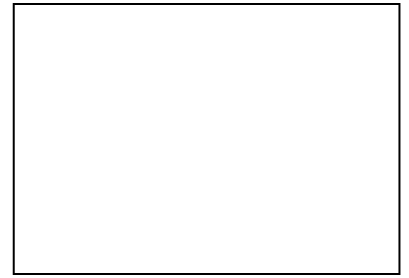




# Plano Community Homes Sponsored Properties



Office use only

## Application for Residency

### Fairoaks of Denton

### Plano Community Homes East Campus

### Pioneer Place Senior Housing

### Plano Community Homes West Campus

#### If applying to Fairoaks of Denton ONLY, please return application to:

|                       |            |                |
|-----------------------|------------|----------------|
| Fairoaks of Denton    | Phone      | (940) 891-1719 |
| 1950 Lattimore Street | TTY/ Voice | (800) 735-2988 |
| Denton, Texas 76209   | TTY only   | (800) 735-2989 |

#### If applying to East Campus, West Campus, Pioneer Place or multiple properties, including Fairoaks, please return this application to:

|                            |            |                |
|----------------------------|------------|----------------|
| Plano Community Home, Inc. | Phone      | (972) 423-6058 |
| 1612 Avenue L              | TTY/ Voice | (800) 735-2988 |
| Plano, Texas 75074         | TTY only   | (800) 735-2989 |

**PCHSP will NOT accept incomplete applications.** 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*. *Do NOT use a pencil as written information may wear off the application making it illegible.* **PCHSP will ONLY accept** applications with all the original signatures of the applicant(s). Delivery must be by mail or in person to the Admission Office in Plano or Denton. **Applications are NOT accepted by fax or email.**



[www.planocommunityhome.org](http://www.planocommunityhome.org)





# 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:

- Any sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veteran's 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 7<sup>th</sup> Street, SW  
Washington, DC 20410

December 2005

## **What We Do**

Plano Community Homes Sponsored Properties (PCHSP) provides subsidized housing through the U.S. Department of Housing and Urban Development (HUD) 202/8 and Project Rental Assistance Contracts (PRAC) programs.

## **Housing**

Rent is based on 30% of applicant's adjusted gross income. There are allowable deductions for yearly medical expenses which can be verified. Residents are responsible for the cost of electricity, cable and telephone services. Water, sewage and trash removal are paid for by PCHSP. Rental subsidy is tied to our apartments, *NOT* to an individual. If a resident moves out, *he or she does not have a voucher to take with them.*

## **Eligibility Requirements**

*Residency is open to all qualified, eligible persons in accordance with the Federal Fair Housing Act and civil rights laws. Federal laws forbid Plano Community Homes Sponsored Properties (PCHSP) to discriminate based on race, color, creed, religion, sex, age, disability, familial status, or national origin. PCHSP does not discriminate based upon age for any reason, excluding HUD program/project requirements. Discrimination against a particular social or economic class is also prohibited. As well, PCHSP makes housing available for eligible persons without regard to sexual orientation, gender identity, or marital status.*

*A final rule published by the U.S. Department of Housing and Urban Development February 3, 2012, prohibits housing discrimination against lesbian, gay, bi-sexual or transgendered (LGBT) individuals in all HUD subsidized, insured and financing programs. The final rule also clarifies that all otherwise eligible families, regardless of marital status, sexual orientation, or gender identity, will have the opportunity to participate in HUD programs. PCHSP makes housing available without regard to the sexual orientation or gender identity of an Applicant for, or occupant of, the dwelling.*

The eligibility criteria for the **Section 202/8** buildings on Plano Community Home, Inc. **East Campus** (PCH) are:

- 1) to be at least 62 years of age;
- 2) to be at least 18 years of age with a verifiable disability that requires the features of our accessible units;
- 3) to be financially within the current maximum income limits which are: \$34,100 for a one person household and \$39,000 for a two person household; and
- 4) to be capable of meeting the terms of the lease and who meet all of the criteria outlined in the *PCHSP Tenant Selection Plan*. A complete copy of the *Tenant Selection Plan*, for each campus, is available for review in the Admission's Office at East Campus.

The eligibility criteria for the **Section 202 PRAC** buildings at **Pioneer Place Senior Housing I and II, Plano Community Homes III, IV and V West Campus and Fair Oaks of Denton** are:

- 1) to be at least 62 years of age;
- 2) to be financially within the current maximum income limits which are: \$34,100 for a one person household and \$39,000 for a two person household; and
  - For one (1) building at the West Campus (3925 American Drive) *ONLY*, program requirements allow a higher income of \$54,550 for a one person household and \$62,350 for a two person household.
- 3) to be capable of meeting the terms of the lease and who meet all of the criteria outlined in the *Tenant Selection Plan*. A complete copy of the *Tenant Selection Plan*, for each campus, is available for review in the Admission's Office at East Campus and Fair Oaks of Denton.

The Violence Against Women and Justice Department Reauthorization Act of 2005/2013 protects Applicants and Residents who are victims of domestic violence, dating violence, or stalking from being evicted or terminated from housing assistance based on acts of such violence against them. In accordance with the Violence Against Women Act (VAWA), Management will not penalize victims of domestic violence, stalking, dating violence, rape, or sexual assault as defined as any non-consensual sexual act proscribed by federal, tribal, or state law, including when the victim lacks capacity to consent.

### **Occupancy Standards**

All applicants and proposed household members must meet the eligibility requirements for these programs. We house a one person household in either an efficiency apartment or a one bedroom apartment. Our occupancy policy is to accommodate two person households in a one bedroom apartment. Tenants may not exceed the maximum occupancy. PCHSP has no apartments larger than one bedroom.

### **Mobility Impairment**

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

### **Tenant Selection Policy**

An applicant may only be placed on our waiting list after submitting a fully completed application. This means all questions on all pages must be answered and the applicant(s) must sign all pages that require a signature. In the event the applicant is personally unable to complete the form, the applicant must provide the information to someone assisting in completing the form. The person assisting the applicant must sign and date the application, indicating that it was completed at the direction of the named applicant(s). The applicant(s) signature is required. We will not accept an application from, nor accept as a resident, anyone who has had someone else sign on his or her behalf.

### **Waiting Lists**

Once an applicant's position on a waiting list enables application processing, the household will only be sent two consecutive notices of the opportunity to begin the interview process.

If for any reason, other than medical, the applicant or any member of the household is unable or decides not to begin or complete the application process, the Applicant shall be removed from the wait list and must reapply by completing a new application that will have to be processed for eligibility. ***Going to the end of a list is no longer an option.***

If applicant(s) lacks a rental history, two (2) *Verification of Ability to Comply* forms are required. PCHSP reserves the right to ask for personal or professional references outside of the family and may conduct a home visit if necessary.

If an applicant is sent the *Mobility Impairment Verification Form (MIVF)*, it must be returned to the Admission's Office within 14 days. If it is not returned, or is not correctly filled out, the application will be rejected with a 14 day opportunity to appeal in writing. If we receive the *MIVF* by the 14 day deadline, we will send it to the doctor whose information is on the form. If it is not returned or is not correctly filled out, the application will be rejected with a 14 day opportunity to appeal in writing. A maximum of two verification opportunities will be sent to no more than two doctors requesting the form be approved. This will help to prevent "doctor shopping" and fraud.

Applicants who are removed from any PCHSP waiting list will be required to wait **one (1)** year, from the date his or her name is removed from a waiting list by Admission staff, before reapplying again.

If an applicant reapplies and is removed from any PCHSP waiting list a second time, that household will need to wait for a period of **two (2)** years to reapply, unless their situation has significantly changed.

**If an applicant is rejected during any part of the admission process, or completed an appeal, and the final decision was to reject this application, the applicant(s) is removed from all PCHSP waiting lists and must wait at least two (2) years to reapply.**

All applicants in a household will be processed as one approval or denial for an apartment. If any one of the applicants has a negative rental history, negative credit history or negative criminal history all applicants will be denied.

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.

If an applicant requests to add a spouse or other member to the household application, the applicants will need to reapply as a complete household.

### **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.*

### **Rent**

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, PCHSP 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 is needed for PCHSP to properly verify these expenses.

### **Reasonable Accommodations**

PCHSP is an equal housing opportunity provider and does not discriminate against applicants or residents with disabilities. PCHSP is committed to serving eligible and qualified individuals regardless of disability. If you need a Reasonable Accommodation, related to a disability, to reside in one of our facilities and to have an equal opportunity to participate in the project, you should bring that to the attention of the Director of Admissions. PCHSP Management will try to work with you to reach an accommodation in keeping with the fundamental nature of the program 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 residency.

### **Existing Tenant Search**

PCHSP 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, PCHSP will utilize the EIV system for each resident at least one (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 the pay back of any miscalculated rent owed. PCHSP will also run one (1) report to verify income approximately ninety 90 days from when the initial move-in information was submitted to HUD.

## **Smoking Policy**

Since May 9, 2005, all properties under the sponsorship of Plano Community Homes Sponsored Properties are smoke free. Smoking, including electronic cigarettes, vapors and other tobacco free apparatus, are prohibited anywhere in any building including resident apartments.

- Smoking will only be permitted outside and only in designated areas at each property. Smoking must be at least 25 feet from any building, doors or windows. However, smoking under any awning, breezeway, gazebo or pergola, regardless of the weather, is not allowed.
- The *Smoke Free Policy* applies to PCHSP residents, staff, families, guests, applicants, visitors and subcontractors. Applicant(s) will not be admitted without signing acknowledgement of this policy as part of the initial admission interview and *House Rules* prior to moving in.

## **Completing the Application**

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. PCHSP does business in accordance with the *Federal Fair Housing Laws* and *Americans with Disabilities Act*.

**PCHSP will NOT accept incomplete applications.** 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*. *Do NOT use a pencil as written information may wear off the application making it illegible.*

**PCHSP will ONLY accept** applications with all the original signatures. Delivery must be by mail or in person to the Admission Office in Plano or Denton. **Applications are NOT accepted by fax or email.**

**PCHSP will ONLY accept** applications from households whose head of household is at least 62 years of age (or at least 18 years of age for an apartment designed for Mobility Impairment at East Campus only) at the time the application is completed and submitted.

Any applicant(s) whose 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).

## **Proof of Social Security Numbers**

Effective January 31, 2010, all household members receiving subsidy assistance or applying to receive subsidy assistance at PCH will be required to provide a Social Security Number (SSN) and adequate documentation necessary to verify that number. This rule applies to all household members including Live-in Aides, foster children and foster adults. Adequate documentation means a social security card issued by the Social Security Administration (SSA) or other acceptable evidence of the SSN. If an applicant does not have a Social Security Number, do they qualify for one of the three allowable exceptions?

- Ineligible, non-citizen member, *not* contending eligible immigration status
- Members that were 62 years old as of January 31, 2010 and whose initial determination of eligibility began before January 31, 2010
- Members under the age of 6 eligible for a 90-day extension to provide their assigned SSN

## **Income and Asset Reporting Requirements**

Applicants and Residents are required to report **all income from all sources and all assets, located in the U.S.A. or in another country**, for PCHSP 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, Social Security, supplement security income, disability compensation, Veterans Administration (V.A.) payments, company or

government pension (from any government), unemployment compensation, income from rental property, interest from dividends on assets, annuities, mineral rights, regular monetary contributions from family or friends, including any Eligible Non-Citizen Sponsorship contributions agreed upon through U.S. Immigration Enforcement (such as the Affidavit of Support Under Section 213A under the Immigration and Nationality Act Department of Homeland Security/U.S. Citizenship and Immigration Services Sponsor's Contract), or **ANY** other sources of income you have.

- If you are a legal non-citizen who came into the United States of America with a financial sponsor, a copy of sponsorship form I-864 is required. The income one should be receiving from their sponsor is the amount PCHSP will be basing income calculations on. According to USCIS, form I-864 requires a sponsor to maintain the intending immigrant at an income of at least 125% of the federal poverty level; the current poverty guideline for 2022 is \$16,988 per year for a one person household, and \$22,888 per year for a two-person household. If both individuals in the household were sponsored, we will need the documents for both persons. Obligations for a sponsor under I-864 end if the person becomes a citizen or has worked/can be credited with 40 quarters of coverage under the Social Security Act. In this instance, the individual's reported income would be reflected through receiving Social Security benefits.

If a Federal, State or local agency, or a private agency provides any covered means-tested public benefit to the person who becomes a permanent resident based on the Form I-864 that you signed, and their income falls within the guidelines set forth by the U.S. Department of Health and Human Services in the Poverty Guidelines, the agency may ask you to reimburse them for the amount of the benefits they provided. If you do not make the reimbursement, the agency may sue you for the amount that the agency believes you owe. If you are sued, and the court enters a judgment against you, the person or agency that sued you may use any legally permitted procedures for enforcing or collecting the judgment. You may also be required to pay the costs of collection, including attorney fees. If you do not file a properly completed Form I-865 within 30 days of any change of address, USCIS may impose a civil fine for you failing to do so.

It is the responsibility of the Applicant to report **any and all assets or investments located inside the U.S.A. or in another country.** The Applicant 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.

**Failure to report any income or asset is FRAUD. It is the policy of PCHSP to report fraud to the appropriate agency within the U. S. Government.**

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

X \_\_\_\_\_  
**Head of household Signature** **Date**

X \_\_\_\_\_  
**Co-Head of Household Signature** **Date**

X \_\_\_\_\_  
**Translator/Family/Friend Signature** **Date**

*\*\*Please ensure you have read and signed the preceding pages\*\**



## Section I. Apartment Choice

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

**Applicants should check ONLY the addresses below where they desire to live or are willing to live. An applicant(s) may choose one (1) or more options below.**

If you choose **not** to begin the interview process or **not** move in to a property when it becomes available, your name will be removed from that waiting list. An application that is submitted for East Campus, Pioneer Place, West Campus and/or Fairoaks of Denton, with the intent to **ONLY** live in one (1) specific property, will **NOT** be accepted. If we have any indication that you only intent to live at **ONLY** one (1) property and have applied to multiple PCHSP properties, we reserve the right to reject your application or remove your name from other waiting lists.

Please note, once your need for housing has been accommodated within any PCHSP property, you will be removed from any other PCHSP waiting lists you have applied for.

| <b>East Campus</b><br>1608 - 1612 Ave. L<br>Plano, TX 75074  | <b>Pioneer Place</b><br>1928-1932 Ave. K<br>Plano, TX 75074   | <b>West Campus</b><br>3905, 3915, 3925<br>American Dr.<br>Plano, TX 75075 | <b>Fairoaks of<br/>Denton</b><br>1950 Lattimore St.<br>Denton, TX 76209 |
|--|---|---|---|
| <input type="checkbox"/> Efficiency*<br>(approx. 480 sq. ft.)<br><input type="checkbox"/> One Bedroom<br>(approx. 520 sq. ft.) | <input type="checkbox"/> One Bedroom<br>(approx. 520 sq. ft.) | <input type="checkbox"/> One Bedroom<br>(approx. 520 sq. ft.)             | <input type="checkbox"/> One Bedroom<br>(approx. 520 sq. ft.)           |

\*If an Applicant moves into an efficiency apartment, he or she is required to live there for **ONE** year and meet the terms of their lease before they are eligible to be placed on the in-house upgrade list for a one bedroom apartment. When they are eligible and offered a unit, the resident must move at his or her own expense and in accordance with the *Move-Out Procedures*.

**If you need an apartment with special features designed for those who are physically disabled and require mobility impaired (MI) features in the apartment, please check the box below:**

**Mobility Impaired\*\***

\*\* If you marked the box indicating the need for an apartment with special features, designed for those who have a disability related to mobility impairment (MI), the need for this type of unit must be verified with your physician. *The Admissions Office will provide you a form you can sign giving your physician authorization to complete the form for MI.*

My reasons for needing the features of a mobility impaired apartment are: \_\_\_\_\_

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If you have any comments or additional information which you think would be beneficial to help PCHSP meet your needs, please feel free to list them below: \_\_\_\_\_

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## Section II. PERSONAL DECLARATION FORM

### A. APPLICANT INFORMATION

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

\_\_\_\_\_  
 (Co-Head of Household) Last First Middle

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

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

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

Cell \_\_\_\_\_ Alternate \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

| Name           | Home Phone                   | Cell Phone     |
|----------------|------------------------------|----------------|
| _____          | _____                        | _____          |
| Address        | City                         | State Zip code |
| _____          | _____                        | _____          |
| E-mail Address | Relationship to Applicant(s) |                |
| _____          | _____                        |                |

**It is the applicant's responsibility to inform PCHSP 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.**

**A) Head of Household Information**

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Alien Registration #: \_\_\_\_\_

If you do not have a SSN, are 62 or older as of 01/31/2010 and were receiving HUD rental assistance at another location on 01/31/2010, you may be exempt. Please check here if this applies to you.

Are you a U.S. military veteran?  Yes  No

If yes, what branch? \_\_\_\_\_ Dates of Service? \_\_\_\_\_

Are you a student?  Yes  No If yes, where? \_\_\_\_\_

Optional:  Male  Female  I choose not to respond

Single  Married  Widowed  Divorced  Separated  Other \_\_\_\_\_

**B) Co-Head of Household Information**

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Alien Registration #: \_\_\_\_\_

If you do not have a SSN, are 62 or older as of 01/31/2010 and were receiving HUD rental assistance at another location on 01/31/2010, you may be exempt. Please check here if this applies to you.

Are you a U.S. military veteran?  Yes  No

If yes, what branch? \_\_\_\_\_ Dates of Service? \_\_\_\_\_

Are you a student?  Yes  No If yes, where? \_\_\_\_\_

Optional:  Male  Female  I choose not to respond

Single  Married  Widowed  Divorced  Separated  Other \_\_\_\_\_

**C) Additional Information**

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

\_\_\_\_\_

2) 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? \_\_\_\_\_

Plano Community Homes has developed the *Limited English Proficiency Plan (LEP)*, to help identify reasonable steps for providing language assistance to persons with limited English proficiency who wish to access services provide, as a matter of communication.

**D) Head of Household Language Information**

1) Is English your primary language?  Yes  No If no, what is your primary language?  
\_\_\_\_\_

2) If English is not your primary language, is someone assisting you with filling out this application?  Yes  No If yes, who is assisting you? \_\_\_\_\_  
What is their relationship to you? \_\_\_\_\_

**E) Co-Head of Household Language Information**

1) Is English your primary language?  Yes  No If no, what is your primary language?  
\_\_\_\_\_

2) If English is not your primary language, is someone assisting you with filling out this application?  Yes  No If yes, who is assisting you? \_\_\_\_\_  
What is their relationship to you? \_\_\_\_\_

|   |
|---|
| <b>Section III. FINANCIAL INFORMATION</b> |
|---|

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 PCHSP 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, Veterans Administration income, Company or government pensions **from ANY country**, Unemployment compensation, Income from rental property or other real estate, income from sale of 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.

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

## A. TOTAL HOUSEHOLD INCOME

### Head of Household Income

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

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

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

Employer Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

| Type of Income<br>(Head of Household)         | Gross Amount<br>Received | How often<br>received? |
|---|--------------------------|------------------------|
| Social Security                               | \$                       |                        |
| SSI   | \$                       |                        |
| Pension                                       | \$                       |                        |
| Disability                                    | \$                       |                        |
| Employment                                    | \$                       |                        |
| Sponsorship/ Form I-864/ Affidavit of Support | \$                       |                        |
| Other (Family Aid, Annuity, Retirement, Etc.) | \$                       |                        |

### Co-Head of Household Income

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

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

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

Employer Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

| Type of Income<br>(Co-Head of Household)      | Gross Amount<br>Received | How often<br>received? |
|---|--------------------------|------------------------|
| Social Security                               | \$                       |                        |
| SSI   | \$                       |                        |
| Pension                                       | \$                       |                        |
| Disability                                    | \$                       |                        |
| Employment                                    | \$                       |                        |
| Sponsorship/ Form I-864/ Affidavit of Support | \$                       |                        |
| Other (Family Aid, Annuity, Retirement, Etc.) | \$                       |                        |

**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.**

1) Is there any additional income being received by anyone in the household applying for housing?  Yes  No If yes, please list how much and explain

\_\_\_\_\_

2) Does anyone outside your household pay for any of your bills or give you money?

**Yes**  **No** If yes, please list how much and explain what the money is for (i.e. food, electricity, rent, medical, cell phone, internet, cable TV, car insurance, etc.)

---

3) 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 2022 are \$841 for an eligible individual and \$1261 for an eligible individual with an eligible spouse. **If the combined income listed on this application is below \$841 for a one person household, or below the \$1,261 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 the amount paid on your behalf. If you live with family or friends who pay the bills, use the total bill and divide by number of people living in the house, to determine your portion.

**Example**

*If the owner of the house mortgage is \$1600 per month and there are 4 people living in the house, the equation would be:  $1600 \div 4 = \$400$ . The total you would put for cost of shelter would be \$400 for one (1) person and \$800 for two (2) people.*

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

---

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

---

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

---

4. Cost of **Shelter/ Rent** \$\_\_\_\_\_ How do you pay for shelter? \_\_\_\_\_

---

5. Cost of **Phone / Cable/ Internet services** \$\_\_\_\_\_ How do you pay for Internet?

---

6. Cost of **Transportation/ Car Insurance** \$\_\_\_\_\_ How do you pay?

---

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

---

8. Cost of **Household items/ Clothes** \$\_\_\_\_\_ How do you pay for these?

---

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

---

**B. ASSETS OF ALL APPLICANTS**

1) Is the applicant(s) listed as an account holder for any *checking* accounts in the U.S. or elsewhere?  **Yes**  **No** If yes, please list all names, fax, and account numbers.

**Bank Name**                      **Address and Fax #**                      **Account Number**

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

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

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

2) Is the applicant(s) listed as an account holder on any *savings* accounts in the U.S. or elsewhere?  **Yes**  **No** If yes, please list all bank names, fax numbers, and account numbers.

**Bank Name**                      **Address and Fax #**                      **Account Number**

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

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

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

3) Do you have any and all other bank or financial accounts located in the U.S. or elsewhere (CD's, IRA's, Annuities, Money Markets, life insurance policies, etc.)?

**Yes**  **No** If yes, please list all bank addresses, fax numbers, account numbers and account holders.

**Bank/Company Name**                      **Address and Fax #**                      **Account Number**

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

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

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

4) Do any applicants receive retirement benefits as periodic payments?  **Yes**  **No**  
If yes, from what type of retirement account? \_\_\_\_\_

5) Are any applicants receiving Dual Entitlement Benefits?  **Yes**  **No**  
If yes, list the Benefit Claim Numbers \_\_\_\_\_

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



7) 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: \_\_\_\_\_

\_\_\_\_\_

8) Do you have any money held for you by anyone else in the U.S or elsewhere?

**Yes**  **No** If yes, indicate who is holding this money, the amount, and why:

\_\_\_\_\_

9) Do you own a car?  **Yes**  **No** If yes, please list how many \_\_\_\_\_,

Make \_\_\_\_\_, Model \_\_\_\_\_

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

11) Have any applicants sold any real estate in the past two years in the U.S or

elsewhere?  **Yes**  **No** If yes, was it sold it for its market value?  **Yes**  **No**

How much was it **sold** for? \$ \_\_\_\_\_ What was the **value**? \$ \_\_\_\_\_

10) Do you own a house or any other real estate in the U.S. or elsewhere?

**Yes**  **No** If yes, list Original price \$ \_\_\_\_\_, Current Value \$ \_\_\_\_\_

Unpaid Balance or Mortgage \$ \_\_\_\_\_

Any related outstanding debt?  **Yes**  **No** If yes, how much? \$ \_\_\_\_\_ Name of mortgage institution(s) \_\_\_\_\_

Do you receive income/rent from this property?  **Yes**  **No** How much? \$ \_\_\_\_\_

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

11) Have you sold, at less than fair market value, disposed of, given away, deeded 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**  **No**

**It is your right to do as you wish with your money and assets, but you must report the full amount. The value will be counted as your asset for two (2) years from the time of the transaction.**

If yes, please explain \_\_\_\_\_

**I/We 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, or have reported if so.**

**X** \_\_\_\_\_  
**Head of household Signature** **Date**

**X** \_\_\_\_\_  
**Co-Head of Household Signature** **Date**

**X** \_\_\_\_\_  
**Translator/Family/Friend Signature** **Date**

**Section IV. HOUSING QUESTIONNAIRE**

- 1) Are you currently living in subsidized housing or married to someone who is living in subsidized housing such as 202 PRAC, 202/8 or Section 8, Housing Choice Voucher, or other housing program?  **Yes**  **No** If you are receiving subsidy, did you continuously receive it before January 31, 2010?  **Yes**  **No**
  
- 2) 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: \_\_\_\_\_
  
- 3) Have the applicant(s) previously *applied* for housing with Plano Community Homes?  **Yes**  **No** If yes, when? \_\_\_\_\_  
Previously *lived* with a PCHSP property?  **Yes**  **No** If yes, when? \_\_\_\_\_
  
- 4) 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 \_\_\_\_\_
  
- 5) 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 rules or other policies or procedures?

**Yes**  **No**

If yes to any of these please explain: \_\_\_\_\_  
\_\_\_\_\_

- 6) Have you ever had to enter into a repayment agreement with a former Landlord or Housing Authority due to failure to disclose income or assets?  **Yes**  **No** If yes, please explain: \_\_\_\_\_
- 7) Have you or any member of your household ever had a security deposit withheld for nonpayment of rent?  **Yes**  **No** If yes, please explain: \_\_\_\_\_
- 8) Have you or any member of your household ever had a security deposit withheld for damage to apartment?  **Yes**  **No** If yes, please explain: \_\_\_\_\_
- 9) Have you ever allowed anyone not listed on your lease as a tenant to move into your apartment?  **Yes**  **No** If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
- 10) Have you or any member of your household ever been evicted?  **Yes**  **No** If yes, please explain: \_\_\_\_\_
- 11) Have you or any member of your household ever had your phone or utilities disconnected for nonpayment?  **Yes**  **No** If yes, please explain \_\_\_\_\_  
\_\_\_\_\_
- 12) Have you or any member of your household ever filed for bankruptcy?  **Yes**  **No** If yes, please list when and explain \_\_\_\_\_  
\_\_\_\_\_
- 13) How much is your current monthly rent? \$\_\_\_\_\_
- 14) Do you pay utilities?  **Yes**  **No** If yes, what is your average utility bill? \$\_\_\_\_\_
- 15) Have any applicants listed on this application, intending to reside in a PCHSP unit, ever been convicted of using, possessing, dealing, or manufacturing illegal drugs?  
 **Yes**  **No** If yes, please explain: \_\_\_\_\_
- 16) Are any applicants listed on this application currently using illegal drugs?  
 **Yes**  **No** If yes, please explain: \_\_\_\_\_

17) Are any applicants listed on this application subject to state lifetime sex offender registration requirements in any state?  Yes  No If yes, please explain: \_\_\_\_\_

18) Have any applicants listed on this application, while in the United States or any other country or territory, been accused or investigated for, convicted of any crime other than a traffic violation, been sentenced to deferred adjudication, pled guilty or no contest to an offense or accepted a plea bargain, including but not limited to, a misdemeanor (including theft), a felony, driving while intoxicated, driving under the influence of a prohibited, controlled, intoxicating, or illegal substance, or been placed on parole?  Yes  No  
If yes, please state when, where and for what crime, list the name you used at the time (alias, maiden name, or other) and indicate the date of sentence/parole completion: \_\_\_\_\_

PCHSP 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 PCHSP to complete a preliminary background check so that eligibility of the program can be determined. We reserve the right to request documentation of any incident. It is the policy of PCHSP that any person who is or who may become a registered sex offender, is not eligible to reside in any PCHSP property. PCHSP is required to conduct yearly sex offender checks on all residents.

19) Do you have a pet?  Yes  No If yes, please state:  
What type? \_\_\_\_\_ Height? \_\_\_\_\_ Weight? \_\_\_\_\_

If you are interested in having a pet live with you, please request a copy of the *Plano Community Home Pet Ownership Rules* and a Pet Application. *Plano Community Home 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. Pets must be inoculated in accordance with state and local law.

**Section V. Previous Address History**

Please list all countries, states, and counties, which you have resided in:

---

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**AND**

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

(including home ownerships, apartment/condo rental, relatives' homes)

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

Move- in Date: \_\_\_\_\_ Move- Out Date: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Move- in Date: \_\_\_\_\_ Move- Out Date: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Move- in Date: \_\_\_\_\_ Move- Out Date: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Move- in Date: \_\_\_\_\_ Move- Out Date: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

5. Name of Landlord: \_\_\_\_\_  
 Name of Apartment building (if applicable) \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Move- in Date: \_\_\_\_\_ Move- Out Date: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
6. Name of Landlord: \_\_\_\_\_  
 Name of Apartment building (if applicable) \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Move- in Date: \_\_\_\_\_ Move- Out Date: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
7. Name of Landlord: \_\_\_\_\_  
 Name of Apartment building (if applicable) \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Move- in Date: \_\_\_\_\_ Move- Out Date: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

|                                       |
|---------------------------------------|
| <b><u>Section VI. Declaration</u></b> |
|---------------------------------------|

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

- If you **are** an American Citizen you will need to complete page 29 and block one (1) of page 30 as well as the *Family Summary Sheet* on page 28.
- If you are **not** a citizen of the United States, please complete page 29 and whatever paragraphs are appropriate, pages 30-32, as well as the *Family Summary Sheet* on page 28, and the Applicant *Verification Consent Format* on page 32.
- 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 any PCHSP property.

**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);
- c. Section 101/Rent Supplement Program; and
- d. Section 202/PRAC.

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 2 people listed on the Family Summary Sheet, you should have 2 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 Home  
1612 Avenue L  
Plano, TX 75074

If applying **ONLY** to the Fair Oaks of Denton property:

Fair Oaks of Denton  
1950 Lattimore Street  
Denton, TX 76209

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 PCHSP Admissions Coordinator who will be happy to assist you. Also, if you are unable to provide the required documentation with this application, 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 PCHSP has further information regarding your eligibility for assistance.

**The following MUST be completed: List all family members below who are applying to live in an apartment at Plano Community Homes/Pioneer Place/Fairoaks. 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)**

| <b>Member No.</b> | <b>Last Name of Family Member</b> | <b>First Name</b> | <b>Relationship To Head of Household</b> | <b>Sex (M, F, or other)</b> | <b>Date of Birth</b> |
|-------------------|-----------------------------------|-------------------|--|-----------------------------|----------------------|
| 1 (Head)          |                                   |                   | Self                                     |                             |                      |
| 2                 |                                   |                   |  |                             |                      |



**Head of Household should complete pages 25-32.**

**Citizenship Declaration**  
*(For Head of Household)*

**INSTRUCTIONS: Complete a Declaration Format for each member of the household listed on the Family Summary Sheet.**

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

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

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

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

ADMISSION NO. \_\_\_\_\_  
*if applicable* (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

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

**Office Use Only:**

SAVE VERIFICATION NO. \_\_\_\_\_

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, under  
(print or type first name, middle initial, last name)

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

---

---

**1.** A citizen or 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** (declaration 1.)

**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, *\*Permanent Resident Card\**

(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,"

(d) Or, "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: or
  - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
  - (e) 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.
  - (f) \*Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence or eligible immigration status, they will be announced by notice published in the *Federal Register*.\*

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

|   |      |
|---|------|
| <b>REQUEST FOR EXTENSION</b>  |      |
| <p>I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the 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.</p> |      |
| Signature   | Date |
| <p>Check here if adult signed for a child <input type="checkbox"/></p>  |      |

If checking the box as “a noncitizen with eligible immigration status,” sign and date below. 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.

**Signature**

(declaration 2.)

**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 **\*\*Citizenship\*\*****

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

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

---

**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** (declaration 3.)

\_\_\_\_\_  
**Date**

Check here if adult signed for a child

## 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.

**Race and Ethnic Data Reporting Form**

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

OMB Approval No. 2502-0204  
(Exp. 6/30/2017)

|  |                                 |                         |
|--|---------------------------------|-------------------------|
| <b>Plano Community Homes East Campus</b> | <b>1608-1612 Avenue L</b>       | <b>Plano, TX 75074</b>  |
| <b>Pioneer Place Senior Housing</b>      | <b>1928-1932 Avenue K</b>       | <b>Plano, TX 75074</b>  |
| <b>Plano Community Homes West Campus</b> | <b>3905-3925 American Drive</b> | <b>Plano, TX 75075</b>  |
| <b>Fairoaks of Denton</b>                | <b>1950 Lattimore Street</b>    | <b>Denton, TX 76209</b> |

|   |                    |   |
|---|--------------------|---|
| <b>Name of Property</b>                   | <b>Project No.</b> | <b>Address of Property</b>                  |
| <b>Plano Community Home Sponsor, Inc.</b> |                    | <b>Section 202/8/ or 202 PRAC</b>           |
| <b>Name of Owner/Managing Agent</b>       |                    | <b>Type of Assistance or Program Title:</b> |

|                                  |                                 |
|----------------------------------|---------------------------------|
| <b>Name of Head of Household</b> | <b>Name of Household Member</b> |
|----------------------------------|---------------------------------|

Date (mm/dd/yyyy): \_\_\_\_\_

| <b>Ethnic Categories*</b>                 | <b>Select One</b>  |
|---|--------------------|
| Hispanic or Latino                        |                    |
| Not-Hispanic or Latino                    |                    |
| <b>Racial Categories*</b>                 | <b>One or More</b> |
| American Indian or Alaska Native          |                    |
| Asian                                     |                    |
| Black or African American                 |                    |
| Native Hawaiian or Other Pacific Islander |                    |
| White                                     |                    |
| Other                                     |                    |

**\*Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

|                  |             |
|------------------|-------------|
| <b>Signature</b> | <b>Date</b> |
|------------------|-------------|

**Public reporting burden** for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

**Optional and Supplemental 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.

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

|  |  |
|--|--|
| <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. |  |

|  |  |
|--|--|
|  |  |
|--|--|

**Signature of Applicant**

**Date**

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.

**PLANO COMMUNITY HOMES**  
1608-1612 Avenue L  
Plano, Texas 75074  
(972)423-6058 Fax(972)423-9681

**TO: ACCUTRAK BACKGROUND INVESTIGATIONS**

DATE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

Please conduct a background check on:

**PLEASE PRINT**

|   |        |                          |
|---|--------|--------------------------|
| NAME: _____   |        |                          |
| First   | Middle | Last                     |
| OTHER NAMES USED: _____                               |        |                          |
| DATE OF BIRTH: _____                                  |        | SOCIAL SECURITY #: _____ |
| DRIVER'S LICENSE/ PHOTO ID NUMBER: _____              |        | STATE: _____             |
| HOME ADDRESS: _____                                   |        |                          |
| Street  |        |                          |
| _____   | _____  | _____                    |
| City  | State  | Zip Code                 |
| COUNTY(IES) AND STATES OF RESIDENCE FOR LAST 7 YEARS: |        |                          |
| _____   |        |                          |

I hereby give consent for an investigative consumer report to be prepared to determine my eligibility for tenancy. I understand that this report may include information about me obtained from Law Enforcement Agencies, State Agencies, Consumer Credit Reports and Social Security information, as well as Public Records such as are allowed by law. I also attest that the above supplied information was given voluntarily and I understand it is to be used for the purpose of verifying my identity in acquiring public information and for **no other purpose**.

|                            |             |
|----------------------------|-------------|
| APPLICANT SIGNATURE: _____ | DATE: _____ |
|----------------------------|-------------|

|  |             |
|--|-------------|
| PLANO COMMUNITY HOMES SIGNATURE: _____ | DATE: _____ |
|--|-------------|

**ACCUTRAK Investigative Services**  
**accutrak2@aol.com**



\*If Applicable, Co-Head of Household should complete pages 33-40.  
**Otherwise, continue to page 41.**

**Citizenship Declaration**  
*(For Co- Head of Household)*

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

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

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

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

ADMISSION NO. \_\_\_\_\_  
*if applicable* (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

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

**Office Use Only:**

SAVE VERIFICATION NO. \_\_\_\_\_

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, under  
(print or type first name, middle initial, last name)

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

---

---

**1.** A citizen or 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** (declaration 1.)

**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, *\*Permanent Resident Card\**

(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,"

(d) Or, "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: or
  - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
  - (e) 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.
  - (f) \*Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence or eligible immigration status, they will be announced by notice published in the *Federal Register*.\*

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

|  |      |
|--|------|
| <b>REQUEST FOR EXTENSION</b>   |      |
| I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the 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 <input type="checkbox"/>  |      |

If checking the box as “a noncitizen with eligible immigration status,” sign and date below. 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.

**Signature**

(declaration 2.)

**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 **\*\*Citizenship\*\*****

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

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

---

**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** (declaration 3.)

\_\_\_\_\_  
**Date**

Check here if adult signed for a child

## 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.

3. **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."
4. **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.

4. **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.
5. **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.
6. **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.
6. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

**Race and Ethnic Data Reporting Form**

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

OMB Approval No. 2502-0204  
(Exp. 6/30/2017)

|  |                                 |                         |
|--|---------------------------------|-------------------------|
| <b>Plano Community Homes East Campus</b> | <b>1608-1612 Avenue L</b>       | <b>Plano, TX 75074</b>  |
| <b>Pioneer Place Senior Housing</b>      | <b>1928-1932 Avenue K</b>       | <b>Plano, TX 75074</b>  |
| <b>Plano Community Homes West Campus</b> | <b>3905-3925 American Drive</b> | <b>Plano, TX 75075</b>  |
| <b>Fairoaks of Denton</b>                | <b>1950 Lattimore Street</b>    | <b>Denton, TX 76209</b> |

|                  |             |                     |
|------------------|-------------|---------------------|
| Name of Property | Project No. | Address of Property |
|------------------|-------------|---------------------|

|   |                                      |
|---|--------------------------------------|
| <b>Plano Community Home Sponsor, Inc.</b> | <b>Section 202/8/ or 202 PRAC</b>    |
| Name of Owner/Managing Agent              | Type of Assistance or Program Title: |

|                           |                          |
|---------------------------|--------------------------|
| Name of Head of Household | Name of Household Member |
|---------------------------|--------------------------|

Date (mm/dd/yyyy): \_\_\_\_\_

| Ethnic Categories*                        | Select One  |
|---|-------------|
| Hispanic or Latino                        |             |
| Not-Hispanic or Latino                    |             |
| Racial Categories*                        | One or More |
| American Indian or Alaska Native          |             |
| Asian                                     |             |
| Black or African American                 |             |
| Native Hawaiian or Other Pacific Islander |             |
| White                                     |             |
| Other                                     |             |

\*Definitions of these categories may be found on the reverse side.

There is no penalty for persons who do not complete the form.

|                  |             |
|------------------|-------------|
| <b>Signature</b> | <b>Date</b> |
|------------------|-------------|

**Public reporting burden** for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

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**Optional and Supplemental 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.

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

|  |  |
|--|--|
| <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. |  |

|                               |             |
|-------------------------------|-------------|
|                               |             |
| <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.

**PLANO COMMUNITY HOMES**  
1608-1612 Avenue L  
Plano, Texas 75074  
(972)423-6058 Fax(972)423-9681

**TO: ACCUTRAK BACKGROUND INVESTIGATIONS**

DATE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

Please conduct a background check on:

**PLEASE PRINT**

|   |        |                          |              |
|---|--------|--------------------------|--------------|
| NAME: _____   |        |                          |              |
| First   | Middle | Last                     |              |
| OTHER NAMES USED: _____                               |        |                          |              |
| DATE OF BIRTH: _____                                  |        | SOCIAL SECURITY #: _____ |              |
| DRIVER'S LICENSE/ PHOTO ID NUMBER: _____              |        |                          | STATE: _____ |
| HOME ADDRESS: _____                                   |        |                          |              |
| Street  |        |                          |              |
| _____   |        | _____                    |              |
| City  | State  | Zip Code                 |              |
| COUNTY(IES) AND STATES OF RESIDENCE FOR LAST 7 YEARS: |        |                          |              |
| _____   |        |                          |              |

I hereby give consent for an investigative consumer report to be prepared to determine my eligibility for tenancy. I understand that this report may include information about me obtained from Law Enforcement Agencies, State Agencies, Consumer Credit Reports and Social Security information, as well as Public Records such as are allowed by law. I also attest that the above supplied information was given voluntarily and I understand it is to be used for the purpose of verifying my identity in acquiring public information and for **no other purpose.**

|  |             |
|--|-------------|
| APPLICANT SIGNATURE: _____             | DATE: _____ |
| PLANO COMMUNITY HOMES SIGNATURE: _____ | DATE: _____ |

**ACCUTRAK Investigative Services**  
**accutrak2@aol.com**





## Referral Survey

Thank you for applying to Plano Community Homes Sponsored Properties (PCHSP). We at PCHSP have an ongoing social media activity to help us better provide information on how to apply to PCHSP, what life is like at PCHSP and generally help people understand our mission, history, and services. Part of our process is to get feedback from our applicant(s) about our social media sites or referral sources.

You are not required to answer this survey. If you do or do not provide information, it will have no bearing on your application.

How did you hear about Plano Community Homes? (Check all that apply)

- Website
- Facebook
- Twitter
- LinkedIn
- Friend/ Word of Mouth
- Other \_\_\_\_\_

Do you have any general comments about our social media sites or outreach methods? \_\_\_\_\_

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**You can always send comments or requests for information to:**

**[pch@planocommunityhome.org](mailto:pch@planocommunityhome.org)**