

# PRELIMINARY APPLICATION

PLEASE COMPLETE THIS FORM AND RETURN TO:  
 City of Amarillo, 509 SE 7th Ave, Amarillo, TX 79101

Received/ Revised		Unit Size	Office Use Only Preference							
_____	_____	_____	T	P1	P2	P3	P4	P5	P6	P7
_____	_____	_____	T	P1	P2	P3	P4	P5	P6	P7
_____	_____	_____	T	P1	P2	P3	P4	P5	P6	P7

Head of Household Name

\_\_\_\_\_

Current Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Legal address if different from mailing address

\_\_\_\_\_

\_\_\_\_\_

Note: If your legal or mailing address changes, you must notify this office to maintain your waiting list status.

Evidence of legal address claimed at time of application must accompany this form when returned. Acceptable evidence includes copy of driver's license or other official document listing head of household, spouse or co-head at claimed legal address. Preliminary Applications returned without evidence of legal address cannot be accepted.

## Part 1: Head of Household

Please complete this part for the Head of Household.

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Sex  Female  Male

Are you willing to move when offered assistance  Yes  No

Are you Disabled  Yes  No

Home Telephone \_\_\_\_\_

Other Telephone \_\_\_\_\_

Other Telephone Type  Work  Other Specify: \_\_\_\_\_

- Race (Check One Box)
- White
  - Black
  - Asian/Pacific Islander
  - American Indian/ Alaska Native
- Ethnicity (Check One Box)
- Hispanic
  - Not Hispanic

Racial and ethnic data for statistical purposes only.

## Part 2: Household Information

List information for adults first, then children under age 18. Use "F" or "M" to indicate sex. If a household member is disabled check the "Y" check box, if not disabled, check "N." List relationship of each person to the Head of Household. Attach additional sheet if family has more than ten members.

Last Name	First Name	Social Security #	Date of Birth	Sex	Disabled	Relationship
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

Please Continue to Part 3

# PRELIMINARY APPLICATION

## Part 3: Family Income and Assets

List total gross income (before taxes) and payments received by each family member age 18 and older from wages, military pay, pensions, social security, SSI, welfare, child support, unemployment, business, profession or any other source.

<u>First Name</u>	<u>Gross Income</u>	<u>How Often</u>	<u>If Income is from Wages</u> <u>List Address of Employer</u>
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____

List total cash value and total income received for assets owned by all family members.

<u>Type of Asset</u>	<u>Cash Value of Asset</u>	<u>Income Earned from Asset</u>
Checking Accounts	\$ _____	\$ _____
Savings Accounts	\$ _____	\$ _____
Stocks, Bonds, CDs, Investment	\$ _____	\$ _____
Real Estate	\$ _____	\$ _____
Other	\$ _____	\$ _____

## Part 4: Eligibility and Preferences

Your response to the following statements will help determine your eligibility for rental assistance. Check each box that applies to your current status.

- Your family is homeless or lives in a shelter or other place not meant for human habitation.
- You or any member of your household have been evicted from Public Housing, Indian Housing, Section 23 Housing, housing assisted by the Section 8 Program, for drug-related criminal activity during the past three years.
- You currently live in Public Housing, housing assisted by the Section 8 Program, or any other type of federally subsidized housing.

## Part 5: U.S. Citizenship Notification and Certification

Housing may be contingent upon the submission and verification of evidence of citizenship or eligible immigration status prior to the time housing is made available. Based on the evidence submitted at that time, assistance may be prorated, denied or terminated following appeals and informal hearing processes.

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000, or imprisoned up to five years if I furnish false or incomplete information.

X \_\_\_\_\_  
Date

**City of Amarillo**  
**Welfare-To-Work Rental Assistance Program**  
**Initial Screening Form**

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The City of Amarillo has a special program to provide rental assistance to help families make the transition from welfare to work. To determine if your household is eligible for this program, check any of the following statements which apply:

**Part I. Welfare To Work Status**

- I have received TANF and participated in the CHOICES program in the last two years and my TANF benefits have been exhausted. I am currently employed or in a training program.
- I am a TANF recipient and am faced with losing my TANF benefits within twelve months due to time limits. I am participating in the following welfare to work program \_\_\_\_\_.
- I am participating in a welfare to work program but do not meet the criteria listed in number 1 or 2 above.
- I am a TANF recipient and exempt from work related activities. I am voluntarily participating in a welfare to work program.
- I am currently receiving or have received benefits or services under the TANF program in the last two years but do not meet the criteria of any of the above categories.
- None of the above apply to my household.

**Part II. Current Housing Status**

Housing assistance is critical to my ability to successfully obtain or retain employment because:

- I am homeless
- I live in an overcrowded unit
- I have been displaced because of domestic violence
- I live in substandard housing
- I am facing imminent eviction or loss of utilities
- I must relocate because of employment or training opportunity
- I must relocate to avoid hardship in accessing child care and/or transportation necessary to obtain or retain employment
- I pay more than 50% of my monthly income for rent and utilities
- None of the above apply to my household.

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Signature of Head of Household

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Date

# Housing Survey

Housing Choice Voucher Program

Survey # \_\_\_\_\_

Please complete all of the information about the housing unit listed below.

## Unit Location

Building Name (optional) \_\_\_\_\_  
Street Address \_\_\_\_\_ Apt # \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_

## Management and Owner Information

### Management Information

Managed By  Owner  
 Management Company  
Mgr Name \_\_\_\_\_  
Mgr Phone \_\_\_\_\_  
Is the Owner / Manager On-Site?  Yes  No

### Owner Information

Owner Name \_\_\_\_\_  
Owner Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP \_\_\_\_\_

## Unit Size, Cost and Utilities Provided

### Size of Unit

Number of Bedrooms \_\_\_\_\_  
Number of Bathrooms \_\_\_\_\_

### Lease Information

Current Rent \$ \_\_\_\_\_  
Date Rented \_\_\_\_\_

### Owner Paid Utilities

Check all utilities that are included in the rent

Heat  Water Heat  Water  Trash Collection  Refrigerator  
 Cooking  Other Electric  Sewer  Air Conditioning  Range

### Types of Utilities Used

The unit is heated with:

Natural Gas  Electric  
 Bottle Gas  Coal  
 Oil  Other

The hot water is heated with:

Natural Gas  Electric  
 Bottle Gas  Coal  
 Oil  Other

The stove uses:

Natural Gas  
 Electric  
 Bottle Gas

# Housing Survey

Housing Choice Voucher Program

Survey # \_\_\_\_\_

## Unit Type, Quality and Age

### Unit Type

Check the one box that best describes the unit

- |  |  |
|--|--|
| <input type="checkbox"/> Older Home Converted  | <input type="checkbox"/> Two/Three Family (Duplex) |
| <input type="checkbox"/> High Rise             | <input type="checkbox"/> Single Family Detached    |
| <input type="checkbox"/> Mobile Home           |  |
| <input type="checkbox"/> Row House/Garden Apt. |  |
| <input type="checkbox"/> Older Multi-Family    |  |

### Quality of the Unit

Describe the overall quality and condition of the unit in comparison with other apartments you have seen.

- Above Average  
 Average  
 Below Average

### Age

Estimated year of construction or last major renovation \_\_\_\_\_

### Accessibility

Check all boxes that apply if the unit has specific features to assist people with the following types of disabilities:

- Hearing     Other  
 Sight  
 Mobility

## Amenities, Services and Maintenance

Check all of the items listed below that are included in the rent of the unit.

- |   |   |
|---|---|
| <input type="checkbox"/> 2nd Living Area                              | <input type="checkbox"/> Storm windows        |
| <input type="checkbox"/> Brick Exterior                               | <input type="checkbox"/> Washer/Dryer Hookups |
| <input type="checkbox"/> Central Air                                  | <input type="checkbox"/> Wood Frame Exterior  |
| <input type="checkbox"/> Central Heat                                 | <input type="checkbox"/> Working fireplace    |
| <input type="checkbox"/> Deck   |   |
| <input type="checkbox"/> Dishwasher                                   |   |
| <input type="checkbox"/> Driveway                                     |   |
| <input type="checkbox"/> Exceptional size relative to needs of family |   |
| <input type="checkbox"/> Garage or parking facilities                 |   |
| <input type="checkbox"/> Garbage Disposal                             |   |
| <input type="checkbox"/> Good maintenance of building exterior        |   |
| <input type="checkbox"/> Good upkeep of grounds                       |   |
| <input type="checkbox"/> High quality floors or wall coverings        |   |
| <input type="checkbox"/> Large or fenced yards                        |   |
| <input type="checkbox"/> Laundry Facilities                           |   |
| <input type="checkbox"/> Other forms of weatherization                |   |
| <input type="checkbox"/> Patio  |   |
| <input type="checkbox"/> Playground                                   |   |
| <input type="checkbox"/> Pool   |   |
| <input type="checkbox"/> Screen doors                                 |   |
| <input type="checkbox"/> Screen Windows                               |   |
| <input type="checkbox"/> Storm doors                                  |   |

## Certification

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000 if I furnish false or incomplete information.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date