



APPLICATION FOR
BOWIE COUNTY HOUSING AUTHORITY, 1002 MACARTHUR, WAKE VILLAGE, TEXAS

1) Head of Household Information

Name: Social Security Number: Sex: Birthdate: Place of Birth: Mailing Address: City: State: Zip: Street Address: City: State: Zip: Phone Number(s) where we can contact you: Email address

Head of Household: For Statistical Purposes Only (mark one box in each category)

Race: White Black Am. Indian/ Alaskan Native Asian Pacific Islander Ethnicity: Hispanic Non-Hispanic

2) Spouse/Co-Head of Household Information

Name: Social Security Number: Sex: Birthdate: Place of Birth: Mailing Address: City: State: Zip: Street Address: City: State: Zip:

Spouse/Co-Head: For Statistical Purposes Only (mark one box in each category)

Race: White Black Am. Indian/ Alaskan Native Asian Pacific Islander Ethnicity: Hispanic Non-Hispanic

Does the head, spouse or co-head of household have a disability? (Proof must be provided at time of interview) Does the head, spouse or co-head of household require wheelchair accessibility? (Proof must be provided)

Income

List ALL amounts earned or received PER MONTH by everyone listed on this application. This includes wages, self-employment, child support, social security or SSI, workman's compensation, retirement or pensions, TANF, VA, rental property, stock dividends, income from bank accounts, alimony, and any other sources.

Table with 8 columns: Name of Household Member Receiving Income, Wages, TANF, Child Support, SS/ SSI, Unemployment, Help from family/friends, All Other Income

Have you or anyone in your household ever used a different name or SSN than the one on this application? Yes No

If yes, list who and alias information.

Please Complete Back Page



Bowie County Housing Authority



Have you or anyone listed on this application ever lived in subsidized housing?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, list where and when.				
Have you or anyone listed on this application ever been convicted of any crime other than traffic violations?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, please explain.				
Do you or anyone listed on this application report to a probation or parole officer?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, list name and number of officer.				
Is anyone in the household required to register as a sex offender?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, what states are you required to register in?				
Do you or anyone listed on this application owe money to any subsidized housing program, including this one?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, list where.				
Does anyone listed on this application receive Food Stamps (SNAPS)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, list who and how much monthly.				
Has anyone listed on this application ever been evicted or asked to move by a landlord?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, list who, where and when.				
Does anyone listed on this application owe any money to a landlord or utility company?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, list where and when.				
Do you own a Pet? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please list breed.				
How did you learn about this program?				

Applicant Certification : Please read and Initial by each and sign at the bottom

I certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have reviewed my application form and certify that the information shown is true and correct.

I know I am required to report ANY changes in income or household size or composition in writing to this office within **TEN DAYS** of the change.

I know that I am required to notify the Bowie County Housing Authority that I am still interested in this program **IN WRITING EVERY SIX MONTHS** and if I fail to do so, will be removed from the waiting list and have to reapply when and if applications are being accepted again.

I understand that this application **ONLY** puts my name on the waiting list for this program. Once I reach the top of the list, I will be scheduled to attend an eligibility interview and will have to provide verification of the information I have provided here in accordance with federal regulations and local policies. **This application does not guarantee me any type of assistance.**

For Housing Authority Use Only:
Stamp Date & Time of Application

Received By: _____

Suitability: Yes No

Eligibility: Yes No

Proof of disability/elderly status attached?

Yes No

By signing, I do hereby certify that all the information I have provided is accurate and true and that I understand and agree to each of the each of the above certifications. I understand that providing false statements and/or information is punishable under federal law and is grounds for denial of program assistance or termination of tenancy.

Applicant Signature: _____

Date: _____

Spouse/Co-Head Signature: _____

Date: _____

The Bowie County Housing Authority is committed to compliance with the Americans with Disabilities Act.
Reasonable modifications and equal access to communications will be provided upon request. Please call (903) 832-8514 for more information.