

APPLICATION DATE: \_\_\_\_\_

**LAREDO MUNICIPAL HOUSING**  
**PRELIMINARY APPLICATION FOR OCCUPANCY**  
**(FILL OUT PAGES 1 AND 2 ONLY)**

APPLICANT NAME: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_ PHONE NO. \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_ PREVIOUS ADDRESS: \_\_\_\_\_

HEAD OF HOUSEHOLD: \_\_\_\_\_ EMPLOYED BY: \_\_\_\_\_

OCCUPATION \_\_\_\_\_ TDL OR ID \_\_\_\_\_ MONTHLY INCOME: \_\_\_\_\_ PHONE: \_\_\_\_\_

SPOUSE: \_\_\_\_\_ EMPLOYED BY: \_\_\_\_\_

OCCUPATION \_\_\_\_\_ TDL OR ID \_\_\_\_\_ MONTHLY INCOME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**HOUSEHOLD COMPOSITION AND CHARACTERISTICS:**

**EMAIL ADDRESS:**

FAMILY MEMBER	NAME	RELATIONSHIP TO FAMILY HEAD	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.
1		SELF				
2						
3						
4						
5						
6						
7						
8						

DOES ANYONE LIVE WITH YOU NOW WHO IS NOT LISTED ABOVE? \_\_\_\_\_ YES \_\_\_\_\_ NO. IF YES, PLEASE EXPLAIN.

DO YOU PLAN TO HAVE ANYONE LIVING WITH YOU IN THE FUTURE WHO IS NOT LISTED ABOVE: \_\_\_\_\_ YES \_\_\_\_\_ NO. IF YES, PLEASE EXPLAIN \_\_\_\_\_

**CURRENT HOUSING STATUS:**

LANDLORD & ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ RENT AMT: \$ \_\_\_\_\_ ARE YOU RENTING THIS UNIT OR ARE YOU LIVING WITH A FRIEND OR RELATIVE? \_\_\_\_\_ HOW MANY PEOPLE LIVE IN YOUR UNIT NOW? \_\_\_\_\_ HOW MANY BEDROOMS DOES YOUR UNIT HAVE? \_\_\_\_\_ DO YOU PAY YOUR OWN UTILITIES? \_\_\_\_\_ WHY DO YOU WISH TO MOVE? \_\_\_\_\_ ARE YOU BEING EVICTED? \_\_\_\_\_ YES \_\_\_\_\_ NO. IF YES, PLEASE EXPLAIN.

ARE YOU BEING DISPLACED FROM YOUR PRESENT UNIT? \_\_\_\_\_ YES \_\_\_\_\_ NO. IF YES, PLEASE EXPLAIN. \_\_\_\_\_ HAVE YOU EVER PARTICIPATED IN THE SECTION 8 EXISTING PROGRAMS? \_\_\_\_\_ YES \_\_\_\_\_ NO IF YES, PLEASE ENTER THE DATES OF OCCUPANCY AND ADDRESS: \_\_\_\_\_

**HAVE YOU EVER RENTED A UNIT WITH LAREDO MUNICIPAL HOUSING? \_\_\_\_\_ YES \_\_\_\_\_ NO. (IF YES) DO YOU HAVE ANY OUTSTANDING BALANCES TO LAREDO MUNICIPAL HOUSING? \_\_\_\_\_ YES \_\_\_\_\_ NO. HAVE YOU EVER BEEN EVICTED OR HAD YOUR DWELLING LEASE TERMINATED BY LAREDO MUNICIPAL HOUSING? \_\_\_\_\_ YES \_\_\_\_\_ NO.**

**PERSONAL REFERENCES: (RELATIVES )**

NAME	ADDRESS	RELATIONSHIP	PHONE
1.			
2.			
3.			

**I CERTIFY THAT THE ABOVE INFORMATION GIVEN IS CORRECT AND MAY BE VERIFIED. IF ANY INFORMATION IS NOT CORRECT UPON VERIFICATION, THESE MAY CONSTITUTE GROUNDS FOR TERMINATION OF PRELIMINARY APPLICATION FOR HOUSING. THIS APPLICATION IS VALID FOR ONE YEAR FROM DATE OF APPLICATION.**

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

LMH STAFF: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_



APPLIATION DATE: \_\_\_\_\_

**TYPE OF INCOME THAT EACH MEMBER OF THE HOUSEHOLD RECEIVES. LIST THE TYPE OF INCOME THAT CAN BE EXPECTED DURING THE NEXT 12 MONTHS.**

FAMILY MEMBER	TYPE OF INCOME AMOUNT	TOTAL

TOTAL AMOUNT OF INCOME _____ X 30% _____ (FOR OFFICE USE ONLY)
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**AUTOMOBILE INFORMATION:**

HOW MANY VEHICLES: \_\_\_\_\_

MODEL \_\_\_\_\_ MAKE \_\_\_\_\_ YEAR \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

MODEL \_\_\_\_\_ MAKE \_\_\_\_\_ YEAR \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

MODEL \_\_\_\_\_ MAKE \_\_\_\_\_ YEAR \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

**AUTHORIZATION TO RELEASE CREDIT INFORMATION**

NAMES \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE \_\_\_\_\_

I (We) have authorized Laredo Municipal Housing to request such credit information as needed to complete my (our) rental application. Such information includes, but is not limited to, employment history and income, bank account balances, credit history on current and previous accounts, current and previous rental history.

**In the event that I(we) am/are approved for a rental unit and if I(we) default on the account, all monies owed to the Laredo Municipal Housing will be reported to the credit bureau and will be transferred to a collection agency.**

Signature(s)

\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

**NOTE:**

**PLEASE KEEP US INFORMED OF YOUR CURRENT PHONE NUMBER(S). IF WE CANNOT CONTACT YOU, YOUR APPLICATION WILL BE REMOVED FROM THE WAITING LIST.**



**APPLICANT:  
DO NOT FILL OUT THIS SECTION (FOR LMH USE ONLY)**

APPLICANT NAME: \_\_\_\_\_

RENTAL REFERENCES:

DATE: \_\_\_\_\_

PERSON CONTACTED \_\_\_\_\_

HOW IS THEIR HOUSEKEEPING? \_\_\_\_\_

IS RENT PAID PROMPTLY EVERY MONTH? \_\_\_\_\_

ANY TENANT DISTURBANCES? \_\_\_\_\_

IF NO, WHAT IS THEIR PAYING PATTERN? \_\_\_\_\_

ANY DAMAGES TO APARTMENT? \_\_\_\_\_

AMOUNT OF RENT? \_\_\_\_\_

ADDITIONAL COMMENTS \_\_\_\_\_

\_\_\_\_\_  
WOULD YOU RENT TO THEM AGAIN?

**EMPLOYMENT VERIFICATION**

**HEAD OF HOUSEHOLD:** \_\_\_\_\_

PERSON CONTACTED \_\_\_\_\_

YEARS EMPLOYED \_\_\_\_\_

SALARY \_\_\_\_\_

**SPOUSE OR ROOMATE :** \_\_\_\_\_

PERSON CONTACTED \_\_\_\_\_

YEARS EMPLOYED \_\_\_\_\_

SALARY \_\_\_\_\_

GENERAL COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Name: \_\_\_\_\_



EQUAL HOUSING  
OPPORTUNITY



## **LIST OF REQUIREMENTS**

- 1. SOCIAL SECURITY CARDS FOR BOTH HEAD APPLICANTS ONLY**
- 2. DRIVERS LICENSE OR ID'S FOR BOTH HEAD APPLICANTS ONLY**
- 3. LAST 4 RENT RECEIPTS**
- 4. LAST 4 CHECK STUBS**
- 5. 2016 OR MOST CURRENT INCOME TAX RETURN (W-2 FORMS INCLUDED)**