



Housing Authority of the City of El Paso

Complete this form in order to be added to waiting list.

Date Received: _____ Received by: _____

Time Received: _____ Bedroom size: _____

Property Name: _____

How did you learn of our Community?

Apartment Guide Newspaper Friend Community Contact Property Sign Other

Marital status: Married Separated Divorced Widowed Never Married Refuse answer

1. Starting with yourself, list each person who would live with you if you received housing.

| Last Name | First Name | Date of Birth | Relationship | Full/Part-Time Student | Annual Income | Social Security Number |
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2. Does anyone live with you now who is not listed above? Yes No

3. Do you expect any change in your household composition? Yes No

4. If you answered yes to either #2 or #3, please explain: _____

5. Current street address: _____

City: _____ State: _____ Zip Code: _____ Apt. No.: _____

Daytime Phone: () _____ Evening Phone: () _____ Email: _____

Name of Current Landlord : _____ Phone Number: _____

Are you or any household member currently receiving Sec. 8 or any type of housing subsidy/HAP? Yes No

Please list your current source of income: _____ Amount: _____

Monthly Bi-Weekly Weekly

Please list any other source of income: _____ Amount: _____

Monthly Bi-Weekly Weekly

6. Would you or any household member benefit from an accessible unit or a unit with accessible features?

Yes No **If so, please request a reasonable accommodation/modification form from the agent.*

7. Are you a Veteran? Yes No



Envolve Client Services Group, LLC and your Apartment Community does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. This community provides housing on an Equal Opportunity basis. We do not discriminate on the basis of race, religion, color, sex, familial status, national origin, or disability or any other protected class in accordance with Federal, State and local laws, including sexual orientation, gender identity or marital status in the admission and/or access to any programs and activities.



8. Check one box each in A or B. (For statistical purpose only)

A. Is the head of your household...

- American Indian or Alaskan Native Asian Black or African American
- Native Hawaiian or Other Pacific Islander White Other

B. Ethnicity of the head of household:

- Hispanic or Latino Not Hispanic or Latino

9. Are all of the family members U.S. Citizens? Yes No

If you answered no, please explain: _____

10. Have you been displaced due to the following conditions:

1. Government action Yes No

2. Presidentially declared disaster Yes No

11. Have you or any member or your household been evicted? Yes No

If yes, where from? _____ When? _____ Why? _____

12. Have you or any member of your household ever been convicted of a violent crime or felony? Yes No

If yes, who? _____ When? _____ Why? _____

13. Is any household member subject to registration under a sex offender registration program? Yes No

If yes, who? _____ Where? _____

14. Have you or any member of your household ever been convicted of a drug-related offense? Yes No

If yes, who? _____ When? _____ Why? _____

15. List all states that any member of the household has resided in: _____

I authorize Management to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services, previous and current landlord, law enforcement agencies or other sources for verification confirmation which may be released to appropriate Federal, State or local agencies.

I understand that it is a crime to knowingly provide false information for the purpose of obtaining or maintaining occupancy in and/or for the purposes of securing a lower rent in a subsidized housing development.

I understand that the penalty for knowingly providing false information is up to five (5) years in prison and/or up to a \$10,000 fine upon conviction.

APPLICANT CERTIFICATION I certify that the statements made on this pre-application are true and complete to the best of my knowledge and belief. I understand that providing false statements or incomplete information may result in denial of my application for housing at this development.

| | | |
|--|--|---|
| _____ SIGNATURE OF HEAD OF HOUSEHOLD | _____ SIGNATURE OF SPOUSE OR CO-HEAD | _____ SIGNATURE OF MANAGEMENT AGENT |
|--|--|---|

| | | |
|----------------------|----------------------|----------------------|
| _____ DATE | _____ DATE | _____ DATE |
|----------------------|----------------------|----------------------|

The person/s name below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

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