



APPLICATION FOR PUBLIC HOUSING

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

- In order to be eligible for admission to the Public Housing Program, applicants must meet all the eligibility criteria established in the Puerto Rico Public Housing Admission and Continued Occupation Policies (ACOP, for its Spanish acronym) currently in force (which are available at <http://www.avp.pr.gov> and at the regional offices), as well as all applicable federal requirements.
1. Completed applications will be included in 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 provided in the ACOP.
 2. You must fill out all sections of this form and submit it, along with any supporting documents, in person at the Resident Selection and Occupancy Office of your preferred regional office; by mail, to the **Public Housing Administration, PO Box 363188, San Juan, PR 00936-3188**; by email, at selyocupacion@avp.pr.gov; or via fax, to **787-763-2484**.
 3. The following forms must be attached to this application and signed by all household members who are 18 years of age or older:
 - Authorization to Disclose Information
 - Supplement to Application for Federally Assisted Housing
 - Any other form that may be required by HUD or by the Puerto Rico Public Housing Authority (PRPHA)
 4. If you need additional space to provide the requested information, please attach additional sheets.
 5. Each family may select up to three (3) public housing projects to be included in their waiting lists.
 6. If you need assistance in completing this form, please contact the Resident Selection and Occupancy Office of your region or call 787-759-9407.

[PLEASE GO TO THE NEXT PAGE]

The Federal Housing Act prohibits discrimination against individuals based on their race, creed, national origin, sex, disability, or familial status. Federal laws also prohibit discrimination based on age or gender.

FOR OFFICIAL USE ONLY

Submission method: _____ Date: _____
 _____ Email _____ Mail
 _____ Fax _____ In person Time: _____

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

APPLICATION FOR PUBLIC HOUSING

Applicant's Information:

Last name(s):	Name:	Initial:
Mailing address:	City	PR ZIP
Phone:	Cell phone:	Email

Household members: Please fill out in the following order: Head of household, spouse or co-head of household, adult members (aged 18 or older), and minor children.

	Name and Last Names	Relationship with Head of Household	Sex F/M	Age	DOB Month/Day/Year	Country of Birth	Social Security Number	*Race	*Ethnic Group	DTOP ID No.
1		HEAD								
2										
3										
4										
5										
6										
7										
8										

Include the code that best describes you in the columns above

* RACE	* ETHNIC GROUP
1- White 2- Black 3- Asian 4- American Indian /Alaska Native 5- Hawaii Native/Other Pacific Islander 6- I prefer not to answer	1- Hispanic 2- Non-Hispanic 3- I prefer not to answer



1. Have you or any adult member of your household used a name other than the one you/they are using now?

Yes No If you checked **Yes**, please explain:

2. Have you or any adult member of your household used a Social Security Number that does not belong to them?

Yes No If you checked **Yes**, please explain:

3. **Income and/or Benefit Information:** Applicants must report the following income and benefits for each household member.

- Salary, wages, tips, commissions, and employment bonuses
- Self-employment
- Social Security benefits
- Financial Assistance (TANF) (AE)
- Nutritional Assistance (PAN)
- Child support
- Alimony
- Unemployment compensation
- Military income
- Veteran’s benefits
- Retirement pension
- State disability
- State Insurance Fund Corporation compensation
- Employer compensation
- Interest on assets (bank accounts, investments, bonds, etc.)
- Rental property income
- Assistance from a relative or from a private individual for paying debts or purchasing products, or cash assistance for any household member.

Please identify the source and the amount of income currently received by all household members.

Name	Source of Income	Amount	Frequency
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual <input type="checkbox"/> Biweekly <input type="checkbox"/> Bimonthly
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual <input type="checkbox"/> Biweekly <input type="checkbox"/> Bimonthly
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual <input type="checkbox"/> Biweekly <input type="checkbox"/> Bimonthly
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual <input type="checkbox"/> Biweekly <input type="checkbox"/> Bimonthly
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual <input type="checkbox"/> Biweekly <input type="checkbox"/> Bimonthly
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual <input type="checkbox"/> Biweekly <input type="checkbox"/> Bimonthly
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual <input type="checkbox"/> Biweekly <input type="checkbox"/> Bimonthly



4. Have you been asked to leave your home by 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.
5. 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.
6. Have you, or any member of your household who is 18 years of age 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.
7. Are you a victim of domestic violence, harassment, sexual assault, or persecution?
 Yes No If you checked **Yes**, please fill out HUD Form 5382.
8. Do you and your household members have no place to stay overnight, or do you live in a supervised public or private shelter? Does any state or federal public safety agency require the state to provide you with protection?
 Yes No If you checked **Yes**, please submit evidence.
9. Are you, your spouse, or co-head of household a veteran of the Armed Forces of the United States of America?
 Yes No If you checked **Yes**, please submit evidence.
10. Have you been involuntarily separated from a child that you had custody of because they have been removed by the Department of Family Affairs?
 Yes No If you checked **Yes**, please submit evidence.
11. Do you or any member of your household require any of the following reasonable accommodations or modifications in the unit?
 Yes No If you checked **Yes**, please select all that apply:
- | | |
|---|--|
| <input type="checkbox"/> Mobility unit | <input type="checkbox"/> Service/ companion animal |
| <input type="checkbox"/> Audiovisual unit | <input type="checkbox"/> Companion services |
| <input type="checkbox"/> First-floor unit | <input type="checkbox"/> Other physical adaptation to the unit |
- ¿Which one? _____
12. Do you currently live or have lived in a federally subsidized Housing Project, such as Section 8 housing or a public housing project?
 Yes No If you checked **Yes**, please provide the following information:
- a. Address:

- Occupancy date: from _____ to _____
- Subsidized program: _____ Phone: _____
- b. Address:

- Occupancy date: from _____ to _____
- Subsidized program: _____ Phone: _____



NOTE TO APPLICANTS: You are responsible for updating all the information included in this Application for Public Housing. The Public Housing Administration requires that all changes to your address, contact phone number, income, and household composition be submitted in writing. **If we are unable to contact you using the contact information included in your application, 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 PRPHA. Failure to provide all the required information or providing false information may result in fraud charges against you under Title 18, Section 1001 of the United States Code.

By signing this application, each of the undersigned accepts and acknowledges that if they provide false, incorrect, or incomplete information they may be subject to one, several, or all of the following penalties:

1. Being disqualified from admission to the public housing program;
2. Being evicted from their assigned public housing unit, if any;
3. Having to reimburse of any portion of the rental assistance paid in excess by the PRPHA;
4. Being subject to an administrative fine of up to \$10,000.00;
5. Up to five (5) years' imprisonment;
6. Being barred from receiving federal assistance in the future; and/or
7. Any other penalty as provided by state or federal laws.

Each person who signs this Application hereby authorizes any credit reporting agency, bank, brokerage office, financial institution, Property Registry, Internal Revenue Collection Office, insurance agency, employment agency, Social Security office, governmental office (state, municipal, and federal), employer, and any private person, within or outside the community where they live, to provide information to any authorized employee of the Department of Housing or the Public Housing Administration regarding their respective bank accounts, finances, insurance policies, properties, employment history, donations, or any other information that the PRPHA may deem necessary to evaluate this Application. Such information may be requested and provided without prior consultation with the person who signs this application or with any of the undersigned persons. **This authorization covers all household members included in the Application for Public Housing and/or the Lease Agreement.**

Signature of Head of Household

Date

Name: _____

Signature of Adult Household Member

Date

Name: _____

Signature of Adult Household Member

Date

Name: _____

Signature of Adult Household Member

Date

Name: _____

IMPORTANT: NO ONE SHOULD BE PAID OR GIVEN ANY MONEY IN CONNECTION WITH THE PREPARATION, SUBMISSION, AND PROCESSING OF AN APPLICATION FOR THE PUBLIC HOUSING PROGRAM, INCLUDING FOR SUBMITTING AN APPLICATION OR FOR MOVING UP AN APPLICATION ON THE WAITING LIST.

Notice: Title 18, Section 1001 of the United States Code provides that any person who makes false representations or commits fraud against any department or agency of the United States Government shall be found guilty of an offense.

The information required in this application is necessary in order for the federal government, through HUD, to ensure compliance with federal laws that prohibit discrimination against housing applicants or tenants based on their race, color, national origin, creed, sex, familial status, age, or disability.

