

**Rebekah Baines Johnson Apartments**

**Application Checklist**

Thank you for your interest in the Rebekah Baines Johnson Center (RBJ). Please be aware that RBJ is an independent living community for seniors (over 62 years of age) and people with disabilities. Please fill it the entire form and return it to RBJ, 21 Waller, Austin, Texas 78702.

Preliminary Application \_\_\_\_\_

Race and Ethnic Reporting Form (Optional) \_\_\_\_\_

Supplement to Application (this is an emergency contact form) \_\_\_\_\_

Additional Emergency Contact Form (Recommended but not required) \_\_\_\_\_

Criminal Background Check Acknowledgement \_\_\_\_\_

Residential History \_\_\_\_\_

**Important Note: Please include a copy of the following with all applications**

Your picture ID \_\_\_\_\_

Proof of Income \_\_\_\_\_

**Examples of Proof of Income—include all that apply to you**

Bank statements for last six months include checking and savings

Social Security Award Letter

Pay Stubs (if employed)

Income from retirement plans or annuities



List all assets (includes but not limited to cash on hand, savings accounts, checking accounts, real estate property, money markets, IRA, CD, etc):

Type	Amount
	\$
	\$
	\$

Have you been charged with a felony or misdemeanor in the past 20 years? If so, please explain: \_\_\_\_\_  
 \_\_\_\_\_

Have you been asked to vacate property by order of the landlord? If so, why? \_\_\_\_\_  
 \_\_\_\_\_

Have you ever committed fraud or were requested to repay money in a federally assisted housing program? Yes \_\_\_ No \_\_\_

**Personal Contacts:**

1. \_\_\_\_\_  
 Name Relationship Phone

2. \_\_\_\_\_  
 Name Relationship Phone

\_\_\_\_\_  
 Applicant Signature Date

\_\_\_\_\_  
 Spouse Date

**This is a preliminary application and does not guarantee residency. You will be required to schedule a personal interview with RBJ Administration, provide picture I.D., Social Security card and documentation to verify income and assets. A criminal background check is also required.**

***Rebekah Baines Johnson Center does not discriminate on the basis of race, color, religion, sex, handicap, familial status or national origin.***

"Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **\*\*Social Security Act at 208 (a) (6),(7) and (8).** Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).\*\*

Revised 01/26/2011

**Race and Ethnic Data Reporting Form**

U.S. Department of Housing and Urban Development  
Office of Housing

OMB Approval No. 2502-0204  
(Exp. 03/31/2014)

The Rebekah Baines Johnson Center TX 59M000075 21 Waller St., Austin, TX 78702

---

Name of Property Project No. Address of Property

Helen Varty, Administrator / Section 8 /

---

Name of Owner/Managing Agent Type of Assistance or Program Title:

---

Name of Head of Household Name of Household Member

Date (mm/dd/yyyy): \_\_\_\_\_

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

--	--

**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

The Rebekah Baines Johnson Center

**Additional Emergency Contacts**  
Recommended but not mandatory

Date: \_\_\_\_\_

Tenant(s): \_\_\_\_\_

Unit #: \_\_\_\_\_

Tenant Phone: \_\_\_\_\_

Name	Relationship	Phone Number	Alternate Phone

**Is there any other information we should be aware of? For example: Do you have a will or any other directive? You may also share any health issues, doctor's phone numbers, hospital preference, religious affiliation, etc. This is optional and not required:**

---

---

---

---

---

The Rebekah Baines Johnson Center

Criminal Background Check Acknowledgement

I, the undersigned, have been notified and understand The Rebekah Baines Johnson Center, as part of the applicant screening process for Section 8 housing, is authorized by the Housing Opportunity Program Extension Act of 1996 to order a criminal history report on me.

I hereby certify that The Rebekah Baines Johnson Center has reviewed with me and I understand the Authority's One Strike Policy.

---

Applicant Signature

Date

---

Applicant Signature

Date

**Residential History**  
**Rebekah Baines Johnson Apartments**  
*Please Provide Residences for the Past Five Years*  
*Add other sheets as necessary*

Name of residence: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Dates lived at residence: \_\_\_\_\_

Name of Landlord: \_\_\_\_\_

Phone number: \_\_\_\_\_

Name of residence: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Dates lived at residence: \_\_\_\_\_

Name of Landlord: \_\_\_\_\_

Phone number: \_\_\_\_\_

I give permission for Rebekah Baines Johnson Apartments to request a landlord verification and reference from my previous residences:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



The following section, verification of disability, is only for applicants who are under 62 years of age. This form is required and must be completed by a physician or other qualified professional.

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

TO: \_\_\_\_\_ FROM: Helen Varty, Administrator  
Veronica Martinez, Assistant Administrator  
The Rebekah Baines Johnson Center  
21 Waller Street  
Austin, Texas 78702  
512/476-6051

**PLEASE RETURN THIS VERIFICATION TO THE PERSON LISTED ABOVE**

This is important because owners have a responsibility to treat this information confidentially.

SUBJECT: VERIFICATION OF DISABILITY

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

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

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. The applicant/tenant has consented to this release of information as shown above.

---

#### INFORMATION BEING REQUESTED

For each numbered item below, mark an "X" in the applicable box that accurately describes the person listed above.

1. \_\_\_ YES \_\_\_ NO

Has a disability, as defined in 42 U.S.C. 423, which means;

a. Inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment that can be expected to result in death or that has lasted or can be expected to last for a continuous period of not less than 12 months; or

b. In the case of an individual who has attained the age of 55 and is blind, inability by reason of such blindness to engage in substantial gainful activity requiring skills or abilities comparable to those of any gainful activity in which he/she has previously engaged with some regularity and over a substantial period of time

For the purposes of this definition, the term blindness, as defined in section 416(i)(1) of this title, means central vision

For the purposes of this definition, the term blindness, as defined in section 416(i)(1) of this title, means central vision acuity of 20/200 or less in the better eye with use of a correcting lens. An eye which is accompanied by a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees shall be considered for the purposes of this paragraph as having a central visual acuity of 20/200 or less.

2. \_\_\_ YES \_\_\_ NO

Has a physical, mental, or emotional impairment that:

- a. Is expected to be of long continued and indefinite duration;
- b. Substantially impedes his or her ability to live independently; and
- c. Is of such a nature that the ability to live independently could be improved by more suitable housing conditions.

3. \_\_\_ YES \_\_\_ NO

Has a developmental disability as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights act 42 U.S.C. 6001(8)), i.e., a person with a severe chronic disability that:

- a. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
- b. Is manifested before the person attains age 22;
- c. Is likely to continue indefinitely;
- d. Results in substantial functional limitation in three or more of the following areas of major life activity:
  - (1) Self Care
  - (2) Receptive and expressive language,
  - (3) Learning
  - (4) Mobility
  - (5) Self-direction,
  - (6) Capacity for independent living, and
  - (7) Economic self-sufficiency; and
- e. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.

4. \_\_\_ YES \_\_\_ NO

Is the above person **\*\*whose\*\*** disability is based solely on any drug or alcohol dependence **\*\***(the person has no other disability which meets the above definition)**\*\***.

\_\_\_\_\_  
NAME AND TITLE OF PERSON  
SUPPLYING THE INFORMATION

\_\_\_\_\_  
FIRM/ORGANIZATION

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

\_\_\_\_\_  
**PENALTIES FOR MISUSING THIS CONSENT:**

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at \*\*208 (a) (6), (7) and (8).\*\* Violations of the provisions are cited as violations of 42 USC \*\*408 (a), (6) (7) and (8).\*\*