

Puerto Rico Public Housing Administration

PRE-APPLICATION for Section 8 Housing Voucher Program

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Pre-application Instructions: Please read Carefully. Incomplete applications will not be processed

To be qualified for admission to the Section 8 or public housing program an applicant must:

- a. Be a family as defined in PHA's Section 8 Administrative Plan or Public Housing Admissions and Continued Occupancy Policy;
- b. Document citizenship or eligible immigration status or pay a higher rent;
- c. Have an Annual Income at admission at or below HUD's income limits.
- d. Provide documentation of Social Security numbers for all family members, or certify that they do not have Social Security numbers; and
- e. Not be engaged in or have a recent history of any drug-related criminal activity or other criminal activity that threatens the life, safety, or right to peaceful enjoyment of others.
- d. Not be registered as a sex offender in Puerto Rico or in any jurisdiction of the United States.

Complete applications will be entered on the waiting list in the order of preferences and then date/time received.

You can apply to more than one Waiting List. For this, you must fill out a form for each Waiting List that you wish to be included.

To be eligible for a preference, you must provide information that validates the granting of the preference. If you do not provide it, your application will be canceled.

Applicants with disabilities can receive assistance with the application at the address any PRPHA office.

Be sure to include the name, social security number, date of birth and all income for every family member who will live in the household.

Be sure to provide your complete address and telephone number so we can reach you to schedule an application interview.

The Puerto Rico Housing Administration is an Equal Housing Provider

PHA use Only: Reg. PBV/MR Preference: Disaster/Displacement Witness Mainstream DV
 Income Limit: Section 8 _____
 Date of application: _____ Time of Application: _____ Signature: _____

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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 and Phone _____
 Email _____

For Statistical Purposes Only

4. Race of Head: Caucasian/White African-American/Black Asian Native Hawaiian/Pacific Islander
 Native American/ Alaska Native

5. Ethnicity of Head: Hispanic/Latino Non-Hispanic/Non-Latino

6. Which Waiting List you wish to apply to:
 Regular Project / Project Name: _____

Preference: Natural Disaster / Displacement Witness Protection Program Participant
 Domestic Violence Mainstream

Family Information

	First Name & Last Name of the Family Composition	Date of Birth D/M/Y	Sex	Social Security Number	Relation to Head	Person with Disability?	Citizen or Eligible Alien?	Full-time Student?
H				_____				
2				_____				
3				_____				
4				_____				
5				_____				
6				_____				
7				_____				
8				_____				

Family Income Information

6. Please list the source and amount of all current income for all family members, including yourself. Include all earnings and benefits from TANF, VA, Social Security, Unemployment, Worker's Compensation, Child Support, etc.

Income Source	Amount \$	Frequency, Per
		<input type="checkbox"/> Week <input type="checkbox"/> Biweekly <input type="checkbox"/> 2x per month <input type="checkbox"/> Month <input type="checkbox"/> Year
		<input type="checkbox"/> Week <input type="checkbox"/> Biweekly <input type="checkbox"/> 2x per month <input type="checkbox"/> Month <input type="checkbox"/> Year
		<input type="checkbox"/> Week <input type="checkbox"/> Biweekly <input type="checkbox"/> 2x per month <input type="checkbox"/> Month <input type="checkbox"/> Year
		<input type="checkbox"/> Week <input type="checkbox"/> Biweekly <input type="checkbox"/> 2x per month <input type="checkbox"/> Month <input type="checkbox"/> Year

PRPHA will be checking the criminal history of all adult applicants.

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 authorize the release of information to the Housing Authority by my/our employer(s), the Department of Public assistance, the Social Security Administration, and/or other business or government agencies. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission.

 Applicant Signature

 Date

 Co-applicant Signature

 Date

Warning: 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.