

INSTRUCTIONS FOR COMPLETING THE PRE-APPLICATION AND QUESTIONNAIRE FOR THE FORT WORTH HOUSING AUTHORITY SPECIAL KATRINA/RITA VOUCHER PROGRAM

1. **ANSWER ALL QUESTIONS AND PRINT CLEARLY.** Only complete and legible applications will be accepted.
2. Answer all questions that apply to yourself as well as each person that will be a member of your household. Applications sent without a questionnaire will not be processed.
3. Mail completed pre-application and questionnaire to **FWHA Admissions, P.O. Box 469 Fort Worth, TX 76101.** (Make a copy of your completed pre-application and questionnaire for yourself).
4. Only pre-applications and questionnaires that are mailed to the above post office box will be accepted. **Pre-applications will not be received at the Fort Worth Housing Authority office, including those sent by fax or mailed to the regular FWHA P.O. box.**
5. It is recommended you obtain a "**certificate of mailing**" from the Post Office when mailing your pre-application and questionnaire. This will be very valuable in case your application gets lost in the postal system. The cost is \$1.15 for the proof of mailing receipt and 42 cents for the postage.
6. Pre-applications are placed on a computerized wait list based on the date and time received, and qualifying preferences.
7. Persons who qualify for a Katrina/Rita voucher will be placed on a special wait list. Information will be verified.
8. Applications will be accepted until September 21, 2010.
9. Vouchers will be awarded until all 257 allocated vouchers are in use.
10. **You may check your status on the wait list 60 days after mailing your application by calling 817/333-3555 or mailing a written request to: FWHA-Admissions, P.O. Box 430, Fort Worth, TX 76102. FWHA staff will not answer telephone requests for wait list information.**
11. Applicants must meet the United States Department of Housing and Urban Development income limits. The current income limits are listed below.

Number of persons	1	2	3	4	5	6	7	8
30% of median	\$13,850	\$15,850	\$17,800	\$19,800	\$21,400	\$22,950	\$24,550	\$26,150
Very low income	\$23,100	\$26,400	\$29,700	\$33,000	\$35,650	\$38,300	\$40,900	\$43,550

**FORT WORTH HOUSING AUTHORITY PRE-APPLICATION
FOR SPECIAL KATRINA/RITA VOUCHERS**



TO BE COMPLETED BY FWHA	
CLIENT #	_____
SPECIAL	_____
PROGRAM:	SKV

Last Name _____ First Name _____ Middle Initial _____

Mailing Address _____ Apt # _____ City _____ State _____ Zip _____

How long at present address? _____ Monthly Rent \$ _____ Utilities Paid By: Tenant Landlord

PLEASE NOTIFY US IN WRITING IF YOU MOVE. ALL FWHA NOTICES REGARDING ELIGIBILITY WILL SENT VIA MAIL.

Phone # (____) _____ Alternate Phone # (____) _____

1. Have you ever lived in Public Housing or Section 8 Housing in any city? Yes No Where? _____

2. BEGINNING WITH YOURSELF, list all persons who will live in your household. All information must be given for each person.

LAST NAME	FIRST NAME	SEX M / F	RACE *	DATE OF BIRTH	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY #	SCHOOL GRADE COMPLETED	DISABLED? Y / N
1.					HEAD OF HOUSEHOLD			
2.								
3.								
4.								
5.								

(Use back of form if additional space needed.)

* For statistical purposes only, please state the race/ethnicity of each household member from the following choices: **Black, Caucasian, Hispanic, Asian, Pacific Islander/ Hawaiian, American Indian/Alaskan, Other** _____ (please list). Enter the first letter of the race/ethnicity for each household member in the column above. Your voluntary cooperation in providing the information is appreciated, and will not affect your place on the waiting list.

3. List the kind and amount of all money received by ALL members of the household including yourself. Examples: Wages \$150 wk, TANF \$221 mo, etc. (Include pensions, Social Security, SSI, Child Support payments, contributions, employment, unemployment, insurance, etc.)

- 1. _____ \$ _____ Per _____
- 2. _____ \$ _____ Per _____
- 3. _____ \$ _____ Per _____
- 4. _____ \$ _____ Per _____

4. Indicate your Marital Status: Divorced Married Separated Widowed Never Married

5. PREFERENCE INFORMATION

- 1. Are you being displaced due to natural disaster, government action, domestic violence, HUD disposition of multi-family complex, hate crime or witness to criminal action? Yes No
- 2. Are you or your spouse receiving Social Security or SSI? Yes No
- 3. Are you or your spouse working 32 or more hours per week and have you been employed for the past 18 consecutive months? Yes No
- 4. Are you or your spouse enrolled in and regularly attending a bona-fide job training program associated with the Workforce Commission for a minimum of three (3) months? Yes No Name of Training Program _____

6. How did you obtain this application? FWHA website FWHA office/Public Housing Site Other Agency
Name of agency _____

NOTICE: ANY FALSE STATEMENTS MADE ON THIS APPLICATION WILL CAUSE THE APPLICATION TO BE DETERMINED IN-ELIGIBLE. SECTION 1001 OF TITLE 18 U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE U.S. AS TO ANY MATTER WITHIN ITS JURISDICTION.

I certify that the above statements are true to the best of my knowledge and further understand that inquiries will be made to verify the information provided on my income, family composition, criminal history, preference and any additional information needed to determine my eligibility for assistance. I authorize the release of information to the Fort Worth Housing Authority by employers, any County, City, State or Federal government entity, Federally automated information system or any other entity necessary to process my application.

_____ Signature of the Head of Household	_____ Date
_____ Signature of Spouse or Other Adult Household Member	_____ Date
_____ Relationship	_____ Date

Any applicant who requires accommodation due to a disability should attach a written request to this application.

**SPECIAL KATRINA/RITA VOUCHERS
Questionnaire**

Name: _____ **SS No.** _____

1. Were you displaced by Hurricane Katrina or Rita? Yes No
If you were not displaced by one of these hurricanes, you are not eligible for the special voucher. If you were displaced by one of these hurricanes, please answer the remaining questions.
2. By which hurricane were you displaced? _____
3. What is your FEMA number? _____
4. Did you reside in a FEMA temporary housing unit or Katrina Cottage and leave on or after June 24, 2009? Yes No
5. Where did you reside at the time of the hurricane?
Address: _____
City, State, Zip Code: _____
6. Do you have proof of residency during the hurricane? Yes No If yes, please list the proof and attach a copy to the application. _____
7. If you had school-age children at the time of the hurricane, please list the names of the children and the school they attended.

8. Please list where you were employed or attended school at the time of hurricane, if applicable.

9. Have you received any subsidized rental assistance since the hurricanes, including FEMA, Katrina Disaster Housing Assistance (KDHP), Disaster Voucher Program (DVP), Disaster Housing Assistance (DHAP) , Housing Choice Voucher (HCVP) or Public Housing? If so, please list the programs and the housing authority or city and state where the assistance was provided.

10. If you received any subsidized rental assistance, were you terminated from any program for program violations? Yes No If yes, please provide date and details:

Signature

Date

WARNING: Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received, be fined up to \$10,000, imprisoned for up to 5 years, and/or prohibited from receiving future assistance.