



### Application Certification Process

**Complete the attached application and return with copies of Texas driver’s license or identification, Social Security card and Birth certificate for every household member.** (The Social security card requirement exemptions apply in very specific cases.) Once your application is received, you will be placed on the Waiting List.

**PLEASE USE A BLACK PEN AND DO NOT USE WHITE-OUT ON ANY OF THE ATTACHED FORMS. If you make a mistake draw a line through it and initial.**

You will be contacted when a vacancy occurs and you will have ten (10) days to provide the following documentation:

- Proof of all **income** (Social Security Award Letters, other pension statements and/or employment pay-stubs)
- Documentation of all **assets** (bank accounts, stocks, bonds, retirement accounts, life insurance policies, investment statements or property tax evaluation statements)
- Receipts or bills and canceled checks for all out-of-pocket **medical expenses** for the past 12 months, including supplemental health insurance, pharmacy printouts of patient-paid prescriptions, and any other medical expense for which you have paid that were not reimbursed.

#### Burnet Co. 2022 Annual Income Limits

Household Size:	1 PERSON	2 PEOPLE	3 PEOPLE	4 PEOPLE
Priority 1 EXTREMELY LOW (30%)	\$16,550	\$18,900	\$23,030	\$27,750
Priority 2 VERY LOW (50%)	\$27,550	\$31,500	\$35,450	\$39,350

Hill Country Villas 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.



## Affordable Quality Living for Seniors and Persons with Disabilities

Our residents think Hill Country Villas is a very peaceful, lovely place to live. We believe that you will think so too, when you see it! Residents stroll through a park-like setting with wide walkways and open spaces that give a real sense of neighborhood.

Each one-bedroom apartment is approximately 600 square feet and equipped with central heat and air, electric range, and refrigerator. Wheelchair accessible units are available for the disabled.

### Amenities include:

- ✓ Paid water & trash
- ✓ 24 hour emergency maintenance
- ✓ Newly Renovated Apartments
- ✓ Onsite laundry facility
- ✓ Front & back patios with outside storage closets
- ✓ Large community room with kitchen, TV, and library area
- ✓ Monthly resident activities include potluck luncheons.



### Eligibility

Highview is a retirement community for seniors 62 and older or disabled. We are a HUD section 8/202 housing complex with income restrictions. Residents pay a percentage of the rent based on income, assets, and out-of-pocket medical expenses.

We Do Business in Accordance with the Federal Fair Housing Law.

**Located at:** 200 Hwy 1431 E, Marble Falls, TX 78654

**Phone:** (830) 693-5818      **Fax:** (830) 693-8421

**Manager:** Pamela Gilliam

**Email:** pgilliam@txhf.org

**Office Hours:** 8:00 to 4:30, Monday through Friday.  
Call if you would like to schedule an appointment.



One Bedroom  
Apartment  
Approx. 600 sq.ft.

Bedroom  
10'9" X 11'6"

Back  
Porch

Storage

W/H  
&  
A/C

Closet

Linen

Sink

Toilet

Storage

Shower

Pantry

Stove

Refrig

Sink

Living Room

12'9" x 14'

Dining

7' x 9'

Dc fWk

7' c gYh

# Hill Country Villas

Phone: 830-693-5818 Fax: 830-693-8421  
200 Hwy 1431 East, Marble Falls, Texas 78654

FOR OFFICE USE ONLY Application Received
Date: _____ / _____ / _____ Time: _____

## Application for Admission - USE A BLACK PEN & DO NOT USE WHITE-OUT ON THIS FORM

### HEAD OF HOUSEHOLD

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

All Other Names Used (Former, Maiden Name, Alias) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work or Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Birth Date (MM/DD/YYYY) \_\_\_\_\_ City and State of Birth \_\_\_\_\_

Country of Citizenship \_\_\_\_\_ Marital Status \_\_\_\_\_  Check if you decline to disclose

Social Security Number \_\_\_\_\_ Driver's License or ID # \_\_\_\_\_ State \_\_\_\_\_

Copies of every household member's Texas issued ID and Social Security Card must be attached to this application. (unless the household member meets the Social Security Number exceptions listed below).

### FAMILY SUMMARY SHEET

List ALL members who will be living in the assisted unit. Give the relationship to the head of household.

Member's First Middle and Last Name	Relationship to head of household	Birth Date MM/DD/YYYY	Birth Place CITY, STATE	Age	Social Security # ###-##-####

Social Security Number in NOT required if:

- a) For members not contending eligible immigration status.
- b) If any applicants who were age 62 or older as of 1/31/2010, and who do not have a SSN, and were receiving HUD rental assistance at another location on 1/31/10.

Are there any children in the household? \_\_\_\_\_ Yes / No

If both legal parents are not in the household, a copy of the custody arrangement of any child must accompany this application.)

Is any member of your household a full-time student? Yes / No If so, please list the name(s) \_\_\_\_\_

Is any member of your household a veteran? Yes / No If so, please list the name(s) \_\_\_\_\_

Are you seeking housing due to a Presidentially Declared Disaster? \_\_\_\_\_ Yes / No

List ALL States where the applicant and members of the applicant's household have resided: \_\_\_\_\_

Are you and/or your spouse visually impaired (legally blind)? \_\_\_\_\_ Yes / No

Do you and/or your spouse have a hearing impairment (50% loss of hearing or greater)? \_\_\_\_\_ Yes / No

Do you and/or your spouse have a mobility handicap (use of walker, cane, wheelchair)? \_\_\_\_\_ Yes / No

Do you and/or your spouse require an accessible unit? \_\_\_\_\_ Yes / No

How did you hear about Hill Country Villas? \_\_\_\_\_

In case of emergency, whom can we contact locally? \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**INCOME** Please answer each of the following questions. For each "Yes" answer provide the details in the chart below.

- Is any member of your household employed full time, part time, or seasonally?.....Yes / No
- Does any member of your household expect to work for any period during the next twelve months? Yes / No
- Does any member of your household work for someone who pays them in cash?.....Yes / No
- Is any member of your household on leave from work due to lay-off, or temporary leave?.....Yes / No
- Does any member of your household now receive, or expect to receive, unemployment benefits?....Yes / No
- Does any member of your family now receive or expect to receive child support?.....Yes / No
- Is any member of your household entitled to child support that he/she is not now receiving?.....Yes / No
- Does any member of your household now receive or expect to receive alimony payments?.....Yes / No
- Is any member of your household entitled to alimony payments that he/she is not now receiving?.....Yes / No
- Does any member of your household receive or expect to receive welfare assistance?.....Yes / No
- Does any member of your household receive or expect to receive Social Security benefits?.....Yes / No
- Does any member of your household receive/expect to receive income from a pension or annuity? Yes / No
- Does any member of your household receive money from individuals/agencies not living in the unit?Yes / No

For each type of income that your household receives or expects to receive, give the source of the income and the amount of income that can be expected from that source during the next twelve (12) months.

Family Member	Source of Income/Type of Income	Annual Income

**ASSETS** List all checking and savings accounts (including IRA's Keough Accounts, and Certificates of Deposit, etc.) of all household members, including amounts disposed of during the past two years.

Family Member	Bank/Investment Name	Account Number	Current Balance

List the value of all stocks, bonds, trusts, pension contributions, or other assets:\_\_\_\_\_

Do you own a home or other real estate? If yes, the value? \$the balance owed? \$\_\_\_\_\_Yes / No

Have you sold or given away any real property or other assets in the past two years?.....Yes / No

If yes, describe the asset\_\_\_\_\_ what is the current market value of the asset? \$ \_\_\_\_\_

**EXPENSES**

Do you pay for a care attendant or for any equipment for a handicapped member(s) of the family necessary to permit that person or someone else in the family to work? .....Yes / No

Do you have medical insurance?.....Yes / No

If yes, Name of Provider: \_\_\_\_\_ what is your monthly premium \$\_\_\_\_\_

If yes, Name of Provider: \_\_\_\_\_ what is your monthly premium \$\_\_\_\_\_

Do you receive medical assistance through a state or local department?..... Yes / No  
 Do you have any outstanding medical bills on which you are paying?..... Yes / No  
 Do you expect to have any medical expenses during the next 12 months? ..... Yes / No  
 If yes, amount of medical expenses \$\_\_\_\_\_

**CURRENT HOUSING STATUS**

Have you been displaced by Government Action?..... Yes / No  
 Do you live in Substandard Housing?..... Yes / No  
 Are you currently paying more than 50% of your income in rent?..... Yes / No  
 What is your current monthly rent? \$\_\_\_\_\_

Condition of your current housing? \_\_\_\_\_ Circle: Standard / Unsafe or unhealthy  
 Currently without housing ..... Yes / No  
 How many people live in your home now?\_\_\_\_\_How many bedrooms do you have?\_\_\_\_\_

Does anyone live with you now who are not listed above? (If yes, explain in comment section):..... Yes / No  
 anyone living with you in the future who is not listed above? (If yes, explain in comment section):..... Yes / No  
 Are you being evicted? (If yes, explain on attachment)..... Yes / No  
 What are your monthly costs for all utilities (except telephone, cable)? \$\_\_\_\_\_

Are you now living in a Government subsidized unit (e.g. Section 236, or Section 221(D)(3) Project)?... Yes / No  
 Has your residency/tenancy or government assistance in a subsidized housing program ever been terminated for fraud, non-payment of rent, or failure to comply with recertification procedures..... Yes / No  
 Are you receiving Section 8 rental assistance where you now live?..... Yes / No  
 Have you ever been evicted or asked to vacate any rented premises? (If yes, in comment section)... Yes / No

Please list everywhere you have lived for the past three years (attach a sheet if this is not enough space):

Dates of tenancy	Address, City, State, Zip	Landlord Name	Landlord Fax or email
_____ to _____			
_____ to _____			
_____ to _____			

**HANDICAP/DISABLED STATUS** (Section 504 provides that no qualified individual with a disability should, only by reason of his or her disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.)

If you are under 62 years old, provide the name and fax number of the Doctor who can verify your disability

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**CRIMINAL HISTORY** Have (are) you, or any other member of your household:

Been arrested, convicted, or placed on probation for a misdemeanor..... Yes / No

Date: \_\_\_\_\_ Charge: \_\_\_\_\_ City/County/State: \_\_\_\_\_

Been arrested, convicted, or placed on probation for a felony?..... Yes / No

Date: \_\_\_\_\_ Charge: \_\_\_\_\_ City/County/State: \_\_\_\_\_

Been arrested, convicted, or placed on probation for the use, possession, sale, or distribution of any illegal drug?..... Yes / No

Date: \_\_\_\_\_ Charge: \_\_\_\_\_ City/County/State: \_\_\_\_\_

Been arrested, convicted, or placed on probation for a sexual crime of any type?.....Yes / No

Date:\_\_\_\_\_ Charge:\_\_\_\_\_ City/County/State:\_\_\_\_\_

Required to register as a lifetime sex offender?.....Yes / No

Currently using illegal drugs? (If yes, explain in comment section):.....Yes / No

**PET INFORMATION**

Do you own a pet? If yes, Type \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Yes / No

Is this pet a service animal? (Certification will be required) \_\_\_\_\_ Yes / No

**COMMENTS/ADDITIONAL INFORMATION**

Situation/Question you are explaining:\_\_\_\_\_ Explanation/Additional Information:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Situation/Question you are explaining:\_\_\_\_\_ Explanation/Additional Information:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Situation/Question you are explaining:\_\_\_\_\_ Explanation/Additional Information:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPLICANT CERTIFICATION**

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). \*\* Violation of these provisions are cited as violations of 42 U.S.C. Section \*\*408 (a) (6), (7) and (8). \*\*

Section 504 provides that no qualified individual with a disability should, only by reason of his or her disability, be excluded for participation in, be denied benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

I certify that the statements made in this application are true and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal law and could result in this application being rejected.

Head of Household \_\_\_\_\_ Date \_\_\_\_\_ Spouse/Co-Head \_\_\_\_\_ Date \_\_\_\_\_

**Race and Ethnic Data Reporting Form**

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

OMB Approval No. 2502-0204  
(Exp. 3/31/2014)

Hill Country Villas 200 Hwy 1431 East, Marble Falls TX 78654  
**Name of Property    Project No.    Address of Property**

THF Housing Management Corp. Section 8/202  
**Name of Owner/Managing Agent    Type of Assistance or Program Title:**

**Name of Head of Household    Name of Household Member**

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

<i>Ethnic Categories*</i>	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
<i>Racial Categories*</i>	One or More
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.



## Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

**Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. Parents or guardians are to complete the form for children under the age of 18.**

**The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.**

1. **The two ethnic categories you should choose from are defined below. You should check one of the two categories.**
  1. **Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."**
  2. **Not Hispanic or Latino. A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.**
2. **The five racial categories to choose from are defined below: You may mark one or more.**
  1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
  2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
  3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
  4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
  5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.