

APPLICANT-RESIDENT CERTIFICATION

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

Reporting Changes in Income or Household Composition: I know I am required to report immediately in writing any changes in income and any changes in the household size, when a person moves in or out of the unit. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me.

Reporting on Prior Subsidized Housing Assistance: I certify that I have disclosed where I received any previous Federal housing assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

No Duplicate Residence or Assistance: I certify that the apartment will be my principal residence and that I will not obtain duplicate Federal housing assistance while I am in this current program. I will not live anywhere else without notifying the Housing Authority immediately in writing. I will not sublease my assisted residence.

Cooperation: I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays, termination of assistance, or eviction.

Criminal and Administrative Actions for False Information: I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal and State criminal law. I also understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance or termination of tenancy.

Warning: UNDER TITLE 18, SECTION 1001 OF THE US CODE, IT IS A FELONY TO MAKE FALSE STATEMENTS KNOWINGLY AND WILLINGLY TO ANY REPRESENTATIVE OR AGENT OF A DEPARTMENT OR AGENCY OF THE UNITED STATES; ANYONE WHO DOES SO SHALL BE FINED UP TO \$10,000 OR IMPRISONED UP TO 5 YEARS, OR BOTH.

Notice: Any attempt to obtain Public Housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime under the Texas Penal Code.

I understand that this is not a contract and does not bind either party. The above information is full, true and complete to the best of my knowledge; I have no objections to inquiries being made for purposes of verifying statements made herein. I understand that my application will remain active for six (6) months and I must update it, in person, at the office or online every six (6) months. **NOTE: If you do not renew or update this application every 6 months, your name will be dropped from the waiting list and your application becomes inactive.**

I do hereby swear and attest that all of the information above about me is true and correct. I also understand that any and all changes to this application must be reported to NET Property Management – Atlanta, Hughes Springs, Linden in WRITING IMMEDIATELY.

I UNDERSTAND ALL INFORMATION ON THIS APPLICATION WILL BE RE-VERIFIED PRIOR TO APPLICANT BEING HOUSED.

NOTE: THIS APPLICATION IS NOT A GUARANTEE THAT YOU WILL BE ELIGIBLE FOR HOUSING

Signature of Head of Household

Date

Signature of Co-head (If Applicable)

Date

Signature of PHA Representative

ADDITIONAL HOUSEHOLD COMPOSITION INFORMATION

Please complete the following information on **each person listed as a household member on your application.**

Head of Household Name:
Race: (MARK ALL THAT APPLY) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Mixed (Choose) <input type="checkbox"/> Other <input type="checkbox"/> Declined
Ethnicity: <input type="checkbox"/> Non-Hispanic or Latino <input type="checkbox"/> Hispanic or Latino
Citizenship: <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible

Member Name:
Race: (MARK ALL THAT APPLY) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Mixed (Choose) <input type="checkbox"/> Other <input type="checkbox"/> Declined
Ethnicity: <input type="checkbox"/> Non-Hispanic or Latino <input type="checkbox"/> Hispanic or Latino
Citizenship: <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible

Member Name:
Race: (MARK ALL THAT APPLY) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Mixed (Choose) <input type="checkbox"/> Other <input type="checkbox"/> Declined
Ethnicity: <input type="checkbox"/> Non-Hispanic or Latino <input type="checkbox"/> Hispanic or Latino
Citizenship: <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible

Member Name:
Race: (MARK ALL THAT APPLY) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Mixed (Choose) <input type="checkbox"/> Other <input type="checkbox"/> Declined
Ethnicity: <input type="checkbox"/> Non-Hispanic or Latino <input type="checkbox"/> Hispanic or Latino
Citizenship: <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible

Member Name:
Race: (MARK ALL THAT APPLY) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Mixed (Choose) <input type="checkbox"/> Other <input type="checkbox"/> Declined
Ethnicity: <input type="checkbox"/> Non-Hispanic or Latino <input type="checkbox"/> Hispanic or Latino
Citizenship: <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible

Member Name:
Race: (MARK ALL THAT APPLY) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Mixed (Choose) <input type="checkbox"/> Other <input type="checkbox"/> Declined
Ethnicity: <input type="checkbox"/> Non-Hispanic or Latino <input type="checkbox"/> Hispanic or Latino
Citizenship: <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible

Member Name:
Race: (MARK ALL THAT APPLY) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Mixed (Choose) <input type="checkbox"/> Other <input type="checkbox"/> Declined
Ethnicity: <input type="checkbox"/> Non-Hispanic or Latino <input type="checkbox"/> Hispanic or Latino
Citizenship: <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible

Head of Household

Date

Spouse/Other Adult/Guardian (If Applicable)

Date