

<b>DO NOT WRITE IN GRAY AREAS</b>				(mm/dd/yy)	(1) White, (2) Black, (3) American Indian/Alaskan Native, or (4) Asian/Pacific Islander	(1) Hispanic (2) Non-Hispanic	(Dollar Amount) Monthly Income	(Name of Employer, TANF, SS, SSDI, etc.) Source of Income
<b>Head and Co-Head of Household</b>		<b>Sex</b>	<b>Social Security Number</b>	<b>Date of Birth</b>	<b>Race</b>	<b>Ethnicity</b>		
Head of Household		M/F						
Spouse or Co-Head of Household (Do not include parents or adult children)		M/F						
(Example: parents, adult children, or other relatives except for spouse or co-head of household) Other Adults (Last, First, M.I.)	<b>Relationship To Head</b>	<b>Sex</b>	<b>Social Security Number</b>	(mm/dd/yy) <b>Date of Birth</b>	<b>Race</b>	(1) Hispanic (2) Non-Hispanic <b>Ethnicity</b>	(Dollar Amount) Monthly Income	(Name of Employer, TANF, SS, SSDI, etc.) Source of Income
		M/F						
		M/F						
<b>Minors (Last, First, M.I.)</b>	<b>Relationship To Head</b>	<b>Sex</b>	<b>Social Security Number</b>	(mm/dd/yy) <b>Date of Birth</b>	<b>Race</b>	(1) Hispanic (2) Non-Hispanic <b>Ethnicity</b>	<b>Age</b>	<b>Birth Place</b>
		M/F						
		M/F						
		M/F						
		M/F						

Enter your present street address: \_\_\_\_\_ How long? \_\_\_\_\_ Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Street or PO Box Apt.# City, State Zip Code

Enter your present mailing address: \_\_\_\_\_ Landlord's Name or Apartment Complex Name: \_\_\_\_\_ Did you sign a lease?  Yes  No  
Street or PO Box Apt.# City, State Zip Code

- Yes  No 1. Do you claim the local preference of elderly head or co-head of household (62 years and older)?
- Yes  No 2. Do you claim the local preference of disabled head or co-head of household? **You must submit proof.**
- Yes  No 3. Do you claim the local preference of displaced by natural disaster or government action? **You must submit proof.**
- Yes  No 4. Do you require a wheelchair accessible unit?
- Yes  No 5. Do you require a handicap accessible unit?  
If yes, please explain: \_\_\_\_\_
- Yes  No 6. Have you ever violated a previous obligation in connection with a HUD program?
- Yes  No 7. Do you owe any money to a Public Housing Authority, including HACA?

**I do hereby certify that all information I have provided is complete and accurate. I understand that I am to notify the Housing Authority of the City of Austin directly in writing of any change in mailing address. If we cannot contact you at the above mailing address, you will be removed from the waiting list and you will have to re-apply.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Date & Time of Application	<b><u>FOR HACA USE ONLY</u></b>
Circle if: MAIL	Received By: _____
<b>Proof of local pref. attached?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous HACA History? <input type="checkbox"/> Yes <input type="checkbox"/> No	List all client numbers these family members are listed under: _____
Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, explain: _____

