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## **THE CITY OF MADISONVILLE**

### **Bogan St. Apartments**

210 W. Cottonwood Street  
Madisonville, TX 77864

Telephone: (936) 348-2748  
Fax: (936) 348-3815

#### **INSTRUCTIONS FOR COMPLETING APPLICATION**

Please read all documents carefully. Each line on the application **MUST BE COMPLETED**. Do not leave anything blank.

If you meet the minimum eligibility requirements, your name will be placed on the Community-Wide waiting list for the City of Madisonville Housing. This is not a guarantee that you will be eligible for housing. This application will only place you on the waiting list. As your name gets closer on the waiting list you will be contacted to verify any changes in your household or family income. An extensive background check will be performed and your criminal, credit and rental history will be reviewed.

Anyone that will be part of the household that is 18 or older must be present to show picture ID when turning in the application.

You must provide all required documentation to include:

1. Picture ID for anyone 18 or older
2. Social Security Cards for all household members
3. Birth Certificates for all household members
4. Copy of first page of bank statement; if you have a checking account
5. Proof of any income coming into the household or being contributed to the household.  
Examples but not limited to: Wages, SSI Benefits, SS Benefits, Child Support, Food Stamps, VA Benefits, Mileage or Per Diem Payments, etc.

Your application will be considered incomplete until you have all required documents turned in.

You are required to call or come to the office at least once every 6 months to update your file and express your continued interest in housing. If you fail to update your records at least once every 6 months, you will be removed from the waitlist and will have to reapply.

**Quality Control Checklist for Application****STOP-DO NOT FILL THIS OUT-LEAVE BLANK****\*\*To Be Completed by a City Housing Representative\*\***

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

Bedroom Size \_\_\_\_\_

- 
- 
- \_\_\_\_\_ 1. Application Complete
    - a. Verification of:
      - \_\_\_\_\_ 1. Income (verification form signed)
      - \_\_\_\_\_ 2. Assets
      - \_\_\_\_\_ 3. Medical Expenses (elderly/disabled only)
      - \_\_\_\_\_ 4. Handicapped Expenses
      - \_\_\_\_\_ 5. Child Care Expenses
      - \_\_\_\_\_ 6. Child Deduction
  - \_\_\_\_\_ 2. Waiting List Certification Signed
  - \_\_\_\_\_ 3. Proof of Citizenship Form (all household members)
  - \_\_\_\_\_ 4. Birth Certificates (all household members)
  - \_\_\_\_\_ 5. Social Security Cards (all household members)
  - \_\_\_\_\_ 6. Picture ID (required for any household member 18 or older)
  - \_\_\_\_\_ 7. Privacy Act Form HUD-9886 (all household members 18 or older must sign)
  - \_\_\_\_\_ 8. Criminal Record Release (all household members 18 or older must sign)
  - \_\_\_\_\_ 9. Criminal Background Form
    - No Record Found: \_\_\_\_\_
    - Criminal Record Found: \_\_\_\_\_
  - \_\_\_\_\_ 10. Tenant Tracker Ran
  - \_\_\_\_\_ 11. EIV Ran
  - \_\_\_\_\_ 12. HA Query



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**Please read each of the below statements and initial to acknowledge your understanding.**

1. I understand that once I complete the eligibility application, I will be placed on an application waiting list \_\_\_\_\_
2. I understand that this does not mean I have been approved for housing. All applicants are automatically placed on the application waiting list pending screening. \_\_\_\_\_
3. I understand that every applicant is screened and a review of their criminal, rental and credit history is done to determine eligibility. \_\_\_\_\_
4. I understand that my application is considered incomplete if all supporting documentation are not turned in within 30 days of the date of my application and I will be removed from the application waiting list. These documents include but are not limited to: a valid picture ID for anyone over the age of 18, social security cards for all household members, birth certificates for all household members and verification of any income coming into the household for all members. If any other documents are required you will be notified after a review of your application is done. \_\_\_\_\_
5. I have read and answered all questions on the application and answered them to the best of my knowledge. I understand that knowingly answering a question on the application deceptively is considered falsifying federal documents and will disqualify me from this program. \_\_\_\_\_
6. I understand that I am required to report any changes in income or family status and keep my application up-to-date. \_\_\_\_\_
7. I understand that I am required to contact the City of Madisonville by phone or mail of my continued interest in housing at least once every 6<sup>th</sup> months or I will be removed from the waiting list for no contact. \_\_\_\_\_
8. I understand that a security deposit and first month's rent will be required once I have been approved for housing. \_\_\_\_\_

\_\_\_\_\_  
Applicant/Head of Household Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
City Representative Signature

\_\_\_\_\_  
Date

## What has to be included in my household income?

HUD has defined exactly what forms of income are to be included and excluded when calculating your total household income in CFR 24, Subtitle A, Part 5, Subpart F {5.609.

### 2024 Income Limits for Madison County (Updated 6/1/2024)

AMFI %	1	2	3	4	5	6
30	\$16,700	\$19,050	\$21,450	\$23,800	\$25,750	\$27,650
50	\$27,800	\$31,800	\$35,750	\$39,700	\$42,900	\$46,100
60	\$33,360	\$38,160	\$42,900	\$47,640	\$51,480	\$55,320
80	\$44,450	\$50,800	\$57,150	\$63,500	\$68,600	\$73,700
120	\$66,460	\$75,820	\$85,370	\$94,720	\$102,480	\$110,050

### Income That Must Be Included:

If you have any of these types of incomes check *yes* - if you do not, check *no*.

<input type="checkbox"/>	<input type="checkbox"/>
YES	NO

1. The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensations for personal services;

<input type="checkbox"/>	<input type="checkbox"/>
YES	NO

2. The full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts, including a lump-sum amount or monthly amount for the delayed start of a periodic amount;

<input type="checkbox"/>	<input type="checkbox"/>
YES	NO

3. Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay;

<input type="checkbox"/>	<input type="checkbox"/>
YES	NO

4. Welfare assistance payments.

(i) Welfare assistance payments made under the Temporary Assistance for Needy Families (TANF) program are included in annual income only to the extent such payments:

1. Qualify as assistance under the TANF program definition at 45 CFR 260.31; and
2. Are not otherwise excluded under paragraph (c) of this section

(ii) If the welfare assistance payment includes an amount specifically designated for shelter and utilities that is subject to adjustment by the welfare assistance agency in accordance with the actual cost of shelter and utilities, the amount of welfare assistance income to be included as income shall consist of:



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- a. The amount of the allowance or grant exclusive of the amount specifically designated for shelter or utilities; plus
- b. The maximum amount that the welfare assistance agency could in fact allow the family for shelter and utilities. If the family's welfare assistance is ratably reduced from the standard of need by applying a percentage, the amount calculated under this paragraph shall be the amount resulting from one application of the percentage.

<input type="checkbox"/>	<input type="checkbox"/>
YES	NO

5. Periodic and determinable allowances, such as alimony and child support payments, and regular contributions or gifts received from organizations or from persons not residing in the dwelling;

<input type="checkbox"/>	<input type="checkbox"/>
YES	NO

6. All regular pay, special pay and allowances of a member of the Armed Forces (except as provided in paragraph (c)(7) of this section);

<input type="checkbox"/>	<input type="checkbox"/>
YES	NO

7. For section 8 programs only and as provided in 24 CFR 5.612, any financial assistance, in excess of amounts received for tuition and any other required fees and charges, that an individual receives under the Higher Education Act of 1965 (20 U.S.C. 1001 et seq.), from private sources, or from an institution of higher education (as defined under the Higher Education Act of 1965 (20 U.S.C. 1002)), shall be considered income to that individual, except that financial assistance described in this paragraph is not considered annual income for persons over the age of 23 with dependent children. For purposes of this paragraph, "financial assistance" does not include loan proceeds for the purpose of determining income.

I certify that the information I have provided on this questionnaire is true and complete to the best of my knowledge. If it is not I may be subject to criminal prosecution.

\_\_\_\_\_  
Tenant/Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
City Representative Signature

\_\_\_\_\_  
Date

**Income Exclusions CFR 24 Subtitle A Part 5 Subpart F §5.609(c):***If you have any of these types of incomes check **yes** if you do not check **no**.*

<input type="checkbox"/> YES	<input type="checkbox"/> NO	2. Income from employment of children (including foster children) under the age of 18 years;
<input type="checkbox"/> YES	<input type="checkbox"/> NO	3. Payments received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone);
<input type="checkbox"/> YES	<input type="checkbox"/> NO	4. Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses (except as provided in paragraph (b)(5) of this section);
<input type="checkbox"/> YES	<input type="checkbox"/> NO	5. Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member;
<input type="checkbox"/> YES	<input type="checkbox"/> NO	6. Income of a live-in aide, as defined in 55.403;
<input type="checkbox"/> YES	<input type="checkbox"/> NO	7. Subject to paragraph (b)(9) of this section, the full amount of student financial assistance paid directly to the student or to the educational institution;
<input type="checkbox"/> YES	<input type="checkbox"/> NO	8. The special pay to a family member serving in the Armed Forces who is exposed to hostile fire; <ul style="list-style-type: none"> <li>i. Amounts received under training programs funded by HUD;</li> <li>ii. Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS);</li> <li>iii. Amounts received by a participant in other publicly assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program;</li> <li>iv. Amounts received under a resident service stipend. A resident service stipend is a modest amount (not to exceed \$200 per month) received by a resident for performing a service for the City or owner, on a part-time basis, that enhances the quality of life in the development. Such services may include, but are not limited to, fire patrol, hall monitoring, lawn maintenance, resident initiatives coordination, and serving as a member of the City's governing board.</li> </ul>



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No resident may receive more than one such stipend during the same period of time;

- v. Incremental earnings and benefits resulting to any family member from participation in qualifying State or local employment training programs (including training programs not affiliated with a local government) and training of a family member as resident management staff. Amounts excluded by this provision must be received under employment training programs with clearly defined goals and objectives, and are excluded only for the period during which the family member participates in the employment training program;

<input type="checkbox"/>	<input type="checkbox"/>
YES	NO

8. Temporary, nonrecurring or sporadic income (including gifts);

<input type="checkbox"/>	<input type="checkbox"/>
YES	NO

9. Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era;

<input type="checkbox"/>	<input type="checkbox"/>
YES	NO

10. Earnings in excess of \$480 for each full-time student 18 years old or older (excluding the head of household and spouse);

<input type="checkbox"/>	<input type="checkbox"/>
YES	NO

11. Adoption assistance payments in excess of \$480 per adopted child;

<input type="checkbox"/>	<input type="checkbox"/>
YES	NO

12. Deferred periodic amounts from supplemental security income and Social Security benefits that are received in a lump sum amount or in prospective monthly amounts, or any deferred Department of Veterans Affairs disability benefits that are received in a lump sum amount or in prospective monthly amounts.

<input type="checkbox"/>	<input type="checkbox"/>
YES	NO

13. Amounts received by the family in the form of refunds or rebates under State or local law for property taxes paid on the dwelling unit;

<input type="checkbox"/>	<input type="checkbox"/>
YES	NO

14. Amounts paid by a State agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home; or

<input type="checkbox"/>	<input type="checkbox"/>
YES	NO

15. Amounts specifically excluded by any other Federal statute from consideration as income for purposes of determining eligibility or benefits under a category of assistance programs that includes assistance under any program to which the exclusions set forth in 24 CFR 5.609(c) apply. A notice will be published in the Federal Register and distributed to the City and housing owners identifying the benefits that qualify for this exclusion. Updates will be published and distributed when necessary.

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I certify that the information I have provided on this questionnaire is true and complete to the best of my knowledge. If it is not, I may be subject to criminal prosecution.

\_\_\_\_\_  
Applicant/Head of Household Signature

\_\_\_\_\_  
Date





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## **Items That Need to Be Submitted**

### **I. Information About Your Income and Assets**

1. Employment Income. For every member of your family who works, bring the following information:

- Name, address, telephone number of the employer.
- Current rate of regular pay and overtime pay and the number of hours per week normally worked (three current pay stubs).
- Information about any changes you expect in your pay or the number of hours worked during the next twelve months.
- Other type of income you expect to receive from employment, such as tips, commissions, profit-sharing programs, etc.

2. Benefit and Support Income. If any member of your family receives any of the following types of income, bring name, address, and telephone number of the source of the income, and information about the amount received:

- Unemployment Compensation
- Social Security
- Supplemental Social Security
- Pension
- Disability Income
- Alimony
- Child Support
- Welfare or other public assistance
- Regular support from family members or friends

3. Amounts in Savings and Checking Accounts (including Christmas Clubs, Certificates of Deposit, IRA and Keogh Accounts). Bring the account number for all accounts and the balance in your accounts.

4. Real Estate You Own. Bring information about the current value of the property. If you own property and rent it, bring the address of the property and

information about how much income you receive and what expenses you have for the property. (Bring last year's Schedule E from your income tax forms.)

5. Stocks, Bonds, Trusts, Other Investments. Bring account numbers and statements on value of investments and information about income from investments.
6. Life Insurance Policies. Bring name of company and policy numbers.
7. Educational Grants and Scholarships. If any member of your family receives an educational grant or scholarship, bring information about the amount of the assistance and the purposes for which the assistance can be used. Bring the name, address, and telephone number of the institution providing the assistance.
8. Other Income. For any other type of income your family has, bring the name, address, and telephone number of the source of the income and information about the amount of the income.
9. Assets sold or given away. If you have sold or given away any assets in the past two years (such as giving a property or an amount of money to another family member), please bring information about those assets.

## **II. Information about Family Members**

1. Age. Bring a birth certificate for all member(s) who will be residing in this residence.
2. Children. Bring birth certificates, custody agreement, adoption papers, or other proof that the children are members of this household.
3. Full-time Students. If any family members are 18 years of age or older and still attending school full time, bring information about where they go to school.
4. Handicap or Disability. If any member of your family is handicapped or disabled, bring information about any income the member received because of his/her handicap/disability.
5. Displacement. If you indicated on your pre-application that your family has recently been displaced by government action, bring information about that situation.

## **III. Expenses**

Bring information about any of the following expenses you expect to have during the next twelve months.

1. Medical expenses not covered by insurance. (Elderly families only.)



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2. Medical Insurance premiums or amounts deducted from your pay for medical insurance. (Elderly families only.)
3. Childcare expenses to care for your children while you work or go to school.
4. Handicapped/disability expenses to care for a handicapped or disabled family member while you work.

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**Bogan St. Apartments**

210 W. Cottonwood Street  
Madisonville, TX 77864

Telephone: (936) 348-2748  
Fax: (936) 348-3815

The City of Madisonville is an Equal Housing Provider  
Eligibility Application for Affordable Housing

This box will be completed by Staff - DO NOT WRITE HERE

Date Received: \_\_\_\_\_

Time Received: \_\_\_\_\_

Unit Size: \_\_\_\_\_

1. Name of head of household: \_\_\_\_\_

2. Name of adult co-head of household (if applicable): \_\_\_\_\_

3. Current address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Current Phone Number with Area Code: \_\_\_\_\_

**For Statistical Purposes Only**

4. Race of Head of household: ☐ African American/Black ☐ Asian or Pacific Islander  
☐ Caucasian/White ☐ Native American/Alaska Native ☐ Pacific Islander/Hawaiian Native

5. Ethnicity of Head of household: ☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino



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## Family Information

6. List all persons who will live in the unit, including foster children, live-in aides (if needed for the care of a family member). No one except those listed on this form may live in the unit.

	First & Last Name	Date of Birth	Current Age	Relation to Head of Household	Social Security Number	Full-Time Student Yes or No
H				Head of Household		
1						
2						
3						
4						

## Family Income Information

7. Please list the source and amount of all income expected for the coming 12 months for all family members, including but not limited to all earnings and benefits received from working, TANF, VA, Social Security, SSI, SSID, Unemployment, Worker's Compensation, pension, Child Support, etc.  
Example: Wages, \$150/week, SSI, \$421/month

Family Member Name	Income Source	Amount \$	Frequency – Per (Circle One)
			Weekly   Bi-Weekly   Monthly   Semi-Monthly   Annually
			Weekly   Bi-Weekly   Monthly   Semi-Monthly   Annually
			Weekly   Bi-Weekly   Monthly   Semi-Monthly   Annually

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			Weekly   Bi-Weekly   Monthly   Semi-Monthly   Annually
--	--	--	--

<input type="checkbox"/>	<input type="checkbox"/>
YES	NO

8. Do you have a checking or savings account? If yes, which? \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>
YES	NO

9. Do you own any real estate? If yes, what is the address?  
\_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>
YES	NO

10. Have you sold any real estate in the past two years? If yes, what was the address?  
\_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>
YES	NO

11. Current Landlord's name and phone number: \_\_\_\_\_

Current Landlord's Address: \_\_\_\_\_

Date Family Moved to this location: \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>
YES	NO

12. Former Address, City, State and Zip Code: \_\_\_\_\_

**Screening** (all applicants will be screened for rental history, credit history and criminal history)

<input type="checkbox"/>	<input type="checkbox"/>
YES	NO

13. Have you ever been evicted from housing? If yes, why?  
\_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>
YES	NO

14. Have you ever lived in public housing before? If yes, where?

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Name of Lessee: \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>
YES	NO

15. Do you, or any member of the applicant household owe any money to a housing authority or for any other rental property? If yes, explain:  
\_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>
YES	NO

16. Do you, or any member of the applicant household have any past due or bad debt(s) on any utility bills? If yes, where and please describe and give amount owed:  
\_\_\_\_\_

*Note: If a bad debt is owed to the City, the bad debt will have to be paid in full before application for housing will be accepted.*



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<input type="checkbox"/>	<input type="checkbox"/>
YES	NO

17. Have you, or any member of the applicant household ever been arrested or convicted of a crime other than a traffic violation? If yes, please explain the problem and who was involved (if you need more space write on the back of this page):

---

<input type="checkbox"/>	<input type="checkbox"/>
YES	NO

18. Is anyone in the household currently on parole or probation? If yes, please explain (if you need more space write on the back of this page):

---

19. List the address and landlord references for the past three (3) years:

Address	Landlord	From	To	Telephone #

### Qualifying for Deductions in Calculating Rent

<input type="checkbox"/>	<input type="checkbox"/>
YES	NO

20. Is the head of household or spouse age 62 or older or a person with a disability?

---

<input type="checkbox"/>	<input type="checkbox"/>
YES	NO

21. Does your household have any medical expenses (include insurance, Medicare deduction, doctor bills, dentist bills, hospital bills, clinic costs, medicine, therapy, supplies, medical transportation, etc.)? If yes, please describe the type of expense (not your medical condition and the unreimbursed amount you spend per month on each medical expense:

Type of expense:\_\_\_\_\_

---

Note: You will have to provide documentation of medical expenses to use as a deduction.

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<input type="checkbox"/>	<input type="checkbox"/>
YES	NO

22. Do you have any expenses on behalf of a household member with disabilities so an adult in the family can work? If yes, describe the nature of the expense and the monthly amount:

\_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>
YES	NO

23. Do you have childcare expenses for children under age 13 so an adult in the family can work, go to school or attend job training?

Monthly unreimbursed childcare cost: \$ \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>
YES	NO

24. Is any member of the household age 18 or older (other than family head and spouse) a full-time student or person with a disability? If yes, Name of the family member and name and address of someone who can verify this information:

*Note: You will have to provide documentation of dependent to use as a deduction if over 18*

\_\_\_\_\_.

25. Driver's License or State ID #: Applicant: \_\_\_\_\_

Co-applicant: \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>
YES	NO

26. Do you have a vehicle? If yes, Automobile: Year: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ License: \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>
YES	NO

27. Do you require a service animal? If yes, type: \_\_\_\_\_

*Note: You will have to provide documentation of medical need for service animal.*

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. I/we authorize the release of information to the City of Madisonville Housing Department by my/our employer(s), the Texas Health and Human Services Commission, the Social Security Administration, and/or other business or government agencies. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission.

\_\_\_\_\_  
Head of Household/Applicant Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date





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Warning: 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or an agency of the United States shall be fined not more than \$10,000 or shall be imprisoned for not more than five years or both.



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## THE CITY OF MADISONVILLE

### Bogan St. Apartments

210 W. Cottonwood Street  
Madisonville, TX 77864

Telephone: (936) 348-2748  
Fax: (936) 348-3815

### Verification of Income from Employment

(Applicant **ONLY** fill out the top portion of this form (above the black line) sign the bottom and return to the office. I am required by HUD to get third party verification by mailing and/or faxing this form to your employer.)

Tenants Name: \_\_\_\_\_  
Employers Name: \_\_\_\_\_  
Employers Address: \_\_\_\_\_  
Supervisors Name: \_\_\_\_\_  
Supervisors Contact Number: \_\_\_\_\_  
Employers Fax Number: \_\_\_\_\_  
Name of Person Completing this Form: (Please Print) \_\_\_\_\_  
Title: \_\_\_\_\_ Signature: \_\_\_\_\_

---

Dear Sir/Madam;

We are required to verify the incomes of all family members living in or applying for public housing or Section 8 housing. We ask your cooperation by supplying the information requested below about the referenced person. We will use any information you provide only to determine the family's eligibility and rent, and pledge to keep the data in strict confidence.

1. Employed Since: \_\_\_\_\_
2. Job Title: \_\_\_\_\_
3. Salary or Hourly Pay Rate: \$\_\_\_\_\_ per hour \$\_\_\_\_\_ per week \$\_\_\_\_\_ per month
4. Average hours worked at Pay Rate: \_\_\_\_\_ hrs/week or \_\_\_\_\_ hrs/month.
5. Is this person likely to get Overtime? \_\_\_\_ Yes \_\_\_\_ No If yes, Overtime Rate/\$hr \_\_\_\_\_
6. Average number of Overtime hours expected during the next 12 months: \_\_\_\_\_ hrs/month
7. Any other compensation not listed above? Please specify for commissions, bonuses, tips, etc?  
\_\_\_\_\_
8. Is pay received for vacation? \_\_\_\_ Yes \_\_\_\_ No - If yes, number of days/year: \_\_\_\_\_
9. Total Base Pay Earnings for last 12 months: \$ \_\_\_\_\_
10. Total Overtime Earnings for the last 12 months: \$ \_\_\_\_\_

**\*\*If not still employed, last date worked:** \_\_\_\_\_

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## **Applicant Release**

I, \_\_\_\_\_ hereby authorize the release of the requested information.

☐ I certify that I am not working at this time.

☐ I certify that I am not working at the above listed employer anymore.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(tenant/applicant signature for release of information)

***\*\* Remainder of page intentionally left blank \*\****

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**CERTIFICATION OF CITIZENSHIP**

I, \_\_\_\_\_ certify, under penalty of perjury, that, to the best of my knowledge, I am lawfully within the United States because (check appropriate box):

- ☐ I am a citizen, naturalized citizen or national of the United States; or
- ☐ I have eligible immigrations status and I am 62 years of age or older. Attach evidence of proof of age (only person assisted as of 6/19/1995 can qualify in this category); or
- ☐ I have eligible immigration status as checked below (see attachment for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
- ☐ Immigrant status under §§ (a)(15) or 101 (a)(20) of the INA
- ☐ Permanent residence under § 249 or INA
- ☐ Refugee, asylum, or conditional entry status under §§207, 208 or 203 of the INA
- ☐ Parole status under §§212(d)(5) of the INA
- ☐ Threat to life or freedom under Section 243(h)f of the INA
- ☐ Amnesty under §245 of the INA

---

Signature & Date

*Check if an adult is signing for a minor \_\_\_\_\_*

Warning: 18 U.S.C.1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years or both. The CERTIFICATION OF CITIZENSHIP must be completed for every member of the household that is listed on the application. Please request additional forms if needed.

Initial\_\_\_\_\_

### **CRIMINAL CHECK ACKNOWLEDGMENT**

I, the undersigned, have been notified and do understand that The City of Madisonville, as part of the applicant screening process for housing, is authorized by the Housing Opportunity Program Extension Act of 1996 to order a criminal history report on me according to the City of Madisonville's Criminal Screening Policy.

I further understand that:

The check will be run first on my name, sex, race, date of birth and social security number.

I can be provided a copy of any report that is received. I will be given an opportunity to order a full report with fingerprints, at my own expense, if I do not agree with the report or believe the report is erroneous in any way.

I will be afforded an opportunity for an informal hearing if I contest the report and I am rejected for housing assistance based on the report.

The City may choose to do a fingerprint check if they are not satisfied with the results of the first report.

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Applicant Signature

---

Date

Initial\_\_\_\_\_

**THE CITY OF MADISONVILLE**  
**Bogan St. Apartments**

210 W. Cottonwood Street  
Madisonville, TX 77864

Telephone: (936) 348-2748  
Fax: (936) 348-3815

**POLICE RECORD VERIFICATION**

Police Department: \_\_\_\_\_ Date: \_\_\_\_\_

Dear Sir/Madam:

Federal law requires us to verify certain information about all members of families living in or applying for admission to our developments. Specifically, the City wishes to avoid admitting a family or anyone of whose member is involved in criminal activity that would adversely affect the health, safety or welfare of other tenants. Federal law also requires your cooperation in supplying information on criminal activity (if any) of any persons listed below. Your prompt return of this information will be appreciated. If you have any questions, please call me at (936) 348-2748.

Sincerely,  
Lacy Schilling  
Director of Community Development  
City of Madisonville

Initial\_\_\_\_\_

Using the numbers below, please indicate whether any family members have been arrested for or convicted of any crimes relating to the following:

- |                                      |  |
|--------------------------------------|--|
| 1. Homicide/Murder                   | 8. Drug trafficking/use/possession/manufacturing |
| 2. Rape or child molesting           | 9. Child abuse/domestic violence                 |
| 3. Burglary/robbery/larceny/theft    | 10. Public intoxication/drunk & disorderly       |
| 4. Destruction of property/vandalism | 11. Fraud  |
| 5. Assault or fighting               | 12. Prostitution                                 |
| 6. Disorderly conduct                | 13. Receiving stolen goods                       |
| 7. Threats, Harassment or stalking   |  |

### **Family Members Name**

S.S. #	DOB	Crime(s) #	Status/Disposition

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### **APPLICANT'S RELEASE**

I hereby authorize the release of the information requested above. All household members 18 or older must sign below.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Initial\_\_\_\_\_

Madisonville Police Department  
210 W. Cottonwood  
Madisonville, TX 77864  
(936) 348-3317  
Fax: (936) 349-0149

To Whom It May Concern,

The person signing below is applying for admission to the City of Madisonville Bogan St. Apartments. As part of our screening process, we are requesting you furnish a copy of their police report. We would appreciate a computer print-out if available. Thank you for your assistance.

Sincerely,

Lacy Schilling  
Director of Community Development – City of Madisonville

I hereby authorize the Madisonville Police Department to release to the manager of the City of Madisonville any and all record of my criminal history.

\_\_\_\_\_  
Applicants Printed Name

\_\_\_\_\_  
Driver's License # / State

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

\_\_\_\_\_  
Date of Birth

RECORD ATTACHED: ☐ YES ☐ NO

If record — indicate history and please attach printout.

Initial\_\_\_\_\_

If no record, please note here: \_\_\_\_\_

Signature of Officer or Clerk: \_\_\_\_\_ Date: \_\_\_\_\_

The CRIMINAL BACKGROUND FORMS must be completed for every member of the household that is listed on the application is 18 or older. Please request additional forms if needed.

***\*\* Remainder of page intentionally left blank \*\****

Initial\_\_\_\_\_

**Picture ID**

**Must see original in office**  
**Copies can be made in office**  
**(all household members 18 or**  
**older)**

**Social Security Card**

**Must see original in office**  
**Copies can be made in office**  
**(all household members)**

Birth Certificate

Must see original in office

Copies can be made in office

Certified Copy from the Court House is excepted if original

Birth Certificate is not available

(all household members)