

BRAZORIA COUNTY HOUSING AUTHORITY

1524 East Mulberry, Suite 162

Angleton, Texas 77515

(979) 864-1427 phone

(979) 864-1827 fax

Date: May 14, 2018

Please print clearly and neatly. All areas must be filled in. No additional information is required at this time. The **ORIGINAL** pre-application must be returned to Brazoria County Housing Authority (BCHA). No faxes or emailed copies will be accepted. BCHA is not responsible for lost or misdirected mail. It is strongly suggested to obtain some form of tracking for any documents mailed.

The pre-application must be post marked by May 18, 2018 or hand delivered to the drop off location no later than 4:00 p.m. on May 18th. A drop box is located outside the building for after-hours drop offs. **Pre-applications will not be accepted after 4:00 p.m. on May 18, 2018.** The drop box will be checked promptly at 4:00 p.m. on Friday, May 18th. **Applications left in the drop box after 4:00 p.m. on May 18th will not be accepted.**

This is not a first-come, first-served process. All applicants will be placed on a waiting list. Selection from the waiting list will be by lottery drawing through a computerized system based on the preferences selected. The waiting period may be up to 5 years or more depending on the availability of funds, families who leave the program, and preferences selected. Preferences will be given to Brazoria County Residents, working applicants, and elderly/disabled applicants. Preferences must be proven at time of selection from the Waiting List, at time of issuance of a voucher, and at lease-up.

You must notify BCHA in writing within 10 days of any changes. All information from BCHA is handled through the mail. It is your responsibility to maintain a current address with BCHA. It is required to respond with the requested information by the deadline given in the letter. Failure to notify BCHA of any changes may result in failure to receive information, failure to return documents timely, and may lead to removal from the waiting list. Changes to your preferences, mailing address, phone number, etc must be in writing. Changes may be faxed, emailed, or dropped off at our office located at the above address. A drop box is located outside the building for your convenience. Office hours are Monday-Friday, 8 a.m. – 5 p.m., closed from 12-1 for lunch.

If you have any questions please call (979) 864-1427.

Sincerely,

Brazoria County Housing Authority
1524 East Mulberry, Suite 162
Angleton, Texas 77515

**BRAZORIA COUNTY HOUSING AUTHORITY
HCV PROGRAM – 2018 WAITING LIST APPLICATION**

HEAD OF HOUSEHOLD: _____ SSN: _____

PHYSICAL ADDRESS: _____

CITY/STATE/ZIP CODE: _____ Phone: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP CODE: _____ Alt Phone: _____

LIST BELOW MEMBERS WHO WILL BE INCLUDED ON THE VOUCHER

NAME	DOB	RELATIONSHIP	SOCIAL SECURITY #
		Head of Household (SELF)	

If additional space is needed, list additional members on the back of this form.

Does the **head of household or spouse** have a disability? Yes No

Are you or any member of your household a Veteran? Yes No

Check One:

- White
- Black/African American
- American Indian/Alaska Native
- Native Hawaiian/Other Pacific Islander
- Other/Mixed Race

Check One:

- Hispanic or Latino
- Non-Hispanic

I CERTIFY that the above information is accurate, complete, and correct to the best of my knowledge. I understand that submission of false information or misrepresentation may result in loss of eligibility to participate in the Housing Choice Voucher Program.

Signature of Head of Household

Date

PLEASE COMPLETE OTHER SIDE

2018 HCV APPLICATION
Brazoria County Housing Authority

Please answer Yes or No to each question. Any questions left blank will be considered as a “No”.

PREFERENCE #1 –

Residence

Do you currently live in Brazoria County?

_____ Yes _____ No

PREFERENCE #2 –

Elderly or Disabled

Are you or your spouse (if applicable) elderly or disabled? (Elderly is defined as age 62 or older. Disabled is defined as receiving SS Disability or as described in Section 223 of the Social Security Act 42 US.C423).

_____ Yes _____ No

OR

Working –

Do you or your spouse (if applicable) currently work? (The working preference is defined as: Applicant or spouse working at least 20 hours a week and reporting wages to IRS)

_____ Yes _____ No

ANY ANSWER LEFT BLANK WILL BE CONSIDERED AS A “NO”