (TENANT OR CO-TENANT)**

Applicant's full name: _____ Current Landlord: _____
 Present address: _____ Their Phone Number: _____
 _____ How long have you lived there? _____
 Phone Number: (Home) _____ (Cell) _____ Current Monthly Rent: \$ _____
 Driver's License Number: _____ (State) _____ Previous Landlord: _____
 Social Security Number: _____ Address: _____
 Date of Birth: _____ How long did you live there? _____
 Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated _____ Their Phone Number: _____
 Why are you moving? _____ Previous Monthly Rent: \$ _____
 _____ Are you currently attending any kind of school? ☐ Yes ☐ No
 Do you receive job related or other income? ☐ Yes ☐ No _____ E-Mail Address: _____

YOUR SPOUSE: (Note: Co-Tenants are required to complete a separate rental application)

Full Name: _____ Drivers License Number: _____
 Present address: _____ Social Security Number: _____
 _____ Date of Birth: _____
 Phone Number: _____ Are you currently attending any kind of school? ☐ Yes ☐ No
 Do you receive job related or other income? ☐ Yes ☐ No

OTHER OCCUPANTS: (Anyone other than spouse, that is 18 or older, must complete a separate application)

Name: _____	Relationship: _____	SSN: _____	Birth date: _____	Student _____
Name: _____	Relationship: _____	SSN: _____	Birth date: _____	Student _____
Name: _____	Relationship: _____	SSN: _____	Birth date: _____	Student _____
Name: _____	Relationship: _____	SSN: _____	Birth date: _____	Student _____
Name: _____	Relationship: _____	SSN: _____	Birth date: _____	Student _____

Does the tenant or co-tenants have legal custody of all minor children listed above? ☐ Yes ☐ No
 Do you or any occupant have a live-in attendant? ☐ Yes ☐ No
 Do you anticipate any changes in household size (new members, birth of child, adoption, foster child, etc.)? ☐ Yes ☐ No

VEHICLES: (List all vehicles, including motorcycles, RVs and trailers to be parked by you, your spouse or any occupants of the apartment.)

Vehicle Type: _____ Year: _____ Color: _____ License No.: _____
 Vehicle Type: _____ Year: _____ Color: _____ License No.: _____

PREFERENCES:

What size unit are you requesting? ☐ Efficiency ☐ 1 Bedroom ☐ 2 Bedroom ☐ 3 Bedroom
 Are you applying for a handicap accessible unit? ☐ Yes ☐ No
 Do you wish to claim the deduction available for handicap or disabled persons? ☐ Yes ☐ No
 Do you wish to make any modifications to the apartment to accommodate a handicap or disability? ☐ Yes ☐ No (If yes, please describe): _____

EMERGENCY:

In the case of an emergency, notify _____
 Address: _____ Relationship: _____
 Daytime phone number: _____ Evening phone number: _____
 In the case of serious illness, death or disappearance, is the above named person authorized to take possession of your property? ☐ Yes ☐ No
 In the case of serious illness, death or disappearance, is the apartment property authorized to return any monies (rent or security deposit) due to the resident to the above named person? ☐ Yes ☐ No
 Other Instructions: _____

GENERAL INFORMATION:

Do you have a pet? ☐ Yes ☐ No Breed? _____ Age: _____ Weight: _____
 Have you or anyone in your household (adult or juvenile) ever been convicted of, pled no contest to, or entered a guilty plea, to any criminal offense other than minor traffic violations? ☐ Yes ☐ No If yes, please describe: _____
 Have you or anyone in your household ever lived at this apartment property? _____
 Do you or anyone in your household use a controlled substance (drugs)? _____
 Have you or anyone in your household ever:
 1) broken an apartment lease? _____
 2) been requested to vacate an apartment? _____
 3) been evicted or sued for non-payment of rent? _____
 4) been evicted or sued for damage to rental property? _____
 5) received deferred adjudication for a felony? _____
 6) been convicted of a felony? _____
 7) been arrested and convicted as a sex offender? _____
 Have you given notice to your present landlord of your intent to move? _____

STUDENT STATUS:**USDA requirements (determines eligibility for housing):**

Will any tenant or co-tenant attend an institution of higher learning in the coming year? ☐ Yes ☐ No
 1) Has the student established a separate household from parents for at least one year prior to occupancy? ☐ Yes ☐ No
 2) Is the student claimed as a dependent on their parent's tax return? ☐ Yes ☐ No
 3) Is the student financially independent from their parents? ☐ Yes ☐ No

HUD (determines eligibility for Section 8 rental assistance)

1) Is the student 24 years of age or older? ☐ Yes ☐ No
 2) Is the student a veteran? ☐ Yes ☐ No
 3) Is the student married? ☐ Yes ☐ No
 4) Does the student have a dependent child? ☐ Yes ☐ No

LIHTC requirements (determines eligibility for housing):

Has any tenant or co-tenant in the household attended school full-time for at least 5 months in the past year? ☐ Yes ☐ No
 Does any tenant or co-tenant in the household intend to go to school full-time in the coming year? ☐ Yes ☐ No

If the answer is "Yes" to either of the questions above, complete the section below:

LIST the name of each Full-time Student:

NOTE: Households where all of the members are full-time students are not eligible unless they meet one of the exemptions:

- 1) Is/are the full-time student(s) married and filing a joint income tax return? ☐ Yes ☐ No
- 2) Does the household receive assistance under Title IV of the Social Security Act (i.e., AFDC)? ☐ Yes ☐ No
- 3) Is the student a single parent with a minor child? ☐ Yes ☐ No
- 4) If you have children, do you claim them on your federal income tax return? ☐ Yes ☐ No
- 5) Does the student receive assistance under the Job Training Partnership Act or similar federal or state law? ☐ Yes ☐ No

CREDIT:

Credit Reference #1: _____ Phone #: _____
 Address: _____ Account #: _____
 Credit Reference #2: _____ Phone #: _____
 Address: _____ Account #: _____

ASSET & INCOME QUESTIONNAIRE

The information on this form is authorized to be collected by the USDA Rural Housing Service to determine an applicant's eligibility and the amount the tenant must pay toward rent and utilities. This information may be released to appropriate Federal and State agencies. However, this information will not otherwise be released, except as permitted or required by law. Failure to disclose certain items of information requested may result in a delay in the processing of an application or its rejection.

INCOME:

Does any member of your household have a job? ☐ Yes ☐ No (Include wages, salary, overtime pay, military pay, commissions, fees, tips, bonuses, etc.)

Household Member Name	Employer (Name, Address & Phone No.)	Gross Monthly Wages
		\$
		\$
		\$
		\$

Does any member of your household own a business or rental property? ☐ Yes ☐ No

Name of Business	Type of business	Years of Ownership	Monthly Profit
			\$

Does any member of your household receive payments or benefits from Social Security, SSI, annuities, veterans benefits, retirement funds, pensions, insurance policies, etc.? ☐ Yes ☐ No

Household Member Name	Source (SS, Veterans, etc.)	Monthly Income
		\$
		\$
		\$
		\$

Does any member of your household receive unemployment, disability, death benefits, workers compensation payments, public assistance/TANF, etc.? ☐ Yes ☐ No

Household Member Name	Source (Unemployment, workers comp, etc.)	Monthly Income
		\$
		\$
		\$

Does any member of your household receive alimony, child support or regularly recurring contributions from someone not residing in the dwelling? ☐ Yes ☐ No

Household Member Name	Amount you are entitled to receive	Gross Amount received monthly
	\$	\$
	\$	\$
	\$	\$

Does any member of your household receive interest or dividend income? ☐ Yes ☐ No

Household Member Name	Source	Monthly Income
		\$
		\$
		\$

List all other household income. (Include severance pay, education grants, scholarships, etc.)

Household Member Name	Source	Monthly Income
		\$
		\$
		\$

Total Monthly Income.....

Total Annual Income expected for the next 12 months

\$
\$

ASSETS:

Total Cash on Hand for all members of the family

\$

Does any member of your household have a bank account (checking, savings, etc)? ☐ Yes ☐ No

Account Holder	Bank (Name & address)	Interest Rate	Account Number	Avg 6 month Balance
				\$
				\$
				\$

Does any member of your household own stocks, bonds, IRA, 401K, CD or retirement account? ☐ Yes ☐ No

Account Holder	Financial Institution (Name & address)	Income	Account Number	Current Value
				\$
				\$
				\$

Does any member of your household have a life insurance policy that has cash value? ☐ Yes ☐ No

Household member name	Description (Term, whole life, etc.)	Policy #	Cash Value
			\$
			\$

Does any member of your household have personal property held as an investment (gem & coin collections, antique autos, art, etc.)? ☐ Yes ☐ No

Description	Current Value
	\$

Does any member of your household own any property? ☐ Yes ☐ No

Household member name	Location of property	Appraised Value	Outstanding Mortgage
		\$	\$
		\$	\$

Has any member of your household sold or given away any assets in the last two (2) years? ☐ Yes ☐ No

Household member name	Description of property	Market value or appraised value	Amount of Sale
		\$	\$
		\$	\$

Have you or any household member received any lump sum payments, such as lottery winnings, inheritance or insurance settlements?
☐ Yes ☐ No (If yes, please describe)

Does any member of your household own any asset not listed above? ☐ Yes ☐ No (If yes, please describe in detail.)

EXPENSES:

CHILD CARE: To enable a household member to be employed or attend school, does anyone in your household pay for childcare services? ☐ Yes ☐ No (If yes, please list each provider):

MEDICAL EXPENSE: (Complete this section when the Tenant or Co-Tenant is at least 62 years old, or handicapped or disabled.)

Does your household pay medical expenses that are not covered by insurance? ☐ Yes ☐ No

If the answer is yes, you may be eligible for a reduction in your monthly rental payment. Please submit to the property manager the information necessary to document the amount of un-reimbursed medical expenses you expect to pay in the next 12 months.

If any member of the household is subject to a State lifetime sex offender registration requirement, then admission as an occupant shall be denied. In order to verify the non-offender status of all occupants, it is necessary for the applicant to list all states in which any and all occupants have ever resided. A complete list of all states in which every occupant of household has ever resided is as follows:

Applicant: _____

Co-Applicant: _____

Other occupant #1: _____

Other occupant #2: _____

Other occupant #3: _____

Other occupant #4: _____

Are any proposed Applicants or occupants subject to a lifetime sex offender registration of any state? ☐ Yes ☐ No

If any member of the household is subject to a lifetime sex offender registration, you will be given the opportunity to permanently remove the individual from the household and, if such person is not permanently removed and barred from the property, you will not be allowed to occupy an apartment.

If you or any occupant of the household falsifies any information or otherwise fails to disclose criminal history in this application or in any recertification forms, then your occupancy shall terminate and you shall be evicted.

CERTIFICATION AND SIGNATURES: (All Adults in household must sign application.)

All statements contained in this application are true and correct. I authorize the owner or its representatives to contact any person to verify any information contained herein. In the event that information given above is discovered to have been false or incomplete, the applicant understands that their application may be rejected or they may lose any subsidy that the Federal Government pays and have their rent increased and be sued for eviction. The Applicant also certifies that the unit applied for will be the Applicant's Household's permanent residence and it does/will not maintain a separate subsidized rental unit in a different location.

Signing this acknowledgment indicates that you have had the opportunity to review the landlord's tenant selection criteria. The tenant selection criteria may include factors such as criminal history, credit history, current income, and rental history. If you do not meet the selection criteria, or if you provided inaccurate or incomplete information, your application may be rejected and your application fee will not be refunded.

Date _____

Signature of Applicant _____

Date _____

Signature of Applicant _____

WARNING: Section 1001 of Title 18, United States code provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States makes a false, fictitious, or fraudulent statement or representation, or makes or uses any false writing or document knowing the same to contain false, fictitious, or fraudulent statement or entry, shall be fined not more than \$10,000.00 or imprisoned not more than five years, or both."

CENSUS INFORMATION:

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Development/USDA, that Federal laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, national origin and sex of an individual applicant on the basis of visual observation or surname.

ADULT APPLICANT #1

Ethnicity:

☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race: (Mark one or more)

☐ White ☐ Black or Africa American

☐ American Indian/Alaska Native ☐ Asian

☐ Native Hawaiian or other Pacific Islander

Gender: ☐ Male ☐ Female

ADULT APPLICANT #2

Ethnicity:

☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race: (Mark one or more)

☐ White ☐ Black or Africa American

☐ American Indian/Alaska Native ☐ Asian

☐ Native Hawaiian or other Pacific Islander

Gender: ☐ Male ☐ Female

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RENTAL APPLICATION DECEMBER 2012

FORM VALID FOR FRHA OF TEXAS MEMBERS ONLY

DOUBLE MOUNTAIN PROPERTY MANAGEMENT
202 W. McARTHUR
ROTAN, TEXAS 79546

A \$10.00 NON-REFUNDABLE APPLICATION FEE FOR EACH ADULT MEMBER OF THE HOUSEHOLD MUST ACCOMPANY THE COMPLETED APPLICATION TO COVER THE COST OF PROCESSING. CASH WILL NOT BE ACCEPTED

ONLY COMPLETED APPLICATIONS WILL BE ACCEPTED. THIS INCLUDES ALL PERSONS 18 YEARS OF AGE OR OLDER FOR ELIGIBILITY PURPOSES. USE THE CORRECT LEGAL NAME FOR EACH PERSON AS IT APPEARS ON SOCIAL SECURITY CARD. AN AUTHORIZATION FORM MUST ALSO BE SIGNED BY ALL MEMBERS OF THE HOUSEHOLD 18+.

A COMPLETED APPLICATION INCLUDES:

1. SOCIAL SECURITY CARD FOR EACH HOUSEHOLD MEMBER
2. BIRTH CERTIFICATE FOR EACH HOUSEHOLD MEMBER
3. DRIVERS LICENSE FOR EACH HOUSEHOLD MEMBER
4. MARRIAGE LICENSE OR DIVORCE DECREE
5. INCOME VERIFICATION FOR EACH HOUSEHOLD MEMBER
6. INSURANCE ON AUTO

APPLICATION SCREENING PROCESS:

1. PRIOR LANDLORDS REFERENCES
2. INCOME VERIFICATION
3. CHILDCARE VERIFICATION
4. MEDICAL EXPENSE VERIFICATION (ELDERLY & HANDICAPPED)
5. ASSET VERIFICATION
6. CRIMINAL BACKGROUND CHECK
7. FAMILY COMPOSITION VERIFICATION
8. PROOF OF CITIZENSHIP
9. CREDIT HISTORY

FORMS MUST BE COMPLETED IN FULL AND SIGNED BY ALL ADULT PERSONS IN THE HOUSEHOLD. FAILURE OF THE APPLICANT OR PARTICIPANT TO SIGN THE APPLICATION CONSTITUTES GROUNDS FOR DENIAL OF ELIGIBILITY OR TERMINATION OF ASSISTANCE OR TENANCY. ALL APPLICATIONS MUST BE UPDATED WITH THE HOUSING AUTHORITY EVERY 6 MONTHS OR APPLICANTS WILL BE REMOVED FROM THE WAITING LIST.

UNDER TITLE 18, SECTION 1001 OF THE U.S. CODE, IT IS A FELONY TO MAKE FALSE STATEMENTS KNOWINGLY AND WILLINGLY TO ANY REPRESENTATIVE OR AGENT OF A DEPARTMENT OR AGENCY OF THE UNITED STATES; ANYONE WHO DOES SO SHALL BE FINED UP TO \$10,000 OR IMPRISONED UP TO 5 YEARS OR BOTH.

Form One - Family Summary

Page 1 of 1

1. Name of Head of Household

2. Date Printed

Instructions: In the space provided below - list all household members. Everyone who will reside or resides in the unit must be listed.

Each person listed should complete "Form Two - Family Member Declaration". If there are four (4) members listed below - "Form Two" should be completed four (4) times - once by each member listed below.

Part A. Listing of All Household Members

Mbr. No.	Relationship to Head	Family Member Name (Last Name; First Name, Middle Init.)	Sex (m or f)	Date of Birth	For PHA Use Only	
					Declaration	Date Verified
Head	Self	√				
02						
03						
04						
05						
06						
07						
08						
09						
10						

Part B. Head of Household Certification

I hereby certify the information contained on this form and in this packet are true, accurate and complete to the best of my knowledge.

x

Signature of Head of Household

x

Date

Part C. Housing Authority Information

1. Please return completed forms to:

Rotan Housing Authority
202 W. McArthur
Rotan, Texas 79546
(325) 735-3613

2. To be completed by Housing Authority

Date Due Back

Date Received:

Verification Necessary: ☐ Yes ☐ No

3. Date Verified

4. Prepared by:

5. Reviewed and Approved by:

Form Two - Family Member Declaration

Page 1 of 5

1. Name of Head of Household

2. Member Number and Date Printed
Head

Instructions: Complete this form for each member of the household listed on "Form One - Family Summary". If there are four (4) household members listed on that form - this form should be completed four (4) times - once by each household member.

Part A. Family Member Information

3. Name (Last; First)

4. Relation to Head

5. Sex (M or F)

6. Date of Birth

8. Admission Number (if applicable - this 11-digit number can be found on INS Form I-94, Departure Record)

7. Social Security Number (if applicable)

9. Nationality (Enter the foreign nation or country to which you owe allegiance. This is normally, but not always the country of birth.)

10. Alien Registration No. (if applicable)

11. Save Verification No. (PHA Use Only - if applicable)

Part B. Family Member Declaration

I, _____ hereby declare, under penalty of perjury, that I am:
(print or type first name, middle initial, last name)

Complete this Family Member Declaration by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2 or 3.

Block One:

☐ a citizen or national of the United States

If you checked this box, no further information is required. Sign and date below. If this block is checked on behalf of a child, the adult who will be responsible for the child should sign and date the form. If you completed this block (block one), the form is complete. You may skip the remainder of this form for this family member.

x

Signature of Family Member or Adult

x

Date

Check here if adult signed for a child. ☐

Double Mountain Property Management is an Equal Housing Provider

APPLICATION for PUBLIC HOUSING

For Office Use Only:

Date of Application: _____

Time of Application: _____

Received by: _____ Unit Size _____

1. Name of head of household: _____

2. Name of adult co-head of household: _____

3. Current address, Street, Apt. # _____

Current City, State and Zip _____

Current Area Code, Home & Work Phone #s _____

For Statistical Purposes Only

4. Race of Head: ☐ Caucasian/White ☐ African American/Black ☐ Asian or Pacific Islander
☐ Native American/ Alaska Native ☐ Pacific Islander/Hawaiian Native

5. Ethnicity of Head: ☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino

Family Information

6. List all persons who will live in the unit, including foster children, live-in aides (if needed for the care of a family member). No one except those listed on this form may live in the unit.

	First Name & Last Name if different from Head's	Date of Birth	Sex	Social Security Number	Relation to Head	Disabled Person?	Birthplace: Country	Full-time Student?
H				____ _	Head			
2				____ _				
3				____ _				
4				____ _				
5				____ _				
6				____ _				
7				____ _				
8				____ _				

Family Income Information

7. Please list the source and amount of all income expected for the coming 12 months for all family members, including but not limited to all earnings and benefits received from working, TANF, VA, Social Security, SSI, SSID, Unemployment, Worker's Compensation, pension, Child Support, etc. Example: Wages, \$150/week, SSI, \$421/month

Family Member Name	Income Source	Amount \$	Frequency – Per
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year

8. Do you have a checking or savings account or own any Certificates of Deposit, stocks, bonds, etc?
☐ Yes ☐ No If yes, describe the type of asset(s) please: _____
 What is the market value of all assets? _____
9. Do you own any real estate? ☐ Yes ☐ No If yes, what is the address? _____

10. Have you sold any real estate in the past two years? ☐ Yes ☐ No If yes, what was the address? _____

11. Current Landlord's name and phone # _____
 Current Landlord's Address _____
 Date Family Moved to this location _____
12. Most recent former address, Street, Apt. # _____
 Most recent former City, State and Zip _____
 Most recent former Area Code and Phone # _____

Screening

13. Have you ever been evicted from housing? ☐ Yes ☐ No If yes, why? _____

14. Have you ever lived in public housing before? ☐ Yes ☐ No If yes, where? _____
 Dates: From _____ To _____ Name of Lessee: _____
 Do you owe any money to the housing authority? ☐ Yes ☐ No
15. Do you have any past due utility bills? ☐ Yes ☐ No If yes, please describe and give amount owed: _____

16. Have you, or any member of the applicant household ever been arrested or convicted of a crime other than a traffic violation? ☐ Yes ☐ No If yes, please explain the problem and who was involved: _____

17. Is anyone in your household currently on parole or probation? ☐ Yes ☐ No If yes, please explain: _____

Qualifying for Deductions in Calculating Rent

18. Is the head of household or spouse age 62 or older or a person with a disability? ☐ Yes ☐ No If yes, please answer the following questions. If no, please skip down to question # 21
19. Does your household have any medical expenses (include insurance, Medicare deduction, doctor bills, dentist bills, hospital bills, clinic costs, medicine, therapy, supplies, medical transportation, etc.)? ☐ Yes ☐ No If yes, please describe the type of expense (not your medical condition) and the unreimbursed amount you spend per month on each medical expenses:
Type of expense: _____
Monthly medical expense: \$ _____ Name, address & phone # of person who can verify expense: _____
20. Do you have any expenses on behalf of a household member with disabilities so an adult in the family can work? ☐ Yes ☐ No If yes, describe the nature of the expense and the monthly amount: _____
Name, address & phone # of someone who can verify the expense: _____
21. Do you have childcare expenses for children under age 13 so an adult in the family can work, go to school or attend job training? ☐ Yes ☐ No If yes, Name, address and phone # of childcare provider: _____
Monthly unreimbursed child care cost: \$ _____
22. Is any member of the household age 18 or older (other than family head and spouse) a full time student or person with a disability? ☐ Yes ☐ No If yes, Name of the family member and name and address of someone who can verify this information: Name of family member: _____
Name, address & phone # of someone who can verify this information: _____
23. Drivers License or State ID #: Applicant: _____ Co-applicant: _____
Automobile: Year: _____ Make: _____ Model: _____ License: _____
24. Do you want an apartment at an all elderly complex? ☐ Yes ☐ No (Head or spouse over 62)
25. Do you want to have a pet in your apartment? ☐ Yes ☐ No

PHA will be contacting all former landlords.

I/we certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified. I/we authorize the release of information to the Housing Authority by my/our employer(s), the Texas Health and Human Services Commission, the Social Security Administration, and/or other business or government agencies. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission.

Applicant Signature

Date

Co-applicant Signature

Date

Warning: 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or an agency of the United States shall be fined not more than \$10,000 or shall be imprisoned for not more than five years or both.

DOUBLE MOUNTAIN PROPERTY MGMT.
202 W. McARTHUR
P.O. DRAWER J

325-735-3613
FAX 325-735-2572
ROTAN, TEXAS 79546

ATTENTION!

HUD HAS IMPLEMENTED A SECURITY SYSTEM THAT PERFORMS INCOME/BENEFIT MATCHING BETWEEN ALL STATE AND GOVERNMENT AGENCIES. THIS SYSTEM WILL MATCH AMOUNTS REPORTED TO AND DISTRIBUTED BY HUD, SOCIAL SECURITY ADMINISTRATION, SSI, INTERNAL REVENUE SERVICE, TEXAS WORKFORCE COMMISSION, THE DEPARTMENT OF HUMAN SERVICES (FOOD STAMPS & TANF), AND CHILD SUPPORT.

IF YOU ARE RECEIVING INCOME AND/OR BENEFITS THAT HAVE NOT BEEN REPORTED TO THIS OFFICE, YOU WILL BE PROSECUTED FOR FRAUD, AND YOU WILL BE REQUIRED TO REPAY BACK RENT.

PLEASE SIGN AND DATE BELOW AS ADMISSION THAT YOU UNDERSTAND THIS STATEMENT.

RESIDENT SIGNATURE _____ DATE _____

RESIDENT SIGNATURE _____ DATE _____

RESIDENT SIGNATURE _____ DATE _____

UNDER TITLE 18, SECTION 1001 OF THE U. S. CODE, IT IS A FELONY TO MAKE FALSE STATEMENTS KNOWINGLY AND WILLINGLY TO ANY REPRESENTATIVE OR AGENT OF A DEPARTMENT OR AGENCY OF THE UNITED STATES; ANYONE WHO DOES SO SHALL BE FINED UP TO \$10,000 OR IMPRISONED UP TO 5 YEARS OR BOTH.

MARY DENSON
EXECUTIVE DIRECTOR

325-735-3613
FAX 325-735-2572

Rotan Housing Authority
d/b/a
Double Mountain Property Management

READ THE FRONT & BACK OF THE NEXT FORM. HEAD
OF HOUSEHOLD WILL SIGN AND PUT SS# AND ANY
OTHER ADULT FAMILY MEMBER 18 & OLDER WILL
SIGN THE BACK OF THIS FORM

Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

PHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

IHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

DOUBLE MOUNTAIN PROPERTY MANAGEMENT
P.O. DRAWER J
ROTAN, TEXAS 79546

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 that you 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; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and 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 household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

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

PHA-owned rental public housing
Turnkey III Homeownership Opportunities
Mutual Help Homeownership Opportunity
Section 23 and 19(c) leased housing
Section 23 Housing Assistance Payments
HA-owned rental Indian housing
Section 8 Rental Certificate
Section 8 Rental 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.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years 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 concerning unearned income (i.e., interest and dividends). 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 regarding any period(s) within the last 5 years when I have received assisted housing benefits.

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 expires 15 months after signed.

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 Act Notice. 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). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. 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, the HA and any owner (or any employee of HUD, the HA or the owner) 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, the HA or the owner responsible for the unauthorized disclosure or improper use.

MARY DENSON
EXECUTIVE DIRECTOR

325-735-3613
FAX 735-2572

DOUBLE MOUNTAIN PROPERTY MANAGEMENT
Dba ROTAN HOUSING AUTHORITY

DO NOT FILL OUT NEXT FORM. ALL ADULT
HOUSEHOLD MEMBERS OVER THE AGE OF 18
MUST SIGN NEXT FORM

DOUBLE MOUNTAIN PROPERTY MANAGEMENT
202 W. MCARTHUR
P.O. DRAWER J

325-735-3613
FAX 325-735-2572
ROTAN, TEXAS 79546

**POLICE RECORD VERIFICATION
CITY OF ROTAN, TEXAS 79546**

Police Department: _____ Date: _____

Dear Sir/Madam:

Federal law requires us to verify certain information about all members of families living in or applying for admission to our developments. Specifically, the PHA wishes to avoid admitting a family any one of whose members is involved in criminal activity that would adversely affect the health, safety or welfare of other tenants.

If you could fill out the form below and return it to the **Double Mountain Property Management at P.O. DRAWER J ROTAN, TEXAS 79546** or fax it to **325-735-2572** within 5 days, it would be most appreciated.

Sincerely yours, _____ (Management Representative)

Using the numbers below, please indicate whether any family members have been arrested for or convicted of any crimes relating to the following:

- | | |
|--------------------------------------|------------------------------------------------|
| 1. Homicide/Murder | 6. Drug Trafficking/Use/Possession/Manufacture |
| 2. Rape or child molesting | 7. Child Abuse/Domestic Violence |
| 3. Burglary/Robbery/Larceny/Theft | 8. Public Intoxication./Drunk & Disorderly |
| 4. Threats or Harassment | 9. Receiving Stolen Goods |
| 5. Destruction of Property/Vandalism | 10. Fraud |
| 6. Assault or fighting | 12. Prostitution 13. Disorderly conduct |

Family Member Names	S.S #	D.O.B.	Crime(s)#	Status/Disposition

APPLICANT'S RELEASE

I hereby authorize the release of the information requested above.

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____

ROTAN HOUSING AUTHORITY
202 W. MCARTHUR
P.O. DRAWER J

325-735-3613
FAX 325-735-2572
ROTAN, TEXAS 79546

EMPLOYMENT INCOME VERIFICATION

Re. _____

Social Security # _____

Dear Sir/Madam;

We are required to verify the incomes of all family members living in or applying for Public Housing or Farmers Home. We ask your cooperation by supplying the information requested below about the referenced person. We will use any information you provide only to determine the family's eligibility and rent, and pledge to keep the data in strict confidence.

Please fill out the form below and return it to the **Rotan Housing Authority** at **P.O. Drawer J** or fax it to **325-735-2572** within 5 days, it would be most appreciated.

Sincerely yours, _____ (Housing Authority Representative)

-
1. Employed Since: _____ 2. Job Title _____
 3. Salary, Base Pay Rate: \$ _____ per hour \$ _____ per week \$ _____ per month
 4. Average hours worked at Base Pay Rate: _____ hrs/week, or _____ hrs/month in year.
 5. Is this person likely to get Overtime? __Yes__ No If yes, Overtime Pay Rate \$ _____ /Hr
 6. Average number of Overtime hours expected during the next 12 months: _____ Hrs/Month
 7. Any other compensation not listed above? Please specify for commissions, bonuses, tips, etc.?
For _____ \$ _____ per _____
 8. Is pay received for vacation? __Yes__ No If yes, number of days/year: _____
 9. Total Base Pay Earnings for last 12 months: \$ _____
 10. Total Overtime Earnings for the last 12 months: & _____
-

Firm Name: _____ Address: _____

Name of Person Completing this Form: _____ Date: _____

Title: _____ Signature: _____

APPLICANT/TENANT RELEASE

I _____ hereby authorize the release of the requested information.

Signature

Date

MARY DENSON
EXECUTIVE DIRECTOR

325-735-3613
FAX 735-2572

DOUBLE MOUNTAIN PROPERTY MGMT.

SIGN THE SECOND PAGE OF LANDLORD
VERIFICATION

DO NOT COMPLETE THIS FORM
SIGN THE SECOND PAGE ONLY

LANDLORD VERIFICATION FORM

Name of Applicant: _____

Previous Address: _____

Current Address: _____

Name of Landlord _____

Are you a relative or friend of the applicant? ____ Yes ____ No

If so, please describe relationship: _____

Current Landlord _____ Previous Landlord _____ Other _____

Dates of Applicant's Tenancy: From _____ To _____

Does (Did) the Applicant have a lease? θ YES θ NO

1. Rent Payment

A. Amount of monthly rent: \$ _____

B. Does (did) applicant pay rent on time? θ YES θ NO

C. Has(had) he/she ever paid l late? θ YES θ NO

How late? _____ How often? _____

D. Have (had) you ever begun/completed eviction for non-payment? θ YES θ NO

E. Was a Court judgment rendered in your favor for eviction for non-payment? θ YES θ NO

F. Do you provide any of the utilities for the unit? θ YES θ NO

G. Have tenant-paid utilities ever been disconnected? θ YES θ NO

2. Caring for the Unit

A. Does (did) the applicant keep the unit clean, safe and sanitary? θ YES θ NO

B. Has (had) the applicant damaged the unit? θ YES θ NO

Describe: _____

Cost to repair? \$ _____ How often? _____

C. Has (had) the applicant paid for the damage? θ YES θ NO

D. Will (did) you keep any security deposit? θ YES θ NO

E. Does (did) the applicant have problems with insect/rodent infestation? θ YES θ NO

F. Does (did) the applicant's housekeeping contribute to infestation? θ YES θ NO

G. Did the applicant make any alterations to the unit without your permission? θ YES θ NO

3. General

A. Is (was) the applicant listed on the lease for the unit? θ YES θ NO

B. Does (did) the applicant permit persons other than those on the lease to live in the unit on a regular basis? θ YES θ NO

Describe: _____

- C. Has (had) the applicant, family members or guests damaged or vandalized the common areas? θ YES θ NO

If Yes, Describe: _____

- D. Does (did) the applicant, family members or guests create any physical hazards to the project or other residents? θ YES θ NO

If yes, Describe: _____

- E. Does (did) the applicant, family members or guests interfere with the rights and quiet enjoyment of other tenants? θ YES θ NO

If yes, Describe: _____

- F. Have the applicant, family members or guests engaged in any criminal activity, including drug-related criminal activity? θ YES θ NO

If yes, Describe: _____

- G. Has (had) the applicant given you any false information? θ YES θ NO

If yes, Describe: _____

- H. Has (had) the applicant, family members or guests acted in a physically violent and/or verbally abusive manner toward neighbors, landlord, or landlord's staff? θ YES θ NO

If yes, Describe: _____

- I. Would you rent to this applicant again? θ YES θ NO

If not, why? _____

Signature of Landlord _____ Date _____

(Name of authorized project staff: telephone verification) _____ Date _____

APPLICANT RELEASE

I, _____ hereby authorize the release of the requested information.

Signature _____ Date _____

I, _____ hereby authorize the release of the requested information.

Signature _____ Date _____

MARY DENSON
EXECUTIVE DIRECTOR

325-735-3613
FAX 735-2572

DOUBLE MOUNTAIN PROPERTY MGMT.

READ OVER THE NEXT FORM.
DO NOT FILL OUT. ALL ADULT
HOUSEHOLD MEMBERS INITIAL ONLY ON
BOTTOM LEFT OF PAGE

Notice of Accountability

Please read this carefully.

Names of all residents _____

Date _____

Street Address and Unit Number _____

City, State, Zip Code _____

RE: Lease dated: _____

between _____

and _____

Dear Resident(s):

As our resident, you have been registered with a nationwide consumer reporting agency. That agency is Tenant Tracker, Inc. The function of the agency is to track and maintain records on residents, including information on your credit history and your past conduct and performance as a resident. This information is then reported to future property managers, lenders, creditors, and employers as they request it.

The management of this property is our business. We will treat you in a professional, business-like manner, and we expect to be treated the same in return. It is our policy to hold all of our residents accountable for their actions — whether favorable or unfavorable. Your reputation as a resident and as a creditworthy individual is on the line. The reputation you establish here will be with you for many years to come.

Every business person and property manager who reviews your record in the future will be aware of the favorable record you establish with us. That record should prove helpful to you. If, on the other hand, you give us cause to report unfavorable information about you to the consumer reporting agency, it will eventually be reported to employers, banks, home mortgage companies, insurance companies and other creditors with whom you wish to do business and who request a report. As required by law, you are hereby notified that a negative rental and credit report reflecting on your credit and rental record may be submitted to consumer and credit reporting agencies if you fail to fulfill the terms of your rental and credit obligations. An adverse report can make it very difficult for you in the future to:

- get the job you want,
- rent an apartment of your choice,
- get a car loan, student loan, or medical emergency loan,
- buy life insurance or medical insurance for you or your family, or
- obtain any gasoline credit cards or department store charge accounts.

You should also note that if you are a co-signer on the lease, you are **FULLY** responsible for performance of the entire lease, regardless of any other co-signer's lack of performance. Remember that a favorable record is a vital key to your future. Your record is now up to you. We are very pleased to have you as our resident and we want to make living in our community as enjoyable as possible. Please let us know if we can be of any service at any time.

Received by: (initials
of all residents below: optional)

Signature of Owner's Representative _____

Date notice was (check appropriate):

☐ hand delivered to resident,
☐ or posted on inside of residents main entry,
☐ or sent certified mail.

Signature of Witness (optional) _____

P.S. In the event there is ever a dispute over the accuracy of information reported to Tenant Tracker, Inc., there are certain procedures which you may follow. Tenant Tracker's phone number is 1-800-658-9396. Also, the owner reserves the right to regularly and routinely furnish information to consumer reporting agencies about the performance of lease obligations by residents. Such information may be reported at any time, and may include both favorable and unfavorable information regarding the resident's compliance with the lease, rules, and financial obligations.



APPLYING FOR HUD HOUSING ASSISTANCE?

THINK ABOUT THIS...
IS FRAUD WORTH IT?

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

DOUBLE MOUNTAIN PROPERTY MGMT.
202 W. McARTHUR
P.O. DRAWER J

325-735-3613
FAX 325-735-2572
ROTAN, TEXAS 79546

**IMPORTANT NOTICE FROM THE U. S. DEPARTMENT OF
HOUSING AND URBAN DEVELOPMENT**

**ON MARCH 26, 2002 THE U. S. SUPREME COURT RULED THAT
HOUSING AUTHORITIES MAY AGGRESSIVELY PURSUE
TERMINATING A RESIDENT'S LEASE FOR DRUG ACTIVITY. IF THE
RESIDENT, MEMBER OF THE HOUSEHOLD, GUEST OR ANYONE THAT
IS VISITING THE RESIDENT, ENGAGES IN DRUG ACTIVITY, WITH OR
WITHOUT THE KNOWLEDGE OF THE LEASEHOLDER, THE ENTIRE
FAMILY MAY BE EVICTED.**

**THE ABOVE RULING IS IN EFFECT AT THIS HOUSING AUTHORITY.
RESIDENTS WILL NO LONGER BE ABLE TO STATE THAT THEY DID
NOT KNOW THEIR GUEST OR FAMILY MEMBER WAS DEALING,
USING, OR OTHERWISE ENGAGING IN DRUG RELATED ACTIVITY.**

PLEASE REFER TO LEASE, SECTION VII, 23 (a) AND (b).