

## Pre-Application

**INSTRUCTIONS: Please read carefully and complete the application legibly. Please make sure to include a MAILING ADDRESS regardless of your household situation. Incomplete applications will be returned.**

1. To be qualified for admission to public housing an applicant must: Be a family as defined in WFHA's Admission and Continued Occupancy policy
  - (a) Meet the HUD requirements on citizenship or immigration status
  - (b) Have an Annual Income at the time of admission that does not exceed the income limits established by HUD posted in the WFHA offices.
  - (c) Provide documentation of Social Security numbers for all family members,
  - (d) Pass a criminal background check and all screening requirements,
  - (e) Pay any money owed to WFHA from either the public housing or Section 8 voucher programs Or any other low income housing program.
2. Complete Pre-applications will be entered on the waiting list by date and time received.
3. Pre-applications will be accepted by mail, fax, or at any Wichita Falls Housing Authority Office
4. If you or anyone in your family is a person with disabilities, and you require a specific accommodation to fully utilize our programs and services, or if you need assistance in completing this application, Please contact the housing authority at (940) 723-8389.
5. Be sure to include the **names, social security numbers, dates of birth & all income for every family member who will live in the household.** Be sure to provide your complete address so we can contact you. When the applicant's name comes up on the waiting list, they will be contacted by mail, to begin the eligibility processing. The information provided to WFHA by the applicant will be verified for accuracy and eligibility.
6. Changes in preference status, household composition, address and phone # must be reported to (940) 723-8389. *(See admission update form)*
7. Unit Offer will be made once the screening process is completed, WFHA will offer units in the Appropriate bedroom size on a first come first served basis.

**Wichita Falls Housing Authority  
P.O. Box 544  
Wichita Falls, Texas 77306  
Phone (940) 723-8389 Fax (940) 723-1680**

**Failure to report changes within 10 days will result in the application being withdrawn.**

**FOR WFHA USE ONLY:**

DATE RECEIVED : \_\_\_\_\_ WFHA: \_\_\_\_\_

The Wichita Falls Housing Authority does not discriminate on the basis of race, color, religion, national origin, ancestry, sexual orientation, age, familial status, or physical or mental disability in the access to its programs for employment, or in its activities, functions, or services.

**IF MAILING IN THE PRE-APPLICATION, PLEASE KEEP THIS SHEET FOR FUTURE REFERENCE**

**PRE-APPLICATION FOR PUBLIC HOUSING**

**Please Print Clearly**

Head of Household (H) \_\_\_\_\_ Phone# \_\_\_\_\_ Alternate # \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Apt # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**FOR STATISTICAL PURPOSES ONLY**

**Ethnicity of Head:**  African American/ Black  Asian  Native American / Alaskan Native  White  Native Hawaiian/Other Pacific Islander  
**Race of Head:**  Hispanic/Latino  Non-Hispanic/Latino

**HOUSEHOLD FAMILY MEMBERS**

Last & First Name	Date of Birth	Age	Sex M/F	Monthly Income	Source (Wages, Child Support, SS, SSI, TANF, Family contributions, Etc)	Social Security #	Relation to Head	Birthplace / COUNTRY
						- -	Self	
						- -		
						- -		
						- -		
						- -		
						- -		
						- -		

*\*Disabled Person-has a verified disability determined to be continuous, and/or long term (more than 12 months)*

**LOCAL PREFERENCE**

- Are you currently displaced due to a disaster-fire, flood, hurricane, earthquake, or governmental action such as Modernization or property disposition (housing is inaccessible or uninhabitable)?  Yes  No
  - Are you currently residing in a shelter from being a victim of domestic violence?  Yes  No
- Verification of displacement and/or homelessness must be attached for consideration of any preference.*

**WAITING LIST**

1. Is the Head of household or Co-Head/Spouse Elderly (62 years or older)?  Yes  No
2. Is the Head of household or Co-Head/Spouse Disabled?  
 If you answered yes to either question above, do you wish to reside at an Elderly/Mix property\*?  Yes  No
3. Do you or anyone in the household need a wheelchair accessible apartment?  Yes  No
4. Is any family member's mobility, hearing, or visually impaired?  Yes  No
5. Is the Head of household 51-61 years of age and if so do you wish to reside at an Elderly/Mix property\*?  Yes  No

**\*Elderly/Mix Property – All residents must be 62 years of age or older or be a disabled individual of any age.**

6. Have you ever violated a previous obligation in connection with a HUD Program?  Yes  No
7. Do you owe any low income Housing programs (PHA, Section 8 or other Program)?  Yes  No
8. Please check the bedroom size you require:  
 1 BEDROOM  2 BEDROOM  3 BEDROOM  4 BEDROOM

I/we certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified and understand that any false statements made on this application will be cause for me/us to be disqualified for admission. I/we authorize the release of information to the housing Authority by the Social Security Administration, and/or other business or government agencies.

Head of Household Signature \_\_\_\_\_

Date \_\_\_\_\_

Co-applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

# HOUSING AUTHORITY OF THE CITY OF WICHITA FALLS

## ADMISSIONS UPDATE FORM

(Please provide **Photo ID** with any changes.)

Date: \_\_\_\_\_ Head of Household: \_\_\_\_\_ Phone #: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age 62 & Over?  Y  N

Mark "Type of Change" and fill out information completely:

**NEW/CURRENT**

Mailing Address: \_\_\_\_\_  
Street or P.O Box \_\_\_\_\_  
City, State ZIP Code \_\_\_\_\_

Do you live at the above address?  Y  N  
Do you wish to claim a Disability?  Y  N  
If yes, please fill out Consent to Release Protected Client Information form and submit with this Admission Update form, or attach a current SSI award letter.

**ADDING SPOUSE OR CO-HEAD OF HOUSEHOLD:** List the individual you are adding as your spouse or co-head

First Name	Last Name	Birth Date	SS #	Sex	Relation	Elderly / Disabled?
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**ADDING NEW FAMILY MEMBER:** List the family members who you are adding to your household. Attach another sheet of paper if needed.

First Name	Last Name	Birth Date	SS #	Sex	Relation
1.					
2.					

**DELETING NEW FAMILY MEMBER:** List the family members who you are removing to your household. Attach another sheet of paper if needed.

First Name	Last Name	Birth Date	SS #	Sex	Relation
1.					
2.					

**CHANGE OF INCOME:** List all current income sources and recipients

First Name	Last Name	Source (From Where/ Who)	Amount	How Often (Weekly/Monthly)
1.				
2.				

**Certification:**

I certify that the above information is true and correct to the best of my knowledge and understand that any false statements are punishable under Federal law.

Signature of Head of Household \_\_\_\_\_

Date \_\_\_\_\_

FOR OFFICE USE ONLY: PH Update #: \_\_\_\_\_ Entered By: \_\_\_\_\_ Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Please ensure that all fields completed are readable.

## WAITING LIST POLICY

I understand that I am on the active Waiting List for a \_\_\_\_\_ bedroom apartment. In order to stay on the active Waiting List, I must visit or contact the Housing Authority office immediately to report any changes in family size, income, address, telephone, etc. (See admission update form)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date