

Request for Tenancy Approval

Housing Choice Voucher Program

U.S Department of Housing and
Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0169
exp. 04/30/2026

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.

1. Name of Public Housing Agency (PHA) Housing Authority of Bexar County			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)		
		Provided by
Refrigerator		
Range/Microwave		

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.

Address and unit number	Date Rented	Rental Amount
1.		
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.

OMB Burden Statement: The public reporting burden for this information collection is estimated to be 0.5 hours, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information about the unit features, owner name, and tenant name is voluntary. The information sets provides the PHA with information required to approve tenancy. Assurances of confidentiality are not provided under this collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US Department of Housing and Urban Development, Washington, DC 20410. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

Privacy Notice: The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by 24 CFR 982.302. The form provides the PHA with information required to approve tenancy. The Personally Identifiable Information (PII) data collected on this form are not stored or retrieved within a system of record.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802).

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



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

Banking Information					
Fam Mem	Name of Bank	Account Number	Type of Account	Balance	
				Current	6-Mo. Average

Asset Information

Does any household member receive income from assets, including interest on checking or savings accounts?
 Yes No, If Yes, provide:
 Family Member Name _____ Type of Asset _____ Amount \$ _____

Do you or any household member own any real estate? Yes No If Yes, list address _____
 Have you or any household member sold any real estate in the past two years? Yes No If Yes, list address _____

Expenses Information

Do you or any household member have **CHILDCARE EXPENSES** for a child 12 or younger? Yes No
 If Yes, provide the name, address and telephone number of the care provider: _____

What is your out of pocket cost for childcare? _____ Is any of this portion reimbursed to you by any person or agency? Yes No If Yes, explain _____

Do you or any disabled household member have any current/anticipated **MEDICAL EXPENSES**? Yes No
 If Yes, must provide proof, as; doctor receipts, 12 month pharmacy printout, payment agreements, etc.

Current Expenditures

Rent	Electric	Water	Phone	TOTAL MONTHLY EXPENSES:
Auto Ins.	Credit	Credit	Loan	
Auto	Other	Other	Other	TOTAL MONTHLY INCOME:

Applicant/Participant Certification

The following certification must be signed by all household members age 18 or over.

I/WE CERTIFY THAT THE INFORMATION GIVEN ABOVE IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I/WE UNDERSTAND ANY ATTEMPT TO OBTAIN HOUSING ASSISTANCE, ANY RENT SUBSIDY OR RENT REDUCTION BY FALSE INFORMATION, IMPERSONATION, FAILURE TO DISCLOSE OR OTHER FRAUD (AND ANY ACT OF ASSISTANCE TO SUCH ATTEMPT) IS A CRIME UNDER FEDERAL LAW. I/WE ALSO UNDERSTAND THAT ALL CHANGES IN THE INCOME OF ANY FAMILY MEMBER OF THE HOUSEHOLD AS WELL AS ANY CHANGES IN THE HOUSEHOLD MUST BE REPORTED TO YOUR CASEWORKER NO LATER THAN TEN DAYS FROM THE DATE THAT THE CHANGE OCCURS.

HOH Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature of Agency Representative _____ Date _____

WARNING: Title 18, Section 1001 of the United States Code 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.

Any individual with a disability or other medical need who requires accommodation with respect to this form should contact the Housing Authority of Bexar County at (210) 225-0071.

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 HAs 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:

_____	_____		
Head of Household	Date		
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

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.

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.

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)

Housing Authority of Bexar County
1954 E. Houston St. Ste. 104
San Antonio TX 78202

IHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

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.



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

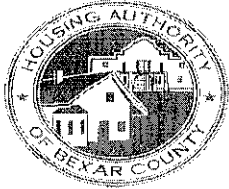


Federal Regulations and HABC policy state the obligations of a participant Family under the Housing Choice Voucher program. *Initial beside each obligation and sign the acknowledgement below.*

- _____ **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



HOUSING AUTHORITY OF BEXAR COUNTY

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

FAMILY SELF-SUFFICIENCY

The Family Self-Sufficiency Program is a five-year incentive program designed to assist families on the Housing Choice Voucher program to become economically self-sufficient by providing educational opportunities, skills development training, and preparation for employment.

El Programa de Autosuficiencia Familiar es un programa de incentivos de cinco años diseñado para ayudar a las familias en el programa de Vales de Vivienda a ser económicamente autosuficientes brindándoles oportunidades educativas, capacitación para el desarrollo de habilidades y preparación para el empleo.

The key objective of this program is to support families to achieve financial independence. As an incentive, the family will accumulate an escrow that will be paid to you at the program's graduation. The monies are tax-free and can be used at the participant's discretion. If you want to be part of this amazing program, please complete the form below and return it to your caseworker or our lobby staff.

El objetivo clave de este programa es ayudar a las familias a lograr la independencia financiera. Como incentivo, la familia acumulará un monto de dinero que se recibirá al graduarse del programa. El dinero está libre de impuestos y puede utilizarse a discreción del participante. Si quiere participar de este maravilloso programa, complete el formulario a continuación y devuélvalo a su asistente social o a nuestro personal del lobby.

Name (Nombre): _____

Phone Number (Teléfono): _____ **Email:** _____

Address (Dirección): _____

With the below signature I certify that I want to participate from the FSS program,
Con esta firma, certifico que quiero participar del programa de FSS,

Participant's Signature (Firma del participante)

Date (Fecha)



Individuals needing assistance due to a hearing-impairment, please call Relay Texas at 7-1-1. Any individual with a disability who requires an accommodation to HABC's policies and/or procedures should contact this office at (210) 225-0071.



**RESIDENT ADVISORY BOARD (RAB)
HOUSING AUTHORITY OF BEXAR COUNTY**

We are seeking 20 program participants to serve on our Resident Advisory Board (RAB). The Members of the Resident Advisory Board are required to attend at least two meetings a year.

The Resident Advisory Board (RAB) provides the PHA and the residents with a forum for sharing information about the Agency's Annual Plan. Section 511 of the United States Housing Act and the regulations in 24 CFR part 903 require that PHAs establish one or more Resident Advisory Board(s) (RAB) as part of the PHA Plan process. RAB membership is comprised of individuals who reflect and represent the residents assisted by the PHA. The role of the RAB is to assist the PHA in developing the PHA Plan and in making any significant amendment or modification to the Plan. [24 CFR § 903.13]

RAB Eligibility

To become a RAB member, you must

- be at least 18 years of age.
- be participant of one of the PHA's programs
- be in "good standing" with the program and landlord.

Print Name _____

Home Address _____

City _____ **State** TX, **Zip Code** _____

Telephone _____ **Other Telephone** _____

Email _____

Yes, I'm interested in being part of the Resident Advisory Board (RAB) for the period 2023-2025, I understand the importance to be heard and working together as a team and I certify I'm at least 18 years old and a participant in good standing of one of the PHA Program.

Signature

Date

