



Housing Authority of The City of Laredo  
2000 San Francisco Avenue, Laredo, TX 78040  
Voice (956) 722-0221 Fax (956) 753-4113  
TTY / TDD 1-800-735-2989 email: section8@larha.org

## Preliminary Application for Russell Terrace Rental Assistance Demonstration (RAD)

### Head of Household Information

### Date and Time of Application (For Agency Use)

Last Name

First Name

Middle Initial

SSN

D.O.B.

Address

City

ZIP Code

Email Address

Telephone Number

Cell Phone

Please list additional family members.

Total Family Members \_\_\_\_\_

Last Name	First Name	Middle Initial	SSN	Date of Birth	Gender	Age	Student Status

1. Will any person living in the unit have a special need related to a disability? ☐ Yes ☐ No

2. Do you have any relatives working with the Laredo Housing Authority? ☐ Yes ☐ No

If yes, please provide name and department: \_\_\_\_\_

Race: ☐ Hispanic ☐ Non-Hispanic ☐ Black / African-American

Ethnicity: ☐ White ☐ Asian ☐ Native Hawaiian / Other Pacific Islander

☐ American Indian / Alaska Native

### Source of Family Income

Please check all that apply and identify amount.	Amount; Annually, Monthly, Weekly, Bi-Weekly, Daily
<input type="checkbox"/> Wages	
<input type="checkbox"/> Self-Employment	
<input type="checkbox"/> SSI	
<input type="checkbox"/> SS	
<input type="checkbox"/> Pension	
<input type="checkbox"/> Unemployment	
<input type="checkbox"/> Child Support	
<input type="checkbox"/> TANF	
<input type="checkbox"/> SNAP	
<input type="checkbox"/> Other Income	

### Possible/Tentative Eligibility and Preferences

Your response to the following statement will help determine your eligibility for rental assistance and if you are entitled to a preference when placed on the program's waiting list. Select the appropriate responses to each question below.

Yes or No

<input type="checkbox"/>	<input type="checkbox"/>	Unsheltered Homeless
<input type="checkbox"/>	<input type="checkbox"/>	Homeless Referrals
<input type="checkbox"/>	<input type="checkbox"/>	Elderly Family, Disabled Family, and/or Domestic Violence Family
<input type="checkbox"/>	<input type="checkbox"/>	Veteran
<input type="checkbox"/>	<input type="checkbox"/>	Displacement
<input type="checkbox"/>	<input type="checkbox"/>	Moving Up or Transitional Housing

### Criminal History

1. Has any household member (regardless of age) been arrested, charged, or convicted of any of the following: Violent criminal activity, alcohol-related activity, manufacture of methamphetamines, possession, sale, or distribution of illegal drugs? ☐ Yes ☐ No If yes, explain: \_\_\_\_\_  
List name of any household member who is required to register as a sex offender: \_\_\_\_\_  
If any please provide name & telephone number of probation/parole officer: \_\_\_\_\_
2. Has any household member participated in drug rehabilitation during the past 12 months? ☐ Yes ☐ No  
If yes, explain: \_\_\_\_\_
3. Has any household member been evicted from federally assisted housing during the past 3 years? ☐ Yes ☐ No  
If yes, explain: \_\_\_\_\_

A criminal history check will be run on all household members over age 18 through the local police department, state, and NCIC. All information provided on this application and the interview is subject to verification. All family members age 18 or over should review the information on this form, the Federal Privacy Act, and all required releases which MUST be signed in order to be considered for housing.

### Signature Clause

By my signature below, I do hereby swear and attest that all information on this application is true and correct. I understand that I must report any changes in income, assets, family composition, address, or phone number to the Housing Agency within 10 days of such change. By my signature, I grant permission to the Housing Agency to verify information necessary to determine my eligibility and suitability for housing. I further understand that false statements or omission of information are grounds for denial of this application.

I understand that it is my responsibility to respond to requests and/or supply of information requested by the Housing Agency to determine continued interest in assistance.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse or Other Adult

\_\_\_\_\_  
Date

**WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.**

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national toll-free hot-line at 1-800-669-9777.



*For office use only*

Reviewed by: \_\_\_\_\_

Approved by: \_\_\_\_\_