



Intake Application

Dear Applicant:

The information on this form is needed to determine if your household is eligible to participate under the regulations of this Community. Please complete this entire form and leave no blanks.

If there are any questions that you do not understand, please contact the Contract Administrator or Management Office Personnel.

I. THIS SECTION TO BE COMPLETED BY ADMINISTRATOR/OWNER/MANAGEMENT						
Administrator/Owner/Management Name: Bowie Garden Apartments				TDHCA Number: 18103		
Contact Name: Silvia Bravo				Contact Title: Manager		
Address: 4650 Bowie Rd Brownsville TX 78521				Phone: 956-546-4629		
Email Address: bowiegarden@uahmgt.com				Fax: 956-546-4529		
II. THIS SECTION TO BE COMPLETED BY APPLICANT						
A. CONTACT INFORMATION						
Street Address: <small>(as shown on driver's license or government ID)</small>				Apt #:		
City/State/Zip:				County:		
Current Address: <small>(if different from above)</small>				Apt #:		
City/State/Zip:				County:		
Email Address:				Home Phone: ()		Mobile Phone: ()
Emergency Contact Name:				Phone: ()		
B. PREVIOUS RESIDENCY INFORMATION						
Previous Address/City/State:				Cost per Month:		
Reason For Leaving:				Occupied For: _Yrs Mos		
Contact/Landlord Name:				Phone:		
C. HOUSEHOLD COMPOSITION – List the Head of Household and all other persons who comprise the household						
Full Name (exactly as on driver's license or other govt. document)	Relationship to Head of HH	Date of Birth	Gender	Student Status F/T=Full Time P/T=Part Time	Social Security No./ Alien Registration No.	Receiving income
1	Head of Household		Male Female	F/T P/T N/A		Yes No
2	Co-Head Spouse Dependent Other Adult		Male Female	F/T P/T N/A		Yes No
3	Co-Head Spouse Dependent Other Adult		Male Female	F/T P/T N/A		Yes No
4	Co-Head Spouse Dependent Other Adult		Male Female	F/T P/T N/A		Yes No
5	Co-Head Spouse Dependent Other Adult		Male Female	F/T P/T N/A		Yes No
6	Co-Head Spouse Dependent Other Adult		Male Female	F/T P/T N/A		Yes No
7	Co-Head Spouse Dependent Other Adult		Male Female	F/T P/T N/A		Yes No
8	Co-Head Spouse Dependent Other Adult		Male Female	F/T P/T N/A		Yes No



Were any of the household members a full-time student within the last calendar year? NO YES who: _____

Are any of the household members listed above foster children? NO YES who: _____

Are any of the household members listed above a live-in attendant? NO YES who: _____

Are any household members temporarily absent from the home? NO YES who: _____

Indicate reason for temporary absence: _____

Do you anticipate any other members will join your household within the next 12 months? NO YES who: _____

E. ANNUAL INCOME (List ALL income of adults and children in your household, except for the earned income from employment by persons under the age of 18)

Identify income from any of the following sources, including periodic payments:			Head of Household	Co-Head/Spouse	Other Adult Member(s)	Child or Dependent	Total
Salary	Yes	No					
Overtime Pay	Yes	No					
Commissions/Fees	Yes	No					
Tips and Bonuses	Yes	No					
Salary from 2 nd job	Yes	No					
Temporary Income	Yes	No					
Income from Military	Yes	No					
Interest/Dividends	Yes	No					
Business Net Income	Yes	No					
Net Rental Income	Yes	No					
Social Security	Yes	No					
Supplemental Security Income	Yes	No					
Pension	Yes	No					
Retirement Funds	Yes	No					
Familial Support	Yes	No					
Unemployment Benefits	Yes	No					
Workers' Compensation	Yes	No					
Alimony	Yes	No					
Child Support (Circle Type) Anticipated, Voluntary, Court Ordered (regardless if pd)	Yes	No					
AFDC/TANF	Yes	No					
Educational Scholarship/Grant	Yes	No					
Other: Explain: _____	Yes	No					
TOTAL:							



F. CURRENT EMPLOYMENT CONTACT INFORMATION									
Household Member's Name				Occupation			Work Phone		
Name and Street Address of Employer					City		State		Zip Code
Date Hired	Salary \$ _____		Hourly Monthly	Weekly Yearly	bi-weekly Other _____		# of hours worked per week		Work Fax
Household Member's Name				Occupation			Work Phone		
Name and Street Address of Employer					City		State		Zip Code
Date Hired	Salary \$ _____		Hourly Monthly	Weekly Yearly	bi-weekly Other _____		# of hours worked per week		Work Fax
Household Member's Name				Occupation			Work Phone		
Name and Street Address of Employer					City		State		Zip Code
Date Hired	Salary \$ _____		Hourly Monthly	Weekly Yearly	bi-weekly Other _____		# of hours worked per week		Work Fax
Household Member's Name				Occupation			Work Phone		
Name and Street Address of Employer					City		State		Zip Code
Date Hired	Salary \$ _____		Hourly Monthly	Weekly Yearly	bi-weekly Other _____		# of hours worked per week		Work Fax

G. HOUSEHOLD ASSETS (Identify if anyone has any of the following types of assets, including dependents under the age of 18)						
Identify All Asset Sources			Cash Value	Asset Income (Interest/Dividends)	Name of Financial Institution	Account Number
Checking Account	Yes	No				
Additional Checking Account(s)	Yes	No				
Savings Account	Yes	No				
Additional Savings Account(s)	Yes	No				
Credit Union Account(s)	Yes	No				
Stocks, Bonds, Mutual Funds*	Yes	No				
Real Estate or Home	Yes	No				
IRA/Keogh Account(s)*	Yes	No				
Retirement/Pension Fund(s)*	Yes	No				
Trust Fund(s)	Yes	No				
Mortgage Note Held	Yes	No				
Whole Life Insurance Cash Value*	Yes	No				
Real Estate/Land*	Yes	No				
Other: _____	Yes	No				

*When listing the "cash value" of any asset with an asterisk, indicate the amount you would have if you were to convert it to cash. The amount would have deducted any penalties for withdrawal, amounts used to pay off a balance, or any fees which may be assessed for the conversion



H. HOUSEHOLD ASSET INFORMATION

1. Has anyone in the household given away anything of value within the last two years? *(If a home was released due to foreclosure, bankruptcy or divorce, answer no)* NO YES *If yes, who?*

Provide explanation (including the type of asset, estimated value of asset, amount disposed for, and date of disposal):

2. Has anyone in the household owned a home in the last two years? NO YES *If yes, who?*

Do they currently own it? NO YES *If No, when was it:* _____

Disposed of? If Yes, Is it being rented? NO YES

Is it sitting vacant? NO YES

Is it in the process of being sold? NO YES

I. HOUSING ASSISTANCE – List any assistance provided to or received by any member of the household

Source	Amount	Date Received	Rea
FEMA Yes No (Federal Emergency Management Agency)			
SBA Yes No (Small Business Administration)			
Section 8 Yes No (Housing and Urban Development)			
TBRA Yes No (Tenant Based Rental Assistance)			
Insurance Yes No (Homeowner)			
Other Yes No Explain: _____			

J. PREFERENCES – Please select yes/no for the following items that may or may not relate to your household:

Victim of Domestic Violence/Dating Violence/Stalking/Sexual Assault (VAWA) YES NO

Need of an accessible unit YES NO

In House Transfer YES NO

Senior Exemption (Senior Community only) YES NO



APPLICANT CERTIFICATION - Please be aware that this information is being used to determine if your household appears eligible to participate under an Affordable Housing Program My/Our signature here or on the attached "Release and Consent Form" authorizes the release and/or verification of my/our employment information.

Warning: 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 or 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 as 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)

_____ Applicant/Resident Printed Name	_____ Signature	_____ Date
_____ Co-Applicant/Resident Printed Name	_____ Signature	_____ Date
_____ Adult Member Printed Name	_____ Signature	_____ Date
_____ Management Representative Printed Name	_____ Signature	_____ Date

If you are disabled or have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs.

UAH Property Management 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. The person named 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, Par 8 dated June 2, 1988)



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With a **Personal Approach**

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