

APPLICATION FOR ADMISSION
Wichita Falls Housing Authority
Resolution 1307

For Office Use Only

Date

Time
___ Eligible
___ Ineligible

Applicant Name _____ Date of Birth _____
(Last) (First) (Middle)
 Ethnicity _____ () Hispanic () Non-Hispanic Telephone # _____
 Drivers License # _____

LANDLORD INFORMATION: Please list all landlords for the **PAST THREE YEARS.**

Where do you currently live _____ City/State _____
 Landlord/Manager _____ How Long? _____
(Name) (Address) (Phone)
 Previous Address _____ City/State _____
 Landlord/Manager _____ How Long? _____
(Name) (Address) (Phone)
 Previous Address _____ City/State _____
 Landlord/Manager _____ How Long? _____

Have you lived in assisted housing before? Yes ___ No ___ If yes, when? _____ Where _____
 Who was head of household? _____ Did you give notice to vacate? Yes ___ No ___ Did you leave
 owing money? Yes ___ No ___
 List below (2) two character references.
 Name _____ Address _____
 City/State/Zip Code _____ Phone _____
 Name _____ Address _____
 City/State/Zip Code _____ Phone _____

HOUSEHOLD COMPOSITION: List the correct legal name of all household members who will be living with you as they appear on social security cards. Begin with head of household, spouse, children, and any additional adults.

Legal Name	Sex	Age	SS#	Relation To Head	Birth Date	Birth Place
				Self	/ /	
					/ /	
					/ /	
					/ /	
					/ /	
					/ /	
					/ /	
					/ /	

TOTAL HOUSEHOLD INCOME: List below all money earned or received by everyone living in the household. This includes all money from employment, self-employment, child support, contributions, social security, SSI, retirement, disability, workmen's compensation, AFDC, Veteran's Benefits.

Family Member	Type of Income (Child Support, Job, SSI, etc.)	Where employed/How long	Amount

MONTHLY EXPENSES:

Rent _____ Auto _____ Other _____

PLEASE ANSWER ALL QUESTIONS:

1. Do you have any relatives or friends who live in this housing authority? No ___ Yes ___ If yes, list names and addresses? _____

2. Will you be keeping a pet? _____ Describe _____
3. Have you or any member of your household ever been evicted or refused housing elsewhere? No _____ Yes _____ If yes, when _____
4. Have you or any member of your household committed fraud in a federal assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing program? No ___ Yes ___ Explain _____
5. Are you or any family members currently using an illegal controlled substance? No ___ Yes ___
6. Have you or any family member ever been arrested or convicted for illegal usage, sale, distribution or manufacture of a controlled substance? No ___ Yes ___ Explain: _____

7. Have you or any family members ever been evicted from subsidized housing or public housing due to criminal activities involving weapons, drugs, alcohol, arson, prostitution or assault? No ___ Yes ___ Explain: _____
8. Are any members of your household pregnant? No ___ Yes ___ Name _____ Due Date _____

HEAD OF HOUSEHOLD'S FAMILY HISTORY:

Mother's Name _____ Maiden Name _____
Address _____ Telephone Number _____

Father's Name _____ Address _____
Telephone Number _____

Brother's Name(s) _____

Sister's Name(s) _____

SPECIAL NEEDS:

Does anyone in your household claim a mobility, visual, or hearing impairment or other special need which would require a special type of unit or other accommodation? No ___ Yes ___
If yes, please describe _____

AUTOMOBILE INFORMATION:

Make _____ Model _____ Year _____
Description _____

REASON FOR MOVING FROM CURRENT ADDRESS:

IN CASE OF AN EMERGENCY NOTIFY:

Name _____ Phone # _____
Address _____ Relationship _____

Applicant/Resident Certification

I certify that the information given above is accurate and complete to the best of my knowledge. I understand that false statements or information are punishable under federal and state laws. I also understand that false statements or information are grounds for denial of housing or assistance, termination of housing assistance and termination of residency. I have no objection to a police or credit check.

Signature /Head of Household Date

Signature/Spouse/Co-Head Date