

APPLICATION FOR PUBLIC HOUSING

Instructions: Please read and complete the form in its entirety. Incomplete applications cannot be processed.

1. To be eligible for admission to the Public Housing Program, the applicant must
 - Comply with the eligibility criteria established in the Puerto Rico Public Housing Admission and Continued Occupancy Policies (ACOP) in force, available at <http://www.avp.pr.gov> and at the regional offices.
2. Completed applications will be included on the waiting list in the order in which they are received. Waiting lists will be organized by unit type, [number of] bedrooms and applicable preferences, as established in the Puerto Rico Public Housing Admission and Continued Occupancy Policies (ACOP).
3. You must complete this form in all its parts and hand it in to the Resident Selection and Occupancy Office located in the municipality of your choice or send it by mail to the following address: **Public Housing Administration PO Box 363188 San Juan, PR 00936-3188**
4. Along with this application, you must submit the following forms signed by any members of the family composition who are 18 or older:
 - Authorization to disclose information.
 - Supplement to application for federally assisted housing. It is used for applicants to provide additional contact information.
 - Other forms, if necessary.
5. Families may be included on the waiting list of up to a maximum of three (3) public housing projects of their choice.
6. If you need assistance for filling out this form, you must notify the authorized staff of the Resident Selection and Occupancy Office of the municipality of your preference.



PUBLIC HOUSING ADMINISTRATION

FOR OFFICIAL USE ONLY (NOT TO BE FILLED OUT BY APPLICANTS)	Time: _____
Date: _____	ID NO.: _____

APPLICATION FOR PUBLIC HOUSING

Applicant Information:

Last name(s):	Name:	Initial:
Mailing Address:	Town:	PR ZIP
Phone:	Cell phone:	Email:

Members of the Family Composition: You must first list the head of the family, followed by the spouse or co-head, then list adult members (who are 18 or older), and lastly minors.

	Name and Last Names	Relationship With the Head	Sex F/M	Age	Date of Birth Month/Day/Year	Country of Birth	Social Security Number	*RACE	*ETHNIC GROUP
1.		Head							
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

Include the code that best describe you in the column above

* RACE 1- White 2- Black 3- Asian 4- American Indian/Alaska Native 5- Hawaii Native/Other Pacific Islander	*ETHNIC GROUP 1- Hispanic 2- Non Hispanic
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- You or another adult member of your family composition has used a name other than his own.
 Yes No If you checked **Yes**, please explain _____
- You or another adult member of your family composition has used a Social Security number that does not belong to him.
 Yes No If you checked **Yes**, please explain _____

The following income or benefits must be reported:

- Salary, wages, tips, commissions and employment bonuses
- Self-employment
- Social Security benefits
- Financial assistance (TANF) (AE)
- Nutritional assistance (PAN)
- Child support
- Alimony
- Unemployment compensation
- Income from the military
- Veterans’ benefits
- Retirement pension
- State disability
- State Insurance Fund Corporation compensation
- Employer compensation
- Interest on assets (bank accounts, investments, bonds, etc.)
- Income from rental property
- Aid from family or from any private individual for the payment of debts, purchase of products or in the form of cash for any member of the family composition.

Income and/or Benefits Information: Please include the source and amount of current income received by all members of the family composition.

Name	Source of income	Amount	Frequency
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Twice weekly <input type="checkbox"/> Bimonthly
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Twice weekly <input type="checkbox"/> Bimonthly
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Twice weekly <input type="checkbox"/> Bimonthly
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Twice weekly <input type="checkbox"/> Bimonthly
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Twice weekly <input type="checkbox"/> Bimonthly

3. Have you been asked to leave your home through government action in the past twelve (12) months due to a natural disaster (e.g., fire, flooding, landslides)?

Yes No If you checked **Yes**, please submit evidence.

4. Are you being evicted from your home because of government action or by your landlord through a court of law for reasons beyond your control? **(Do not check Yes if you are being evicted because you have not paid the rent or because the landlord raised the monthly rent)**

Yes No If you checked **Yes**, please submit evidence.

5. Have you, or any member of your family composition who is eighteen or older, been working at least 20 hours a week for a consecutive period of six (6) months or more?

Yes No If you checked **Yes**, please submit evidence.

6. Are you a victim of domestic violence, harassment, sexual assault or persecution?

Yes No If you checked **Yes**, please fill out HUD Form 5382.

7. Do you and your family composition have no place to spend the night, or do you live in a supervised public or private shelter? Does any state or federal public security agency require the state to provide protection for you?

Yes No If you checked **Yes**, please submit evidence.

8. Are you, your spouse, co-head a veteran of the armed forces of the United States of America?

Yes No If you checked **Yes**, please submit evidence.

9. Are you involuntarily separated from a child that you have custody because they were removed by the Department of Family Affairs?

Yes No If you checked **Yes**, please submit evidence.

10. Do you or any member of your family composition require one of the following reasonable accommodations or modifications to the unit?

Yes No If you checked **Yes**, please choose all that apply:

- Mobility unit
- Audiovisual unit
- First floor unit

- Service/companion animal
- Companion service
- Some other physical adaptation to the unit

11. Do you now live or have you previously lived in federally subsidized housing such as Section 8 housing or a public housing project?

Yes No If you checked **Yes**, please complete the following:

a. Address: _____

From: _____ Until: _____

Subsidized program: _____ Phone: _____

b. Address: _____

From: _____ Until: _____

Subsidized program: _____ Phone: _____

ATTENTION ALL APPLICANTS: You are responsible for keeping the information on your public housing application up to date. The Public Housing Administration requires that changes to your application related to address, income, family composition, and telephone number be submitted in writing. **If we are unable to contact you through the mailing address, phone number or email that you reported or updated, we will cancel your application, and you will have to complete a new application.**

It is the applicant's responsibility to provide complete and accurate information to the Public Housing Administration. If you do not submit all of the required information or provide false information, PHA may charge you with federal fraud pursuant to Title 18, Section 1001 of the United States Code.

I/We understand that, if I/we provide false or incomplete information on this application, I/we may:

- Be disqualified from admission
- Be evicted from the public housing unit
- Have to pay back any overpaid amount of rent subsidy
- Be fined for up to \$10,000
- Be incarcerated for up to five (5) years
- Be forbidden from receiving PHA assistance in the future
- Be subject to punishment by state or federal law

I/WE CERTIFY THAT ALL INFORMATION PROVIDED IS COMPLETE AND REFLECTS THE CURRENT CIRCUMSTANCES OF OUR FAMILY.

Signature of the Head of the Family

Date

Signature of an Adult Family Member
(18 years and older)

Date

Signature of an Adult Family Member
(18 years and older)

Date

Signature of an Adult Family Member
(18 years and older)

Date

IMPORTANT NOTE: NO ONE SHOULD PAY OR GIVE MONEY TO ANYONE IN CONNECTION WITH THE PREPARATION, SUBMISSION AND PROCEDURE OF AN APPLICATION FOR THE PUBLIC HOUSING PROGRAM, INCLUDING FOR SUBMITTING AN APPLICATION OR MOVING UP ON THE WAITING LIST.

Notice: Title 18, Section 1001 of the United States Code establishes that "whoever... knowingly or willfully... makes any materially false... or fraudulent... representation" to any department or agency of the United States is guilty of an Offense.