



Housing Authority of the City of Georgetown

APPLICATION FOR								<input type="checkbox"/> STONEHAVEN		<input type="checkbox"/> SHADY OAKS	
1) Head of Household Information											
Name:								Social Security Number:			
Sex (may decline to disclose):		M / F		Birthdate:				Place of Birth:			
Mailing Address:				City:				State:			
Street Address:				City:				State:			
Phone Number(s) where we can contact you:				1)				2)			

Head of Household: For Statistical Purposes Only - Optional, not required (mark one box in each category)											
Race:		<input type="checkbox"/> White		<input type="checkbox"/> Black		<input type="checkbox"/> Am. Indian/ Alaskan Native		<input type="checkbox"/> Asian		<input type="checkbox"/> Pacific Islander	
Ethnicity:		<input type="checkbox"/> Hispanic				<input type="checkbox"/> Non-Hispanic					

2) Co-Head of Household Information											
Name:								Social Security Number:			
Sex (may decline to disclose):		M / F		Birthdate:				Place of Birth:			
Mailing Address:				City:				State:			
Street Address:				City:				State:			

Is the head or the co-head of household disabled? (Will have to provide proof of disability at time of actual interview)										<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the head or the co-head of household need wheelchair accessibility? (Need to provide proof)										<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently homeless?										<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please List All Other Adult Family Members Who Will Be Living With You											
(Example: parents, adult children, or other relatives except for spouse or co-head of household)											
Other Adults (Last, First, M.I.)			Relationship to Head of Household	Social Security Number	Sex (may decline)	(mm/dd/yy) Date of Birth	Place of Birth				
3)					M / F						
4)					M / F						
5)					M / F						

Please List All Other Non-Adult Family Members Who Will Be Living With You											
Minors (Last, First, M.I.)			Relationship to Head of Household	Social Security Number	Sex (may decline)	(mm/dd/yy) Date of Birth	Place of Birth				
6)					M / F						
7)					M / F						
8)					M / F						
9)					M / F						
10)					M / F						
11)					M / F						



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Please Complete Back Page

Is any member of your household a student? Yes No

If yes, list who and where.

How did you hear about this property?

Please identify any member of your household who is a veteran:

Are you seeking housing due to a Presidentially Declared Disaster? Yes No

Please tell us about any Custody arrangements which exist for members of your household:

List ALL amounts earned or received PER MONTH by everyone living in your household. This includes wages, self-employment, child support, social security or SSI, workman's compensation, retirement or pensions, TANF, VA, rental property, stock dividends, income from bank accounts, alimony, and any other sources.

Name of Household Member Receiving Income	Wages	TANF	Child Support	SS/ SSI	Unemploy-ment	Help from family/ friends	All Other Income
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$

Have you or anyone in your household ever lived in subsidized housing? Yes No

If yes, list where and when.

Have you or anyone in your household ever been convicted of any crime other than traffic violations? Yes No

If yes, please explain.

Have you ever violated a previous obligation in connection with a HUD program? Yes No

If yes, list where and when.

Do you owe any money to any Public Housing Authority, including Georgetown? Yes No

If yes, list where.

Have you or any household member over age 18 disposed of any assets in the last two (2) years? Yes No

If yes, what type of asset did you dispose?

Have you or any member of your household been subject to to state sex offender registration in any state? Yes No

If yes, list all states:

Have you or any member of your household resided in any state other than Texas? Yes No

If yes, list all states:

Were you or any member of your household age 62 or older as of January 31, 2010, who has no SSN, and received rental assistance at another location on January 31, 2010? Yes No



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Applicant Certification : Please read and Initial by each and sign at the bottom

I certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have reviewed my application form and certify that the information shown is true and correct.

I know I am required to report ANY changes in income or household size or composition in writing to this office within **TEN DAYS** of the change.

I know that I am required to notify the Housing Authority of the City of Georgetown that I am still interested in this program IN WRITING EVERY THREE MONTHS and if I fail to do so, will be removed from the waiting list and have to reapply when and if applications are being accepted again.

I understand that this application ONLY puts my name on the waiting list for this program. Once I reach the top of the list, I will be scheduled to attend an eligibility interview and will have to provide verification of the information I have provided here in accordance with federal regulations and local policies. This application DOES NOT GUARANTEE ME ANY TYPE OF ASSISTANCE.

For Housing Authority Use Only:
Stamp Date & Time of Application

Received By: _____

Circle if: MAILED

If mailed, stamp date and time received.

Proof of disability/ elderly status attached?

Yes No

By signing, I do hereby certify that all the information I have provided is accurate and true and that I understand and agree to each of the each of the above certifications. I understand that providing false statements and/or information is punishable under federal law and is grounds for denial of program assistance or termination of tenancy.

Applicant Signature: _____

Date: _____

The Georgetown Housing Authority is committed to compliance with Equal Housing Oppurtunity, The Fair Housing Act, and the Americans with Disabilities Act. Reasonable accomodations and equal access to communications will be provided upon request. Please contact us or call (512) 863-4645 for more information. Se habla español.