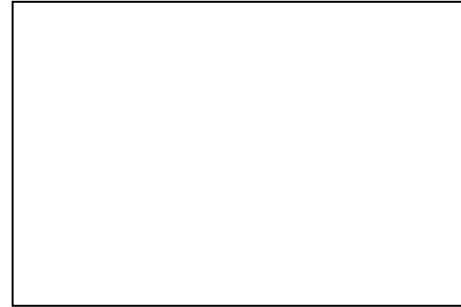


Plano Community Homes will *not* accept incomplete applications. Complete and sign this application entirely, if a section in the application is not applicable indicate by writing N/A, *do not* leave it blank. Please use a pen with blue or black ink only.



**APPLICATION FOR**  
**RESIDENCY**



Office use only

THIS APPLICATION IS VALID FOR RESIDENCY AT

**PIONEER PLACE SENIOR HOUSING**  
**ONLY**

1928-1932 Ave. K, Plano, TX 75074

**This application in its original form must be returned to the corporate office below:**

**Plano Community Homes**  
**1612 Avenue L**  
**Plano, Texas 75074**

**Phone (972)423-6058**  
**Fax (972)423-9681**  
**TDD Number (800)735-2989**  
**“Relay Texas”**



**Equal Housing**  
**Opportunity**

### **Eligibility Requirements**

The eligibility criteria for the Section 202 PRAC buildings at Pioneer Place Senior Housing (PP) are:

- 1) to be at least 62 years of age;
- 2) to be financially within the current maximum income limits which are: \$24,550 for a one person household and \$28,050 for a two person household; and
- 3) to be capable of meeting the terms of the lease and who meet all of the criteria outlined in the PP Tenant Selection Plan. A complete copy of the Tenant Selection Plan is available for review in the business office.

Ten percent (10%) of the units have additional accessibility features for those who are mobility impaired. In these apartments PP can accommodate those who are disabled **and** who need the features of these units; are financially below the maximum income; are capable of meeting the terms of the lease; and who meet all of the criteria outlined in the Tenant Selection Plan.

### **Waiting List**

The Phase I and Phase II waiting lists have been merged. There is now only one application for 1928-1932 Avenue K. Each eligible applicant will have two opportunities for housing for the Pioneer Place location.

### **Occupancy Standards**

All applicants and proposed household members must meet the eligibility requirements for this program. PP may not exceed the maximum occupancy. Our occupancy policy is to accommodate one or two person households in a one bedroom apartment. PP has no apartments larger than one bedroom.

### **Smoking Policy**

Effective May 9, 2005 **all** properties under the sponsorship of **Plano Community Home Sponsor, Inc. (PCH)** are smoke free and smoking is prohibited anywhere inside PCH sponsored buildings, including resident apartments. Smoking will only be permitted outside and at least 15 feet from any building, doors or windows. This Smoke Free Policy applies to PCH/PP residents, staff, families, guests and subcontractors. Applicant(s) will not be admitted without signing the Smoke-Free Policy.

### **Update Letters**

Our policy requires that we periodically request all applicants to confirm their interest in remaining on the waiting list. Failure to respond to update letters will result in removal from the waiting list.

## **Reasonable Accommodations**

Pioneer Place is an equal housing opportunity provider and does not discriminate against applicants or residents with disabilities.

*The Fair Housing Act defines disability as a physical or mental impairment that **substantially** limits one or more major life activity(s). The Supreme Court has determined that to meet this definition a person must have **an impairment that prevents or severely restricts the person from doing activities that are of central importance in most peoples' daily lives.***

This facility is committed to serving eligible and qualified individuals regardless of disability. If you need a Reasonable Accommodation to reside in this facility, and to have an equal opportunity to participate in the project, you should bring that fact to the Management of PP. The Management will try to work with you to reach an accommodation in keeping with the fundamental nature of the project and within the budgetary and administrative limits of the facility.

If you believe that negative information which may surface during the processing of your application for residency is attributable to a disability you are encouraged to bring this fact to the attention of the management and explain what, if any, changes in your circumstances diminish the negative facts and make you an appropriate candidate for residence.

## **Additional Information**

By completing and returning this application you are applying for housing subsidized by the U.S. Department of Housing and Urban Development (HUD).

**Warning:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States as to the matters within its jurisdiction.

Questions regarding race, religion and national origin are for statistical data only and WILL NOT be used when determining eligibility. PP does business in accordance with the Federal Fair Housing Laws and Americans with Disabilities Act.

Rent is based on 30% of applicant's adjusted gross income. There are allowable deductions for yearly medical expenses that can be verified. Residents are responsible for the cost of electricity, cable and telephone services. Water, sewage and trash removal are paid for by PP.

An applicant's or program participant's status as a victim of domestic violence, dating violence or stalking is not a basis for denial of rental assistance or for denial of admission, if the applicant otherwise qualifies for assistance or admission.

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Any applicant(s) who's primary language is not English, or who will need assistance with reading and understanding this application, will be required to have a translator or representative attest to the fact that this application has been read/translated in its entirety to the applicant(s).

PCH will only accept applications from households whose head of household is at least 62 years of age at the time the application is completed.

**By signing below, I certify that I have read and understand the preceding pages:**

<b>x</b> _____	_____
<b>Head of Household</b>	<b>Date</b>
<b>x</b> _____	_____
<b>Spouse or co-head</b>	<b>Date</b>

# I. PERSONAL DECLARATION FORM

This entire application form must be completed and signed by the applicant(s). Please use the correct legal name for each member of the household. ALL members of the household must sign in ALL appropriate places certifying the accuracy of the information pertaining to them for the application to be considered complete. **Incomplete applications will not be accepted.**

## A. APPLICANT INFORMATION

Name of applicant(s): \_\_\_\_\_  
Last First Middle Initial

\_\_\_\_\_  
Last First Middle Initial

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address \_\_\_\_\_  
if different from above: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

**OPTIONAL:** Please list an additional person, not applying for housing on this application, which you authorize PCH/PP to speak to about your occupancy. This information may be used if we are unable to communicate with you in English.

\_\_\_\_\_  
Name Home Phone Other Phone

\_\_\_\_\_  
Address City State zip code

It is the applicant's responsibility to inform Pioneer Place of any change in the address information and/or phone number(s) provided in this application. The primary form of correspondence with waiting list applicants will be by mail; therefore, please make sure the above information is accurate and legible. PP will only accept applications from households whose head of household is at least 62 years of age at the time the application is completed.

1) **Head of Household Information**

Date of birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

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

Driver's License or State ID Number: \_\_\_\_\_ State \_\_\_\_\_

Alien Registration Number (if applicable): \_\_\_\_\_

Marital Status: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced

Do you speak English? \_\_\_\_\_ Yes \_\_\_\_\_ No If no, what language do you speak?

2) **Spouse or Co-Head of Household Information**

Date of birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

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

Driver's License or State ID Number: \_\_\_\_\_ State \_\_\_\_\_

Alien Registration Number (if applicable): \_\_\_\_\_

Marital Status: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced

Do you speak English? \_\_\_\_\_ Yes \_\_\_\_\_ No If no, what language do you speak?

B. Have you, or anyone in your household, ever used any name(s) or social security numbers other than the one currently being used? \_\_\_\_\_ NO \_\_\_\_\_ Yes  
If yes, please explain: \_\_\_\_\_

C. Will the applicant(s) listed above be the sole occupants of the unit you are applying for? \_\_\_\_\_ Yes \_\_\_\_\_ No If no, what is the name(s) and address(es) of the other proposed occupants? \_\_\_\_\_



## Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You may mark one or more.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

## II. FINANCIAL INFORMATION

Applicant(s) must list all money earned or received by each member of the household applying for subsidized housing. It is your responsibility to report **all income from all sources and all assets, located in the U.S.A. or in another country**, for PCH/PP to determine eligibility and appropriate rent. This includes, but is not limited to, any sum of money no matter how great or small from Employment, Self-employment, Social Security, Supplement Security Income, Disability compensation, V.A. payments, Company or government pensions, Unemployment compensation, Income from rental property or other real estate, income from sale real estate, Interest from dividends on assets, Stocks/Bonds, Annuities, Mineral rights, Regular Monetary Contributions from family or friends, payments being made on your behalf by someone else and ANY other sources of income you have.

**It is your responsibility to report any and all assets or investments located inside the U.S.A. or in another country.** You must report all assets and investments such as cash located in banks, security deposit boxes, at home or stored anywhere else; all Bank Accounts including, but not limited to, checking, savings, money markets, C.D.'s, IRA's; Stocks/Bonds; Real Estate; Land; Homes, etc.

Pioneer Place is required by HUD to complete an Existing Tenant Search using the Enterprise Income Verification system (EIV) for applicants prior to admission. This search will be conducted as part of the initial interview. Further, PCH/PP will utilize the EIV system for each resident at least 1 time per year to run reports to verify income and to identify and correct discrepancies in information provided by residents. Discrepancies in reported income could result in changes to tenant rent including pay back of any miscalculated rent owed. PP will also run one report to verify income 90 days after initial move in.

**Failure to report any income or asset is FRAUD.**

### A. TOTAL HOUSEHOLD INCOME

#### 1) Head of Household Income

Current Occupation: \_\_\_\_\_ Retired

Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

\_\_\_\_\_

Phone Number of Employer: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Type of Income**                      **Gross Amount Received**                      **How often received**  
**(List all sources)**

---

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Addresses to Verify Income

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Does anyone outside your household pay for any of your bills or give you money?  
\_\_\_\_\_ Yes    \_\_\_\_\_ No    If yes, please explain (food, electricity, rent, medical, etc.):

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2) Spouse or Co-Head of Household Income

Current Occupation: \_\_\_\_\_                      \_\_\_\_\_ Retired

Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

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Phone Number of Employer: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Type of Income**                      **Gross Amount Received**                      **How often received**  
**(List all sources)**

---

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**Addresses to Verify Income**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

Does anyone outside your household pay for any of your bills or give you money?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain (food, electricity, rent, medical, etc.):

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**TOTAL HOUSEHOLD INCOME**

3) Please list any additional income being received by anyone in the household applying for housing: \_\_\_\_\_

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4) According to [www.socialsecurity.gov](http://www.socialsecurity.gov), Maximum Federal Supplemental Security Income (SSI) payment amounts increase with the cost-of-living increases that apply to Social Security benefits. The monthly maximum Federal amounts for 2011 are \$674 for an eligible individual and \$1,011 for an eligible individual with an eligible spouse. These amounts are based on the 2011 Cost of Living. If the combined income listed on this application is below \$674 for a one person household, or below the \$1011 for a two person household, please list in detail how you are able to meet your living expenses each month. If you do not pay these expenses directly, but someone else pays them for you, you must list your portion.

1. Cost of Food \$ \_\_\_\_\_ How do you pay for your food? \_\_\_\_\_  
\_\_\_\_\_

2. Cost of Electricity \$ \_\_\_\_\_ How do you pay for your electricity? \_\_\_\_\_  
\_\_\_\_\_

3. Cost of Water/Sewage \$ \_\_\_\_\_ How do you pay for your water/sewage bill? \_\_\_\_\_  
\_\_\_\_\_

4. Cost of Shelter \$ \_\_\_\_\_ How do you pay for your shelter? \_\_\_\_\_  
\_\_\_\_\_

5. Cost of phone/internet services \$ \_\_\_\_\_ How do you pay for phone/internet services? \_\_\_\_\_  
\_\_\_\_\_

6. Cost of Transportation \$ \_\_\_\_\_ How do you pay for transportation? \_\_\_\_\_  
\_\_\_\_\_

7. Cost of Traveling expenses \$ \_\_\_\_\_ How do you pay for traveling Expenses? \_\_\_\_\_  
\_\_\_\_\_

8. Cost of Household items (such as paper goods, cleaning supplies) \$ \_\_\_\_\_  
How do you pay for household items? \_\_\_\_\_  
\_\_\_\_\_

9. Cost of clothing \$ \_\_\_\_\_ How do you pay for clothing? \_\_\_\_\_

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10. Cost of Medical Needs \$ \_\_\_\_\_ How do you pay for medical needs?

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**If any person not listed on this application provides assistance with meeting your cost of living, that assistance may be considered income and should be listed under income.**

**B. ASSETS OF ALL APPLICANTS**

1) Do you or any household member own or have interest in real estate, and/or mobile home in the U.S. or elsewhere? \_\_\_\_\_ Yes \_\_\_\_\_ No

2) Have you or any household member sold any real estate in the past two years in the U.S or elsewhere? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, did you sell it for its market value? \_\_\_\_\_ Yes \_\_\_\_\_ No \$ \_\_\_\_\_

3) Do you or any household member own stocks or bonds? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, list name of stocks/bonds: \_\_\_\_\_ number of shares \_\_\_\_\_; \$ \_\_\_\_\_ Annual Dividend

list name of stocks/bonds: \_\_\_\_\_ number of shares \_\_\_\_\_; \$ \_\_\_\_\_ Annual Dividend  
other \_\_\_\_\_

list name of stocks/bonds: \_\_\_\_\_ number of shares \_\_\_\_\_; \$ \_\_\_\_\_ Annual Dividend  
other \_\_\_\_\_

4) Do you have any checking accounts in the U.S. or elsewhere? \_\_\_ Yes \_\_\_ No  
If yes, please list all bank addresses and account numbers.

Bank Name and Address: \_\_\_\_\_ Account Number: \_\_\_\_\_

A) \_\_\_\_\_

B) \_\_\_\_\_

C) \_\_\_\_\_

5) Do you have any savings accounts in the U.S. or elsewhere? \_\_\_\_\_ Yes \_\_\_ No  
If yes, please list all bank addresses and account numbers.

Bank Name and Address:

Account Number:

A) \_\_\_\_\_

B) \_\_\_\_\_

C) \_\_\_\_\_

6) **Please list all other bank or financial accounts located in the U.S. or elsewhere (CD's, IRA's, Annuities, Money Markets, Credit union shares etc.).**

Bank Names and Addresses:

Account Numbers:

A) \_\_\_\_\_

B) \_\_\_\_\_

C) \_\_\_\_\_

7) Do you have any money held for you by anyone else in the U.S or elsewhere?  
\_\_\_ Yes \_\_\_ No If yes, please state who is holding this money:

\_\_\_\_\_ Why? \_\_\_\_\_

\_\_\_\_\_ How much is being held? \_\_\_\_\_

8) Do you have any money or financial assets stored anywhere at home, in a security deposit box or anywhere else in the U.S. or elsewhere? \_\_\_ Yes \_\_\_ No  
If yes, list where and how much: \_\_\_\_\_

9) Do you own a house or any other real estate in the U.S. or elsewhere?  
\_\_\_ Yes \_\_\_ No If yes, please list:  
Original price \$ \_\_\_\_\_

Unpaid Balance or Mortgage \$ \_\_\_\_\_ Current Value \$ \_\_\_\_\_

Any related outstanding debt? \_\_\_ Yes \_\_\_ No \$ \_\_\_\_\_

Name and address of mortgage institution(s): \_\_\_\_\_

\_\_\_\_\_

Do you receive income or rent from this property? \_\_\_ Yes \_\_\_ No  
If yes, please list how much: \$ \_\_\_\_\_

If this application is processed you will be asked to provide an amortization schedule if applicable.

- 10) Do you own a car? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please list how many \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Tag Number

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Plano Community Home sponsored properties have a Transportation Program available to its residents.

- 11) **Have you sold, at less than fair market value, or disposed of, or given away, or put into trusts any real estate, property, money or assets in the past two (2) years? (This includes gifting away money or assets)**

\_\_\_\_\_ Yes If yes, please explain: \_\_\_\_\_

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**It is your right to do as you wish with your money and assets, but you must report the full amount disposed, given away or transferred and the value will be counted as your asset for 2 years from the time of the transaction.**

\_\_\_\_\_ NO If NO, please sign the following certification.

**I (We, if applicable) do hereby swear and attest that I/We have not sold or disposed of any real estate, physical property, money or assets at less than market value in the past two (2) years.**

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**Signature of Head of Household** **Date**

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**Signature of Co-Head (or Spouse if applicable) Date**

### III. HOUSING QUESTIONNAIRE

- 1) Have you or any member of your household ever lived in any financially assisted housing? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please list the name(s) of the property and the dates lived there:

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- 2) Have you or any member of your household ever been evicted? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please list where, when and why: \_\_\_\_\_

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- 3) Have you or any member of your household been convicted of any crime other than a traffic violation, including but not limited to, a misdemeanor (including theft), felony, or been placed on parole? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please state when, where and for what crime and indicate sentence completion:

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Pioneer Place will conduct a criminal background check on all applicants prior to leasing an apartment to anyone. Any applicant who has a criminal history should provide documentation of such history and may be asked to provide information in order for PCH/PP to complete a preliminary background check in order to determine eligibility for the program. It is the policy of PCH/PP that any person who is or who becomes a registered sex offender is not eligible to reside in any PCH Sponsored Property. PP is required to conduct yearly sex offender checks on all residents.

- 4) Please list all **counties, states, and countries** that you have resided in since you were 18 years of age: \_\_\_\_\_

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- 5) Have you or any member of your household ever committed fraud in any Federally Assisted Housing Program or been requested to repay money for knowingly misrepresenting information for such housing programs?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
- 6) How much is your current monthly rent? \_\_\_\_\_
- 7) Do you pay utilities? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what is your average utility bill? \_\_\_\_\_
- 8) Have you or any member of your household ever had your phone or utilities disconnected for nonpayment? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
- 9) Have you or any member of your household ever filed for bankruptcy?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please list when and explain \_\_\_\_\_  
\_\_\_\_\_
- 10) Have you or any member of your household ever had a security deposit withheld for nonpayment of rent? \_\_\_\_\_ Yes \_\_\_\_\_ No  
For damage to apartment? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes to either, please explain: \_\_\_\_\_  
\_\_\_\_\_
- 11) Have you ever allowed anyone not listed on your lease as a tenant to move into your apartment? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain:  
\_\_\_\_\_
- 12) **Are you currently living in subsidized housing such as 202 PRAC, 202/8 or Section 8, Housing Choice Voucher, or other housing program?**  
\_\_\_\_\_ **Yes** \_\_\_\_\_ **No**
- 13) If you are receiving subsidy, did you continuously receive it before January 31,2010? \_\_\_\_\_ Yes \_\_\_\_\_ No

14) Has your residency/tenancy or government assistance in a subsidized housing program ever been terminated for fraud? \_\_\_\_\_ Yes \_\_\_\_\_ No  
For nonpayment of rent? \_\_\_\_\_ Yes \_\_\_\_\_ No  
For failure to comply with recertification procedures? \_\_\_\_\_ Yes \_\_\_\_\_ No  
For failure to comply with a Lease, House Rules, Pet Rules or other policies or procedures? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes to any of these please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15) Have you ever had to enter into a repayment agreement with a former landlord Or housing authority? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

16) Have you or anyone else on this housing application, intending to reside in this unit, ever been convicted of using, possessing, dealing, or manufacturing illegal drugs? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17) Are you currently using illegal drugs or does anyone in your household currently use illegal drugs? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18) Do you have a pet? \_\_\_\_\_ Yes \_\_\_\_\_ No  
What type of pet do you have? \_\_\_\_\_  
What size is your pet? Height \_\_\_\_\_ Weight \_\_\_\_\_

If you are interested in having a pet live with you, please request a copy of the PCH Pet Ownership Rules and a pet application. PCH Pet Ownership Rules allow for 2 domestic animals and a \$300 refundable security deposit is required. Assistance Animals that assist persons with disabilities are considered to be auxiliary aids and are exempt from the pet policy and from the refundable pet deposit. All fur bearing

animals shall weigh no more than thirty (30) pounds at time of maturity and stand no more than eighteen (18) inches at the shoulder. Female dogs and cats over six (6) months must be spayed and males over eight (8) months must be neutered, unless a letter is received from a licensed veterinarian giving medical reason why such action is detrimental to the pet's health. All cats should be declawed prior to occupancy. Pets must be inoculated in accordance with state and local law.

Being a smoker does not affect your eligibility for housing with PCH sponsored properties. However, effective May 9, 2005 all properties under the sponsorship of **Plano Community Home Sponsor, Inc.** are smoke free and smoking is prohibited anywhere inside PCH buildings, including resident apartments. Smoking will only be permitted outside and at least 15 feet from any building, doors or windows. This Smoke Free Policy applies to PCH residents, staff, families, guests and subcontractors. Applicant(s) will not be admitted without signing a copy of the Smoke-Free Policy.

#### IV. Rental History and Previous Addresses

A Landlord reference may be sent to any or all previous or current landlords.

*List all previous addresses for the past seven (7) years:*

1. Name of Landlord: \_\_\_\_\_  
Name of Apartment building (if applicable) \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
Dates applicant(s) lived here: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

2. Name of Landlord: \_\_\_\_\_  
Name of Apartment building (if applicable) \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
Dates applicant(s) lived here: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Name of Landlord: \_\_\_\_\_  
Name of Apartment building (if applicable) \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
Dates applicant(s) lived here: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

4. Name of Landlord: \_\_\_\_\_  
Name of Apartment building (if applicable) \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Dates applicant(s) lived here: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

5. Name of Landlord: \_\_\_\_\_  
Name of Apartment building (if applicable) \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Dates applicant(s) lived here: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

6. Name of Landlord: \_\_\_\_\_  
Name of Apartment building (if applicable) \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Dates applicant(s) lived here: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

7. Name of Landlord: \_\_\_\_\_  
Name of Apartment building (if applicable) \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Dates applicant(s) lived here: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## V. Declaration

As of June 19, 1995, PCH/PP is required to verify citizenship of the United States. Please complete the Applicant Declaration Format, Family Summary Sheet and if applicable, the Applicant Verification Consent Format on the following pages.

- If you are an American Citizen you will need to complete the first page and block 1 of the second page as well as the Family Summary Sheet.
- If you are **not** a citizen of the United States, please complete the first page and whatever paragraphs are appropriate, as well as the Family Summary Sheet, and the Applicant Verification Consent Format.
  - If you are not a United States Citizen, you will also need to present the appropriate documents to verify that you are a non-citizen with eligible immigration status. The categories are explained on the applicant declaration form.
- If you are a non-citizen without eligible immigration status, you are not eligible to live at Plano Community Homes/Pioneer Place.

**The following attachments are a part of the application document and must be completed and signed for this to be accepted as a complete application.**

Dear Applicant,

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than U.S. citizens or nationals, or certain categories of eligible Non-citizens, in the following HUD programs:

- a. Section 8 Housing Assistance Payments programs;
- b. Section 236 of the National Housing Act including Rental Assistance Payment (RAP); and
- c. Section 101/Rent Supplement Program.

You have applied, or are applying for, assistance under one of these programs; therefore, you are required to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance. You must do the following:

1. Complete a Family Summary Sheet, using the attached blank format to list all family members who will reside in the assisted unit.

2. Each family member (including you) listed on the Family Summary Sheet must complete a Declaration. If there are 10 people listed on the Family Summary Sheet, you should have 10 completed copies of the Declaration. The Declaration has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each Declaration.
3. Submit the Family Summary Sheet, the Declarations, and any other forms and/or evidence to the name and address listed below at the time you return this application.

Plano Community Homes  
1612 Ave. L  
Plano, TX 75074

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached items or determining the type of documentation required, please contact the PCH Admissions Coordinator who will be happy to assist you. Also, if you are unable to provide the required documentation by the date shown above, you should immediately contact this office and request an extension, using the block provided on the Declaration Format. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for proration of assistance. This means that when assistance is available, a reduced amount may be provided for your family based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, that assistance may be provided to you if at least one member of your household has submitted the required documentation. Following verification of the documentation submitted by all family members, assistance may be adjusted depending on the immigration status verified. You will be contacted as soon as we have further information regarding your eligibility for assistance.

**The following MUST be completed:** List all family members below who are applying to live in the apartment at Pioneer Place Senior Housing. List the Head of Household (yourself) first and then the name of anyone else in your family that would be residing in the apartment with you.

**The Family Summary Sheet  
(only one Family Summary Sheet is required per household)**

Member No.	Last Name of Family Member	First Name	Relationship To Head of Household	Sex Male or Female	Date of Birth
1. Head			Self		
2.					

**Declaration Format**

*(For Head of Household)*

*Please request additional Declaration Formats for each additional household member applying.*

**INSTRUCTIONS: Complete a Declaration Format for each member of the household listed on the Family Summary Sheet.** The Declaration Format is 5 pages long. Answer any and all questions on the following pages that apply to you. Only one Declaration Format is included in this application. If there will be more than one person in the household applying to live with you at Pioneer Place Senior Housing, you will need to request additional copies of the Declaration Format from our business office located at 1612 Ave. L, Plano, TX 75074.

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

RELATIONSHIP TO HEAD OF HOUSEHOLD \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ ALIEN REGISTRATION NO. \_\_\_\_\_

ADMISSION NUMBER \_\_\_\_\_ if applicable (this is an 11-digit number found on DHS Form 1-94, *Departure Record*)

NATIONALITY \_\_\_\_\_ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. \_\_\_\_\_  
(To be entered by owner if and when received)

**INSTRUCTIONS:** Complete the Declaration below by printing or by typing the Person's first name, middle initial and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3.

**DECLARATION**

I, \_\_\_\_\_ hereby declare,  
(print or type first name, middle initial, last name)

Under penalty of perjury, that I am \_\_\_\_\_:  
(print or type first name, middle initial, last name)

\_\_\_\_\_ 1. A Citizen of national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If the block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

\_\_\_\_\_

Signature Date

Check here if adult signed for a child: \_\_\_\_\_

\_\_\_\_\_ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

**NOTE:** If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below.

If you checked this block and you are less than 62 years of age, you should submit the following documents:

a. Verification Consent Format **AND**

b. One of the following documents:

- (1) Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens).
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
  - (a) “Admitted as Refugee Pursuant to section 207”;
  - (b) “Section 208” or “Asylum”;
  - (c) “Section 243(h)” or “Deportation stayed by Attorney General”; or
  - (d) “Paroled Pursuant to Sec. 212(d)(5) of the INA.”
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
  - (a) A final court decision granting asylum (but only if no appeal is taken);
  - (b) A letter from a DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from a DHS district director granting asylum (if application was filed before October 1, 1990);
  - (c) A court decision granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) Form I-688, *Temporary Resident Card*, which must be annotated “Section 245A” or “Section 210”.
- (5) Form I-688B, *Employment Authorization Card*, which must be annotated “Provision of Law 274a.12(11)” or “Provision of Law 274a.12”.
- (6) A receipt issued by the DHS indicating that an application for Issuance of a replacement document in one of the above-listed categories has been made and that the applicant’s entitlement to the document has been verified.
- (7) Form I-151 Alien Registration Receipt Card.

*If block #2 is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.*

If for any reason, the documents shown in subparagraph 2.b above are not currently available, complete the Request for Extension block below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child \_\_\_\_\_

### REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child \_\_\_\_\_

\_\_\_\_\_ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

\_\_\_\_\_

Signature

Date

Check here if adult signed for a child: \_\_\_\_\_

## Verification Consent Form

Instructions: **Complete this format for each noncitizen family member who declared eligible immigration status on the Declaration Format.** If this format is being completed on behalf of a child, it must be signed by the adult responsible for the child.

### Consent

I, \_\_\_\_\_ herby consent to  
(print or type first name, middle initial, last name)  
the following:

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing: and
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it to the following:
  - a. HUD, as required by HUD; and
  - b. The DHS for purposes of verification of the immigration status of the individual.

### NOTIFICATION TO FAMILY:

Evidence of eligible immigration status shall be released only to the DHS for purposes of establishing eligibility for financial assistance and not for any other purposes. HUD is not responsible for the further use or transmission of the evidence or other information by the DHS.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

## VI. MEDICAL ALLOWANCE

In determining a household's rent there are allowances for verifiable medical expenses. Applicants are encouraged to begin keeping all receipts of medically related expenses, medical bills, proof of payment, cancelled checks, explanation of benefits from Medicare, Medicaid or health insurance companies, etc. In order to give you maximum credit for medical expenses when figuring your rent, PP will need verification of the following types of expenses.

- Medical insurance premiums including Medicare and Medicare supplemental insurance.
- Prescription medications and over-the-counter medications.
- Dental, vision and hearing related expenses.
- Doctor and hospital related expenses.

During the first interview applicants will receive a detailed packet of information explaining what medical expenses are allowable and what information is needed for PP to properly verify these expenses. A copy is available to read in the business office upon request.

## VII. Apartment Choice

In order for PP to house you according to your needs and wishes you must indicate which type of unit you would prefer. The buildings on the Pioneer Place Campus have one bedroom apartments (approximately 520 square feet).

**PLEASE CHECK EACH OPTION BELOW THAT APPLIES TO YOU OR YOUR HOUSEHOLD:**

1) \_\_\_\_\_ I want a one bedroom apartment at 1928-1932 Ave. K, Plano, Texas.

2) \_\_\_\_\_ I need a one bedroom apartment with the special features designed for those that are physically disabled or mobility impaired. My reasons for needing this type of apartment are:

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Please note that once your need for housing has been accommodated within any Plano Community Homes Sponsored Properties, you will be removed from all other waiting lists within the organization. . An application for Pioneer Place or East Campus that is submitted with the intent to apply to the West Campus **only**, will not be accepted.

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If you have any comments or additional information which you think would be beneficial to help PP meet your needs, please feel free to write below:

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Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

<b>Signature of Applicant</b>	<b>Date</b>

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number. **Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



Thank you for your interest in Pioneer Place Senior Housing located at 1928-1932 Ave. K, Plano Texas 75074. Tours are given on campuses with open waiting lists on Thursdays by appointment only. Tours must be scheduled at least 24 hours in advance and appointment times are limited. Please contact the office to arrange a tour.

**Please mail or return this original application to the business office at the address listed here:**

Plano Community Homes, located 1 block East of Ave. K & 18<sup>th</sup> St.  
1612 Ave. L  
Plano, TX 75074

**We will not accept faxed applications.**

**DO NOT deliver or mail this application to another PCH property** because that will delay getting your application approved for the waiting list. **Altering or combining of applications is prohibited, and are null and void.** If delivering the application in person, please come Monday through Friday between 9:00 a.m. and 4:00 p.m. If there is not an office person present to meet with you, please place the application in the secured box outside the business office marked for application receipt.

For Office Use

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# **APPLYING FOR HUD HOUSING ASSISTANCE?**

## **THINK ABOUT THIS... IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc. Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735.

You can fax information to (202) 708-4829 or e-mail it to [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov). You can write the Hotline at:

HUD OIG Hotline, GFI 451 7th Street, SW

Washington, DC 20410

December 2005



*Welcome to Plano Community Homes/Pioneer Place*

*Furnishing the following information will greatly assist us help serve our community.*

***We would like to know how you heard about us:***

- HUD Website
- Online Search
- Referred by one of our residents
- Referred by an agency? \_\_\_\_\_
- HUD Disaster Relief Center
- Name of Person who referred you: \_\_\_\_\_
- Brochure
- Other \_\_\_\_\_

*Thank you!*