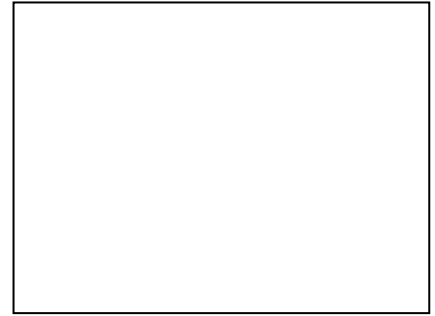




**Plano Community Homes
Sponsored Properties**



Office use only

Application for Residency

Fairoaks of Denton

Plano Community Home East Campus

Pioneer Place Senior Housing

Plano Community Homes West Campus

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

Fairoaks of Denton	Phone	(940) 891-1719
1950 Lattimore Street	Fax	(972) 891-6129
Denton, Texas 76209	TDD Number	(800) 735-2989
	“Relay Texas”	

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	Fax	(972) 423-9681
Plano, Texas 75074	TDD Number	(800) 735-2989
	“Relay Texas”	



Updated 11/25/13





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 veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

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

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

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

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

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

Ask Questions

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

Watch Out for Housing Assistance Scams!

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

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

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

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: \$23,800 for a one person household and \$27,200 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 Fairoaks of Denton are:

- 1) to be at least 62 years of age;
- 2) to be financially within the current maximum income limits which are: \$23,800 for a one person household and \$27,200 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 \$38,050 for a one person household and \$43,450 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 Fairoaks of Denton.

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 waiting 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 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 information 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 the doors at lobby entrances, and at least 15 feet from any other building, doors or windows if there is not a designated area. 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.

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.*

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).

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*.

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

X _____
Head of household **Date**

X _____
Co-Head of Household **Date**

X _____
Translator **Date**

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

East Campus 1608 - 1612 Ave. L Plano, TX 75074	Fairoaks of Denton 1950 Lattimore St. Denton, TX 76209	West Campus 3905, 3915, 3925 American Dr. Plano, TX 75075	Pioneer Place 1928-1932 Ave. K Plano, TX 75074
<input type="checkbox"/> Efficiency* (approx. 480 sq. ft.) <input type="checkbox"/> One Bedroom (approx. 520 sq. ft.)	<input type="checkbox"/> One Bedroom (approx. 538 sq. ft.)	<input type="checkbox"/> One Bedroom (approx. 520 sq. ft.)	<input type="checkbox"/> One Bedroom (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: _____

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: _____

Section II. PERSONAL DECLARATION FORM

A. APPLICANT INFORMATION

Name of applicant(s): _____
(Head of Household) Last First Middle Initial

(Co-Head of Household) Last First Middle Initial

Current Address: _____

Mailing Address
if different from above: _____

Telephone: Home _____ Work _____

Cell _____ Alternate _____

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

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.

1) **Head of Household Information**

Name _____ Date of birth _____

Male Female Social Security Number _____

Driver's License or State ID Number: _____ State _____

Alien Registration Number (if applicable): _____

Marital Status: Single Married Widowed Divorced Separated

Do you speak English fluently? ____ Yes ____ No

If no, what language do you speak? _____

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

Name _____ Date of birth _____

Male Female Social Security Number _____

Driver's License or State ID Number: _____ State _____

Alien Registration Number (if applicable): _____

Marital Status: Single Married Widowed Divorced Separated

Do you speak English fluently? ____ Yes ____ No

If no, what language do you speak? _____

B. Have you, or anyone in your household, ever used any name(s) or social security numbers other than the one currently being used? ____ Yes ____ No

If yes, please explain: _____

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

Section III. FINANCIAL INFORMATION

Applicant(s) must list all money earned or received by each member of the household applying for subsidized housing. It is your responsibility to report **all income from all sources and all assets, located in the U.S.A. or in another country**, for 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, 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

1) Head of Household Income

Current Occupation: _____ Retired

Employer: _____

Address of Employer: _____

Phone Number of Employer: _____ Fax Number: _____

Type of Income	Gross Amount Received	How often received
-----------------------	------------------------------	---------------------------

(List all sources)

1. _____

2. _____

3. _____

4. _____

Address/Fax # to Verify Income

- 1. _____
- 2. _____
- 3. _____
- 4. _____

2) Co-Head of Household Income

Current Occupation: _____ Retired

Employer: _____

Address of Employer: _____

Phone Number of Employer: _____ Fax Number: _____

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

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Address/Fax# to Verify Income

- 1. _____
- 2. _____
- 3. _____
- 4. _____

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

3) 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.):

4) Please list any additional income being received by anyone in the household applying for housing: _____

5) According to 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 2014 are \$721 for an eligible individual and \$1,082 for an eligible individual with an eligible spouse. If the combined income listed on this application is below \$721 for a one person household, or below the \$1,082 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.

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

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

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

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

5. Cost of phone/Internet services \$ _____ How do you pay for phone/Internet services? _____

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

7. Cost of Traveling Expenses \$ _____ How do you pay for traveling expenses? _____
8. Cost of Household items (such as paper goods, cleaning supplies) \$ _____
How do you pay for household items? _____

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

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

11. Cost of Cable \$ _____ How do you pay for cable TV? _____

12. Cost of Car Insurance \$ _____ How do you pay your car insurance? _____

B. ASSETS OF ALL APPLICANTS

- 1) 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**
- 2) Have you or any household member sold any real estate in the past two years in the U.S or elsewhere? _____ **Yes** _____ **No** If yes, did you sell it for its market value? _____ **Yes** _____ **No**
How much was it sold for? \$ _____ What was the value? \$ _____
- 3) Do you or any household member own stocks or bonds? _____ **Yes** _____ **No**
If yes, list name of stocks/bonds: _____ number of shares _____; \$ _____ Annual Dividend
- List name of stocks/bonds: _____ number of shares _____; \$ _____ Annual Dividend
other _____

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

	Type	Bank Name, Address and Fax #	Account Number
A)	_____	_____	_____
B)	_____	_____	_____
C)	_____	_____	_____

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

	Type	Bank Name, Address and Fax #	Account Number
A)	_____	_____	_____
B)	_____	_____	_____
C)	_____	_____	_____

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

	Type	Bank Name, Address and Fax #	Account Number
A)	_____	_____	_____
B)	_____	_____	_____
C)	_____	_____	_____

- 7) Do you have any money held for you by anyone else in the U.S or elsewhere?
_____ **Yes** _____ **No** If yes, please indicate who is holding this money and why? _____

How much is being held? \$ _____ What period? _____

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

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

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

Any related outstanding debt? _____ **Yes** _____ **No**

If yes, please state: \$ _____

Name and address of mortgage institution(s): _____

Do you receive income or rent from this property? _____ **Yes** _____ **No**

If yes, please list how much: \$ _____

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

10) Do you own a car? _____ **Yes** _____ **No** If yes, please list how many _____
Make _____ Model _____
License Plate Number _____

Plano Community Homes Sponsored Properties has a Transportation Program available to its residents.

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

_____ **Yes** If yes, please explain _____

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.

_____ **No** If NO, please sign the following certification on the next page.

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.

X _____
Signature of Head of Household **Date**

X _____
Signature of Co-Head of Household **Date**

X _____
Translator **Date**

Section IV. HOUSING QUESTIONNAIRE

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

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

- 3) Have you or any member of your household, 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.

- 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) How much is your current monthly rent? \$_____
- 6) Do you pay utilities? _____ **Yes** _____ **No** If yes, what is your average utility bill? _____
- 7) Have you or any member of your household ever had your phone or utilities disconnected for nonpayment? _____ **Yes** _____ **No** If yes, please explain: _____

- 8) Have you or any member of your household ever filed for bankruptcy?
_____ **Yes** _____ **No** If yes, please list when and explain _____

- 9) Have you or any member of your household ever had a security deposit withheld for nonpayment of rent? _____ **Yes** _____ **No**
For damage to apartment? _____ **Yes** _____ **No** If yes to either, please explain:

- 10) Have you ever allowed anyone not listed on your lease as a tenant to move into your apartment? _____ **Yes** _____ **No** If yes, please explain: _____

- 11) 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**
- 12) If you are receiving subsidy, did you continuously receive it before January 31, 2010? _____ **Yes** _____ **No**

- 13) 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**
Rules or other policies or procedures? _____ **Yes** _____ **No**
If yes to any of these please explain: _____
-

- 14) 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: _____
-

- 15) Have you or anyone else on this housing 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 you currently using illegal drugs or does anyone in your household currently use illegal drugs? _____ **Yes** _____ **No** If yes, please explain: _____
-

- 17) 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. All cats should be declawed prior to occupancy. Pets must be inoculated in accordance with state and local law.

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

Section V. Previous Address History
(i.e. home ownerships, apartment/condo rental, relatives' homes)

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

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

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

Dates applicant(s) lived here: _____
Phone: _____ Fax: _____

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

Dates applicant(s) lived here: _____
Phone: _____ Fax: _____

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

Dates applicant(s) lived here: _____
Phone: _____ Fax: _____

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

Dates applicant(s) lived here: _____
Phone: _____ Fax: _____

5. Name of Landlord: _____
 Name of Apartment building (if applicable) _____
 Mailing Address: _____

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

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

 Dates applicant(s) lived here: _____
 Phone: _____ Fax: _____

Section VI. Declaration

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 28 and block one (1) of page 29 as well as the *Family Summary Sheet* on page 27.
- If you are **not** a citizen of the United States, please complete page 28 and whatever paragraphs are appropriate, pages 29-32, as well as the *Family Summary Sheet* on page 27, and the *Applicant Verification Consent Format* on page 33.
 - 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 Fairoaks of Denton property:
Fairoaks 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/FO. List the Head of Household (yourself) first and then the name of anyone else in your family that would be residing in the apartment with you.

The Family Summary Sheet
(Only one Family Summary Sheet is required per household)

Member No.	Last Name of Family Member	First Name	Relationship To Head of Household	Sex (M, F, or other)	Date of Birth
1 (Head)			Self		
2					
3					

Head of Household should complete pages 28-37.

Declaration Format
(For Head of Household)

Additional Declaration Formats are required for each additional household member applying for housing. Please request these forms from the admissions office.

INSTRUCTIONS: Complete a Declaration Format for each member of the household listed on the Family Summary Sheet. The Declaration Format is five (5) pages long. Answer any and all questions on the following pages that apply to you. Only one Declaration Format is included in this application. If there will be more than one person in the household applying to live with you at PCHSP, you will need to request additional copies of the Declaration Format from our business office located at 1612 L Avenue, Plano, TX 75074 or 1950 Lattimore St., Denton, TX, 76209.

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

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

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

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

b. One of the following documents:

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

If block #2 is checked, 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.

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

Signature

Date

Check here if adult signed for a child _____

REQUEST FOR EXTENSION

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

Signature

Date

Check here if adult signed for a child _____

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

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

Signature _____ Date _____

Check here if adult signed for a child: _____

Verification Consent Form

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

Consent

I, _____ hereby consent to
(print or type first name, middle initial, last name)
the following:

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

NOTIFICATION TO FAMILY:

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

Signature

Date

Check here if adult signed for a child: _____

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. 3/31/2014)

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

Name of Property	Project No.	Address of Property
Plano Community Home Sponsor, Inc.		Section 202/8/ or 202 PRAC
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.

Signature

Date

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 form 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.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (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	
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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.

BACKGROUND/CREDIT/SEX OFFENDER INVESTIGATIONS

First Name	Middle Name	Last Name
Address _____ _____		
Date of Birth ____/____/____	Social Security Number _____-____-_____	
Driver's License Number _____	State _____	
County(ies) and states of residence for the last 7 years _____ _____		
Please print any other names you have used _____ _____		

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 is allowed by law. I also attest that the above supplied information was given voluntarily and I understand that it is to be used for the purposes of verifying my identity in acquiring public information and for **no other purposes**.

Applicant Signature _____ Date _____

*If Applicable, Co-Head of Household should complete pages 38-47.
Otherwise, you should continue to page 48.

Declaration Format
(For Co-Head of Household)

Additional Declaration Formats are required for each additional household member applying for housing. Please request these forms from the admissions office.

INSTRUCTIONS: Complete a Declaration Format for each member of the household listed on the Family Summary Sheet. The Declaration Format is five (5) pages long. Answer any and all questions on the following pages that apply to you. Only one Declaration Format is included in this application. If there will be more than one person in the household applying to live with you at PCHSP, you will need to request additional copies of the Declaration Format from our business office located at 1612 L Avenue, Plano, TX 75074 or 1950 Lattimore St., Denton, TX, 76209.

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

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

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

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

d. One of the following documents:

- (1) Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens).
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
 - (a) “Admitted as Refugee Pursuant to section 207”;
 - (b) “Section 208” or “Asylum”;
 - (c) “Section 243(h)” or “Deportation stayed by Attorney General”; or
 - (d) “Paroled Pursuant to Sec. 212(d)(5) of the INA.”
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
 - (a) A final court decision granting asylum (but only if no appeal is taken);
 - (b) A letter from a DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from a DHS district director granting asylum (if application was filed before October 1, 1990);
 - (c) A court decision granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) Form I-688, *Temporary Resident Card*, which must be annotated “Section 245A” or “Section 210”.
- (5) Form I-688B, *Employment Authorization Card*, which must be annotated “Provision of Law 274a.12(11)” or “Provision of Law 274a.12”.
- (8) 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.
- (9) Form I-151 Alien Registration Receipt Card. *Continued on next page...*

If block #2 is checked, 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.

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

Signature Date _____

Check here if adult signed for a child _____

REQUEST FOR EXTENSION

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

Signature Date _____

Check here if adult signed for a child _____

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

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

Signature _____ Date _____

Check here if adult signed for a child: _____

Verification Consent Form

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

Consent

I, _____ hereby consent to
(print or type first name, middle initial, last name)
the following:

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

NOTIFICATION TO FAMILY:

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

Signature

Date

Check here if adult signed for a child: _____

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. 3/31/2014)

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

Name of Property	Project No.	Address of Property
Plano Community Home Sponsor, Inc.		Section 202/8/ or 202 PRAC
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.

Signature

Date

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 form 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.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (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	
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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.

BACKGROUND/CREDIT/SEX OFFENDER INVESTIGATIONS

First Name	Middle Name	Last Name
Address _____ _____		
Date of Birth ____/____/____	Social Security Number _____-____-_____	
Driver's License Number _____	State _____	
County(ies) and states of residence for the last 7 years _____ _____		
Please print any other names you have used _____ _____		

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 is allowed by law. I also attest that the above supplied information was given voluntarily and I understand that it is to be used for the purposes of verifying my identity in acquiring public information and for **no other purposes**.

Applicant Signature _____ Date _____

PENALTIES FOR MAKING FALSE STATEMENTS:

WARNING: TITLE 18, SECTION 1001 of the U. S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

“WHOEVER, IN ANY MATTER WITHIN THE JURISDICTION OF THE EXECUTIVE, LEGISLATIVE, OR JUDICIAL BRANCH OF THE GOVERNMENT OF THE UNITED STATES, KNOWINGLY AND WILLFULLY FALSIFIES, CONCEALS, OR COVERS UP BY ANY TRICK, SCHEME OR DEVICE A MATERIAL OF FACT; MAKES ANY MATERIALLY FALSE, FICTITIOUS, OR FRAUDULANT STATEMENT OR REPRESENTATION; OR MAKES OR USES ANY FALSE WRITING OR DOCUMENT KNOWING THE SAME TO CONTAIN ANY MATERIALLY FALSE, FICTITIOUS, OR FRAUDULANT STATEMENT OR ENTRY; SHALL BE FINED UNDER THIS TITLE AND IMPRISONED NOT MORE THAN 5 YEARS.”

Plano Community Home Sponsored Properties does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development’s regulations implementing Section 504 (CFR, part 8 dated June 2. 1988).

**Lee Ann Hubanks, President
(972) 424-9800**

Application Certification:

I (we) certify that if selected to move into the Plano Community Home East or West Campus/Pioneer Place/Fairoaks of Denton, the unit I (we) occupy will be my (our) **ONLY** residence. I (we) understand that the above information is being collected to determine my (our) eligibility for 202/8 rental assistance or 202 PRAC. I (we) authorize the owner to verify all information provided on this application and to contact current or previous landlords or other sources for credit and verification information which may be released to appropriate federal, state or local agencies. I (we) certify that the statements made in this application are true and complete to the best of my (our) belief. **I (we) understand that false statements of information are punishable under Federal law.** I (we) do hereby swear and attest that all of the information above about me (us) is true and correct. I (we) also understand that all changes in the income of any member of the household, as well as any changes in the household, must be reported to the management of a PCHSP in writing immediately.

X _____
Head of household **Date**

X _____
Co-head of Household **Date**

X _____
Translator **Date**