



**Housing Authority of Bexar County (HABC)**  
1954 E. Houston Street, Suite 104 • San Antonio, Texas 78202  
Phone: (210) 225-0071; Fax: (210) 225-6976

**HOUSING CHOICE VOUCHER PROGRAM APPLICATION**

Head of household Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Co-Head Name \_\_\_\_\_ Current Telephone \_\_\_\_\_  
Current Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
Email Address: \_\_\_\_\_

IN CASE WE HAVE PROBLEMS CONTACTING YOU, LIST THE NAMES OF TWO RELATIVES OR FRIENDS LOCALLY:

1. NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_ RELATION \_\_\_\_\_  
2. NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_ RELATION \_\_\_\_\_

**Household Composition Information**

Have there been any changes to the number of people in your household since your last certification?

☐ Yes ☐ No If yes, list name(s) and whether person was added or removed \_\_\_\_\_

Below list names of all people who currently live in your household.

Name (Last, First)	Relation to Head of House- hold	Date of Birth	Age	Sex (M- Male F- Female)	Social Security #	U.S. Citizen (Y-Yes N-No)	Full Time Student (Y-Yes N-No)	Race * (W, B, N, A, O)	Ethnicity ** (H, NH)
1.	Head of Household								
2.									
3.									
4.									
5.									
6.									
7.									
8.									

\*Race: W-White, B-Black, N-American Indian/Alaska Native, A-Asian or Pacific Islander, O-Other

\*\*Ethnicity: H-Hispanic NH-Non-Hispanic

If a household member has a disability (verifiable by a qualified physician or other professional), you may qualify for additional deductions in your rent amount. You are not required to answer if someone in your household has a disability.

Does any household member have a disability? ☐ Yes ☐ No If yes, list name(s) \_\_\_\_\_

Name of former wife or husband: \_\_\_\_\_

Separation Date: \_\_\_\_\_ Divorced? ☐ Yes ☐ No Deceased Date: \_\_\_\_\_

Absent parent(s) of dependent child(ren) listed on application:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Household Income Information**

Below list **ALL** sources of household income. List the names and income of all members of your family who are currently employed, either full-time or part-time. Include earnings from self-employment, military pay, tips, etc. Also list all members of your family who are currently receiving income from other sources (e.g., Social Security, SSI, pension, disability, TANF, unemployment compensation, babysitting, alimony, child support, regular contributions or gifts).

**HUD ENTERPRISE INCOME VERIFICATION SYSTEM (EIV):** The Housing Authority of Bexar County (HABC) will utilize this system to verify your household income.

Family Member Name	Source of Income (Name, Address, Telephone of Employer)	Amount (Pay Rate)	How Often Received (Y, M, B, W, H, SM)

\*Frequency: Y-Yearly, M-Monthly, B-Bi-weekly, W-Weekly, H-Hourly, SM-Semi-monthly







**Family Obligations**  
**Housing Choice Voucher (HCV) Program**  
**Ref. Code of Federal Regulations (CFR) 24 §982.551**



Federal Regulations and HABC policy state the obligations of a participant Family under the Housing Choice Voucher program. *Initial beside each obligation and sign the acknowledgement below.*

- \_\_\_\_\_ **1.** The Family must supply any information that HABC or HUD determines necessary in the administration of the HCV program. "Information" includes any requested certification, release or other documentation.
- \_\_\_\_\_ **2.** The Family must supply any information requested by HABC or HUD for use in a regularly scheduled reexamination or interim reexamination of family income and composition.
- \_\_\_\_\_ **3.** The Family must disclose and verify social security numbers and must sign and submit consent forms for obtaining information.
- \_\_\_\_\_ **4.** All information supplied by the Family must be true and complete. Changes in Family composition and/or income must be reported to HABC within ten (10) business days.
- \_\_\_\_\_ **5.** The Family is responsible for tenant-caused Housing Quality Standards (HQS) violations. HQS Violations that are not corrected may result in termination of the HCV program.
- \_\_\_\_\_ **6.** The Family must allow HABC to inspect the unit at reasonable times, after reasonable notice. An adult, 18 years of age or older, must be present for the inspection.
- \_\_\_\_\_ **7.** The Family may not commit any serious or repeated violation(s) of their Lease and is responsible for paying rent and utilities on time. Utilities must be in the name of the head or co-head of household for the entire period the Family receives housing assistance.
- \_\_\_\_\_ **8.** The Family must notify HABC and the owner in writing before moving out of the housing unit or terminating the Lease on notice to the owner. See §982.314(d).
- \_\_\_\_\_ **9.** The Family must promptly give HABC a copy of any owner eviction notice.
- \_\_\_\_\_ **10.** The Family must use the assisted housing unit for residence by the family. The housing unit must be the family's only residence.
- \_\_\_\_\_ **11.** The composition of the Family residing in the housing unit must be approved by HABC. The Family must promptly inform HABC of the birth, adoption or court-awarded custody of a child. The Family must request HABC approval to add any other person as an occupant of the housing unit. No other person but approved Family members may reside in the housing unit.
- \_\_\_\_\_ **12.** The Family must promptly notify HABC if any Family member no longer resides in the housing unit.
- \_\_\_\_\_ **13.** If HABC has given approval, a foster child or a live-in-aide may reside in the housing unit.
- \_\_\_\_\_ **14.** Members of the household may engage in legal profitmaking activities in the housing unit, but only if such activities are incidental to the primary use of the housing unit.
- \_\_\_\_\_ **15.** The Family must not sublease or let the housing unit, and the Family must not assign the lease or transfer the housing unit.
- \_\_\_\_\_ **16.** The Family must supply any information requested by HABC to verify that the Family is living in the unit or information relating to Family absence from the unit. The Family must promptly notify HABC in writing of absence from the unit for more than ninety (90) days.
- \_\_\_\_\_ **17.** The Family must not own or have any interest in the housing unit.
- \_\_\_\_\_ **18.** The Family must not commit fraud, bribery or any other corrupt or criminal act in connection with the programs.
- \_\_\_\_\_ **19.** The Family may not engage in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other persons residing in the immediate vicinity of the unit (see §982.553).
- \_\_\_\_\_ **20.** The Family must not abuse alcohol in a way that threatens the health, safety or right to peaceful enjoyment of other persons residing in the immediate vicinity of the unit.
- \_\_\_\_\_ **21.** The Family may not receive HCV assistance while receiving another housing subsidy for any housing unit, under any duplicative federal, state or local housing assistance program(s).
- \_\_\_\_\_ **22.** The Owner of the assisted housing unit must not be the parent, child, grandparent, grandchild, sister or brother of any member of the family, unless HABC grants written approval, as a reasonable accommodation for a family member who is a person with disabilities.

I acknowledge that I have been briefed on the Family Obligations for the HCV program. I understand that failure to abide by the obligations listed above may result in denial and/or termination of assistance.

Signature of Head of Household	Date	Signature of Other Adult	Date
Signature of Other Adult	Date	Signature of HABC Representative	Date





Authorization for the Release of Information/  
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. 07/31/2021

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)
HOUSING AUTHORITY OF BEXAR COUNTY 1954 E HOUSTON ST Ste 104 SAN ANTONIO TX 78202	

**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 HA's 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:

[illegible]

**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.

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.



The public reporting burden for this information collection is estimated to be 30 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The Department of Housing and Urban Development (HUD) is authorized to collect the information on this form by Section 8 of the U.S. Housing Act (42 U.S.C. 1437f). Form is only valid if it includes an OMB Control Number. HUD is committed to protecting the privacy of individuals' information stored electronically or in paper form, in accordance with federal privacy laws, guidance, and best practices. HUD expects its third-party business partners, including Public Housing Authorities, who collect, use maintain, or disseminate HUD information to protect the privacy of that information in Accordance with applicable law.

When the participant selects a unit, the owner of the unit completes this form to provide the PHA with information about the unit. The information is used to determine if the unit is eligible for rental assistance. HUD will not disclose this information except when required by law for civil, criminal, or regulatory investigations and prosecutions.

1. Name of Public Housing Agency (PHA) <b>HOUSING AUTHORITY OF BEXAR COUNTY</b>			2. Address of Unit (street address, unit #, city, state, zip code)		
3. Requested Lease Start Date	4. Number of Bedrooms	5. Year Constructed	6. Proposed Rent	7. Security Deposit Amt	8. Date Unit Available for Inspection
9. Structure Type <input type="checkbox"/> Single Family Detached (one family under one roof) <input type="checkbox"/> Semi-Detached (duplex, attached on one side) <input type="checkbox"/> Rowhouse/Townhouse (attached on two sides) <input type="checkbox"/> Low-rise apartment building (4 stories or fewer) <input type="checkbox"/> High-rise apartment building (5+ stories) <input type="checkbox"/> Manufactured Home (mobile home)			10. If this unit is subsidized, indicate type of subsidy: <input type="checkbox"/> Section 202 <input type="checkbox"/> Section 221(d)(3)(BMIR) <input type="checkbox"/> Tax Credit <input type="checkbox"/> HOME <input type="checkbox"/> Section 236 (insured or uninsured) <input type="checkbox"/> Section 515 Rural Development <input type="checkbox"/> Other (Describe Other Subsidy, including any state or local subsidy) _____		

11. Utilities and Appliances

The owner shall provide or pay for the utilities/appliances indicated below by an "O". The tenant shall provide or pay for the utilities/appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and provide the refrigerator and range/microwave.

Item	Specify fuel type	Paid by
Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Heat Pump <input type="checkbox"/> Oil <input type="checkbox"/> Other	
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Other	
Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Other	
Other Electric		
Water		
Sewer		
Trash Collection		
Air Conditioning		
Other (specify)		
Refrigerator		Provided by
Range/Microwave		

Print or Type Name of Owner/Owner Representative		Print or Type Name of Household Head	
Owner/Owner Representative Signature		Head of Household Signature	
Business Address		Present Address	
Telephone Number	Date (mm/dd/yyyy)	Telephone Number	Date (mm/dd/yyyy)

12. Owner's Certifications

a. The program regulation requires the PHA to certify that the rent charged to the housing choice voucher tenant is not more than the rent charged for other unassisted comparable units. Owners of projects with more than 4 units must complete the following section for most recently leased comparable unassisted units within the premises.

1.	Address and unit number	Date Rented	Rental Amount
2.			
3.			

b. The owner (including a principal or other interested party) is not the parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving, leasing of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

c. Check one of the following:

☐ Lead-based paint disclosure requirements do not apply because this property was built on or after January 1, 1978.

☐ The unit, common areas servicing the unit, and exterior painted surfaces associated with such unit or common areas have been found to be lead-based paint free by a lead-based paint inspector certified under the Federal certification program or under a federally accredited State certification program.

☐ A completed statement is attached containing disclosure of known information on lead-based paint and/or lead-based paint hazards in the unit, common areas or exterior painted surfaces, including a statement that the owner has provided the lead hazard information pamphlet to the family.

13. The PHA has not screened the family's behavior or suitability for tenancy. Such screening is the owner's responsibility.

14. The owner's lease must include word-for-word all provisions of the HUD tenancy addendum.

15. The PHA will arrange for inspection of the unit and will notify the owner and family if the unit is not approved.



**Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards**

**Lead Warning Statement**

*Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.*

**Lessor's Disclosure**

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

(i) \_\_\_\_\_ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

\_\_\_\_\_

(ii) \_\_\_\_\_ Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the lessor (check (i) or (ii) below):

(i) \_\_\_\_\_ Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

\_\_\_\_\_

(ii) \_\_\_\_\_ Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

**Lessee's Acknowledgment (initial)**

(c) \_\_\_\_\_ Lessee has received copies of all information listed above.

(d) \_\_\_\_\_ Lessee has received the pamphlet *Protect Your Family from Lead in Your Home*.

**Agent's Acknowledgment (initial)**

(e) \_\_\_\_\_ Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852(d) and is aware of his/her responsibility to ensure compliance.

**Certification of Accuracy**

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

_____ Lessor	_____ Date	_____ Lessor	_____ Date
_____ Lessee	_____ Date	_____ Lessee	_____ Date
_____ Agent	_____ Date	_____ Agent	_____ Date







Housing Authority of Bexar County (HABC)  
1954 E. Houston Street, Suite 104  
San Antonio, TX 78202  
[www.habctx.org](http://www.habctx.org)



## Owner Certification and Responsibilities

**Assisted Housing Unit:** \_\_\_\_\_  
(Street address, City, State and Zip Code)

### **Ownership of Assisted Housing Unit**

I certify that I am the legal owner or the legally-designated agent for the above referenced housing unit, and that the prospective tenant has no ownership interest in the above housing unit.

The Owner of the assisted housing unit is not the parent, child, grandparent, grandchild, sister or brother of any member of the family, unless HABC grants written approval, as a reasonable accommodation for a family member who is a person with disabilities.

### **Proof of Ownership is required**

1. Copy of the Bexar Appraisal District Property Information card or a copy of the deed.
2. Management Agent/Property Manager(s): Submit a copy of a current management agreement.

### **Approved Residents of Assisted Housing Unit**

The family members listed on the dwelling lease agreement, as approved by the Housing Authority, are the only individuals permitted to reside in the assisted unit. I also understand that I am not permitted to live in the unit while I am receiving housing assistance payments on behalf of the assisted family.

### **Housing Quality Standards (HQS)**

My obligation to be in compliance is to maintain the contract unit and premises in accordance with Housing Quality Standards (HQS) at all times during the term of the Contract.

### **Tenant Rent Payments**

I understand that HABC determines the tenant's portion of the contract rent, and that it is a program violation to charge any amounts not specified in the lease and approved by the Housing Authority.

### **Reporting Vacancies, Abandoned Units and Evictions to HABC**

I understand that should the assisted unit become vacant, I am responsible for notifying the Housing Authority immediately in writing. I understand that if I am awarded an eviction judgment against a Tenant, I must provide a copy of the court judgment to HABC within 10 business days.

### **Duration and Enforcement of the Lease**

I understand that the initial contract is for 12 months. Should the above housing unit be sold, the terms will transfer to the new owner. I further understand that I must enforce my lease for serious and/or repeated violations.

### **Administrative and Criminal Actions for Intentional Violations**

I understand that failure to comply with the terms and responsibilities of the Housing Assistance Payment Contract is grounds for termination of participation in the Housing Choice Voucher/Section 8 Program. I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State Criminal Law.

With my signature, I certify that I have read and understand the Owner responsibilities listed and the provisions of the HAP Contract, form HUD-52641.

\_\_\_\_\_  
Signature of Owner/Agent

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

Title 18, US Code Section 1001, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the United States is guilty of a felony. State law may also provide penalties for false or fraudulent statements.

**Revised 05/05/2017**







1954 E. Houston Street Suite 104 - San Antonio, Texas 78202  
Phone (210)-225-0071 - Fax 210-225-6976

HQS INSPECTION CHECKLIST

To participate in the Housing Choice Voucher program, landlords must ensure that their housing units pass Housing Quality Standards (HQS) set by federal regulations and the Department of Housing and Urban Development. The following is a checklist to help landlords ensure their units pass HQS inspections conducted by the Housing Authority of Bexar County.

- Utilities must be turned on for the completion of the inspection.
- No chipping or peeling paint inside or outside.
- Stove must be clean and in working order and secured. (If provided by landlord.)
- Refrigerator must be clean, have a kick plate and be in working order. (If provided by landlord.)
- There must be a working heating system installed or provided by owner.
- Hot and cold running water in the kitchen and bathroom(s).
- There must be a shower or bathtub that works.
- There must be a flush toilet that works and does not leak.
- The bathroom must have either a window to the outside or an exhaust fan vented to the outside.
- There must not be any plumbing leaks.
- There must not be any plugged drains (check for slow drains).
- All plumbing fixtures must have P-traps.
- All ground floor windows must have working locks and exterior doors must have working deadbolts.
- All windows must be in good working condition.
- All electrical outlets must have cover plates and be in good working condition.
- All ground fault circuit interrupters (GFCIs) must work properly.
- There must not be any missing, broken or cracked windows.
- The roof must not leak. Indications of a leak are discolorations or stains on the ceiling.
- The hot water heater tank must have a temperature pressure relief valve with downward discharge pipe made of galvanized steel or copper tubing that is between six inches to eight inches from the floor (no PVC). CPVC is acceptable.
- The floor covering cannot be torn or have holes that can cause someone to trip.
- If there are stairs and railings, they must be secure.
- Four or more exterior stairs must have handrails 34 inches to 38 inches from the ground.
- Walk offs or porches 30 inches above grade must have guard rails 36 inches from the ground.
- Working smoke detectors are required in every unit and on every level.
- The contract rent must be reasonable based on the rent of comparable units in the neighborhood.
- All security bars and windows must have a quick release mechanism.
- Keyless bolting devices, and door viewers must be installed on each exterior door and doors exiting into the garage area. Keyless bolting devices may not be installed higher than 48 inches or lower than 36 inches from the floor.
- All sliding glass doors must have a pin lock zero to 48 inches from the floor, and if the manufacturer's lock to the sliding door is inoperable, there must be an additional security bar on the door.
- All windows should open and close as designed and have working lock devices.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





**Request for Taxpayer  
Identification Number and Certification**

**Give Form to the  
requester. Do not  
send to the IRS.**

Print or type  
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
- Owner	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>	
<div></div>	<div></div>
<b>or</b>	
<b>Employer identification number</b>	
<div></div>	<div></div>

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.  
**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.





**Request for Taxpayer  
Identification Number and Certification**

Give Form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		- Payee
2 Business name/disregarded entity name, if different from above		
3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number	
<div></div>	<div></div>
or	
Employer identification number	
<div></div>	<div></div>

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.  
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**Purpose of Form**

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- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

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**HABC**  
Housing Authority of Bexar County  
1954 E Houston Ste 104  
San Antonio, TX 78202

Office 210-225-0071  
Fax 210-225-6976  
www.habctx.org

## Authorization Agreement for Direct Deposit Payment

Vendor # (if known) \_\_\_\_\_

Name of Payee: \_\_\_\_\_

Vendor/Landlord Contact Name: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Email address: \_\_\_\_\_

Name of Bank or Financial Institution \_\_\_\_\_

Name on Account: \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Type: ☐ Checking ☐ Savings

SS/Tax ID Number: \_\_\_\_\_

Payee Information and tax ID must match W9

Rental Property Address: \_\_\_\_\_

I hereby authorize the Housing Authority of Bexar County to initiate credit and if necessary debit entries and adjustments for any credit entries made in error to my account. By signing below I attest that to the best of my knowledge that all facts and data on which this information is based on are true and correct and that I am authorized to make such request and changes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

PLEASE NOTE: THE DIRECT DEPOSIT MAY TAKE UP TO 60 DAYS TO BE ACTIVATED.  
PLEASE ATTACH A VOIDED CHECK FOR VERIFICATION PURPOSES.



