PIPER APARTMENTS APPLICATION

SECURTITY DEPOSITS: 1 BEDROOM $250.00
2 BEDROOM $300.00

1 BEDROOM:	**$500.00 PER MONTH**
	$ 5.00 MOW FEE
	$ 505.00 PER MONTH
2 BEDROOM:	**$600.00 PER MONTH**
	$ 5.00 MOW FEE
	$605.00 PER MONTH

TENANTS PAY FOR ALL UTILITIES: WATER, ELETRIC, AND GAS.

Hamlin Housing Authority is an Equal Housing Provider

PIPER APARTMENTS APPLICATION

For Office Use Only:
Date of Application: _____

Received by: _____ Unit Size _____

1. Name of head of household: _____

2. Name of adult co-head of household: _____

3. Current address, Street, Apt. #_____
Current City, State and Zip _____
Current Area Code, Home & Work Phone #s _____

4. Current Landlord's name and phone #_____
Current Landlord's Address _____
Date Family Moved to this location _____

5. Most recent former address, Street, Apt. #_____
Most recent former City, State and Zip_____
Most recent former Area Code and Phone #_____

6. Have you ever been evicted from housing? ☐Yes ☐No If yes, why? _____
_____

7. Have you ever lived in public housing before? ☐Yes ☐No If yes, where?_____
Dates: From_____ To_____ Name of Lessee:_____
Do you owe any money to the housing authority? ☐Yes ☐No

8. Have you, or any member of the applicant household ever been arrested or convicted of a crime other than a traffic violation? ☐Yes ☐No If yes, please explain the problem and who was involved:
_____

9. Is anyone in your household currently on parole or probation? ☐Yes ☐No If yes, please explain:
_____

10. Drivers License or State ID #: Applicant:_____ Co-applicant:_____
Automobile: Year:_____ Make:_____ Model:_____ License:_____

PHA will be contacting all former landlords.

_____

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 understand that any false statement made on this application will cause me/us to be disqualified.

_____

Applicant Signature Date

_____

Co-applicant Signature Date

Notice of Accountability

Please read this carefully.

Names of all residents

Date

Street Address and Unit Number

City, State, Zip Code

RE: Lease dated: _____

between _____

and _____

Dear Resident(s):

As our resident, you have been registered with a nationwide consumer reporting agency. That agency is Tenant Tracker, Inc. The function of the agency is to track and maintain records on residents, including information on your credit history and your past conduct and performance as a resident. This information is then reported to future property managers, lenders, creditors, and employers as they request it.

The management of this property is our business. We will treat you in a professional, business-like manner, and we expect to be treated the same in return. It is our policy to hold all of our residents accountable for their actions — whether favorable or unfavorable. Your reputation as a resident and as a creditworthy individual is on the line. The reputation you establish here will be with you for many years to come.

Every business person and property manager who reviews your record in the future will be aware of the favorable record you establish with us. That record should prove helpful to you. If, on the other hand, you give us cause to report unfavorable information about you to the consumer reporting agency, it will eventually be reported to employers, banks, home mortgage companies, insurance companies and other creditors with whom you wish to do business and who request a report. As required by law, you are hereby notified that a negative rental and credit report reflecting on your credit and rental record may be submitted to consumer and credit reporting agencies if you fail to fulfill the terms of your rental and credit obligations. An adverse report can make it very difficult for you in the future to:

get the job you want,
rent an apartment of your choice,
get a car loan, student loan, or medical emergency loan,
buy life insurance or medical insurance for you or your family, or
obtain any gasoline credit cards or department store charge accounts.

You should also note that if you are a co-signer on the lease, you are **FULLY** responsible for performance of the entire lease, regardless of any other co-signer's lack of performance. Remember that a favorable record is a vital key to your future. Your record is now up to you. We are very pleased to have you as our resident and we want to make living in our community as enjoyable as possible. Please let us know if we can be of any service at any time.

_____

Signature of Owner's Representative

Received by: (initials of all residents below: optional)

_____ _____

_____ _____

_____

Date notice was *(check appropriate)*:

___ hand delivered to resident,

___ or posted on inside of residents main entry,

___ or sent certified mail.

_____

Signature of Witness (optional)

P.S. In the event there is ever a dispute over the accuracy of information reported to Tenant Tracker, Inc., there are certain procedures which you may follow. Tenant Tracker's phone number is 1-800-658-9396. Also, the owner reserves the right to regularly and routinely furnish information to consumer reporting agencies about the performance of lease obligations by residents. Such information may be reported at any time, and may include both favorable and unfavorable information regarding the resident's compliance with the lease, rules, and financial obligations.

HAMLIN HOUSING AUTHORITY
200 S.E. AVENUE A
P.O. BOX 67

325-576-3964
FAX 325-576-3931
HAMLIN, TEXAS 79520

POLICE RECORD VERIFICATION
CITY OF HAMLIN, TEXAS 79520

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 PHA wishes to avoid admitting a family any one of whose members is involved in criminal activity that would adversely affect the health, safety or welfare of other tenants.

If you could fill out the form below and return it to the **HAMLIN** Housing Authority at **P.O. BOX 67 HAMLIN, TEXAS 79520** or fax it to **325-576-3931** within 5 days, it would be most appreciated.

Sincerely yours,_____(Housing Authority Representative)

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
2. Rape or child molesting
3. Burglary/Robbery/Larceny/Theft
4. Threats or Harassment
5. Destruction of Property/Vandalism
6. Assault or fighting
6. Drug Trafficking/Use/Possession/Manufacture
7. Child Abuse/Domestic Violence
8. Public Intoxication./Drunk & Disorderly
9. Receiving Stolen Goods
10. Fraud
12. Prostitution
13. Disorderly conduct

Family Member Names	S.S #	D.O.B.	Crime(s)#	Status/Disposition

APPLICANT'S RELEASE

I hereby authorize the release of the information requested above.

Applicant's Signature_____ Date_____

Applicant's Signature_____ Date_____

Applicant's Signature_____ Date_____

Applicant's Signature_____ Date_____

We are an equal opportunity provider and employer

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA P

Rental Verification

Date:_____

To: _____

From: Hamlin Housing Authority 200 SE Ave A P.O. Box 67 Hamlin, Texas 79553

Phone: 325-576-3964 Fax: 325-576-3931

RE: _____

SSN: _____

The individual named above has applied for residency or is currently residing in a community that was developed under the U.S. Department of Housing and Urban Development, which is administered by the state; Federal regulations require the housing owner to annually verify the family's income and other information related to eligibility. The information you provide will be used only for the purpose of determining the family's eligibility for the program and will be kept in strict confidence.

We are required to complete our verification process in a short time and would appreciate your prompt response. If this correspondence is being conducted via fax, please return this form to our fax number as it appears above. If you have any questions, please feel free to contact our office. Thank you for your cooperation in this matter.

Information Requested: Address to be verified _____

Does (Did) the tenant have a lease?_____

1. **Date of tenancy: From**_____**To**_____
2. **Amount of monthly rent $**_____
3. **Was rent paid timely?** _____ **If late how many late payments in the past 12 months?** _____**When the unit was vacant was the rent paid in full?** _____ **Any balance owed?** _____

Damage to unit?_____ **If so how much is owed?** _____ **Did the tenant vacate with proper notice?** _____ **On 30-day vacate notice.**_____

Abandonment? _____ **Due to eviction?** _____ **Have you ever begun/completed eviction for non-payment?** _____**Will/did you keep security deposit?** _____ **Other** _____ **Please specify** _____

_____

4. How was the house/apartment maintained: Excellent_____ Fair_____ Poor_____ condition. If poor, please describe: _____

_____

(Answer Y or N to Each) Permit other individuals to reside in the unit without authorization. _____ Physical/verbal abusive_____

Did the tenant ever: Interfere with the peaceful enjoyment of others._____

Tenant/guest engage in criminal activity_____ Drug activity _____damage the unit, common areas, or project grounds_____Kept apartment clean_____ provide false information_____ utilities ever disconnected_____ Cause any other problems?_____If yes, please describe: _____

_____

Would you rent to this person again? ___YES __NO If no please describe: _____

_____

Are you related to the applicant? _____Yes _____No if yes, relation: _____

_____ _____

Name/Title of Person supplying information Firm/ Organization

_____ _____

Signature Date

Release: I hereby authorize the release of the requested information obtained under this consent.

_____ _____

Applicant/Resident Signature Date