



6000 Pinemont Dr.
 Houston, Texas 77092-2661
 Ph: (713) 957-4430 Fax: (713) 957- 3521
 Telecommunications Relay Service: 711



APPLICATION CHECKLIST

This checklist is provided for you to ensure that you have provided The Pinemont Apartments with all necessary information in order to be placed on the Wait List. Applicants are placed on the wait list in the order in which completed applications are received.

- Completed Application, signed and dated
- Completed Family Summary Sheet Exhibit 3-7 **for each applicant**, signed and dated
- Completed Race and Ethnic Data Reporting Form 27061, signed and dated for **each** applicant
- Completed HUD Form 92006

- Photo ID
- Social Security Card
- Proof of Birth Date (i.e. Birth Certificate, Baptismal Certificate, Military Discharge Papers, **Valid** Passport, Census document showing age, Naturalization Certificate Social Security Administration Benefits printout)
- Social Security Award Letter/ Proof of Income
- Naturalization Papers or Alien Registration Card, if applicable

On the copies of the above documents, please write the following statement, and sign and date each copy:

I certify that I have released this information to The Pinemont Apartments.

- For all applicants under the age of 62, or those 62 and older who require an accessible apartment, a **third-party medical needs verification form** must be signed. It will be sent to the applicant's doctor for completion; only after receipt and approval of this verification will the applicant be placed on the waitlist.

****Please note** Income Limits as of 05.01.2026**

Maximum Yearly Income Levels for Applicants

	1-person household	2-person household
Extremely Low	\$21,850	\$25,000
Very Low	\$36,400	\$41,600
Low	\$58,250	\$66,600



THE PINEMONT APARTMENTS
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 National Relay 711



Application for Housing

Instructions

- Please answer every question in each section. Write N/A for Not Applicable if the question does not apply to anyone in your household.
- Do not leave any question blank.
- All information must be complete and correct. False, incomplete, or misleading information will cause your application to be rejected.
- After we receive your completed application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on our Waiting List.
- Being placed on the Waiting List does not mean that your household will be offered an apartment. If later processing establishes that your household is not actually eligible or does not meet our screening criteria, your application will be rejected, and you will receive a notice from this office.
- If your application is on file with us, it is your responsibility to contact us whenever your address, telephone number or income situation changes, or if you want to add or remove a household member from your application.
- If your application is approved and accepted, the unit for which you are applying must be the only residence of every household member.

How did you hear about The Pinemont Apartments? _____

Do you want a copy of the property's Tenant Selection Plan? Yes No

Household Composition

1. Head of Household Phone Number: Home _____ Cell _____

Email Address _____

Current Address: _____

Street Apt. # City State Zip

3. List the Head of Household and all other persons who will be living in the apartment.

Last Name	First Name	MI	Relation to Head	SSN	Age	Date of Birth	US Military Veteran	FT/PT Student
			Head				Y/N	Y/N
							Y/N	Y/N
							Y/N	Y/N
							Y/N	Y/N

2. a. Are there any unborn/adopted/foster children in the process of adding to this household within the next year? Yes No

3. Within the past 10 years, have you or any other household member used any name(s) or social security number(s) other than the one you are currently using? Yes No

If yes, list prior name(s) and social security number(s):

4. a. Are you or any member contending eligible immigration status? Yes No

b. Are you or any member claiming to be an eligible US Citizen/Non-Citizen? Yes No

5. Were you or any other household member 62 years of age or older as of January 31, 2010? Yes No

* **If yes**, were you receiving HUD Rental Assistance at another location on January 31, 2010? Yes No

*This information is needed for the owner to verify whether the applicant qualifies for the exemption from disclosing and providing verification of an SSN.

6. Do you or any member of your household owe money to a Public Housing Authority HUD, apartment community or previous landlord for any reason? Yes No

If yes, please explain: _____

7. Have you or any member of your household ever lived on this property before? Yes No

If yes, approximately when, and why did you leave? _____

8. Do you plan to have anyone else live with you all, or part of the time? Yes No

If yes, please explain: _____

9. Do you or any other household members have custody arrangement (full, joint, etc.) for any children? Yes No

10. Is anyone in your household a full or part-time student in an institution of higher learning? Yes No

If yes, provide the name of the school: _____

11. Apartment size I/we would accept: Efficiency 1Bedroom 1Bedroom Accessible
2Bedroom

12. Do you or anyone in your household require any accessibility features in the unit related to a disability? Yes No

If yes, please request a Pinemont Verification of Accessible Needs Form.

13. Are you currently living in sub-standard housing? Yes No

a. Are you Escaping from violence? Yes No

b. Are you Lacking a fixed nighttime residence? Yes No

c. Are you currently living in government-subsidized housing? Yes No

d. Are you temporarily or permanently displaced due to a presidentially declared disaster? Yes No

e. Are you currently being evicted? Yes No

If yes, what are the circumstances. _____

15. Do you have any of the following that you plan to move into the apartments:

a. Assisted animal? Yes No b. Supportive animal Yes No c. Pet Yes No

16. Will you need a parking space for a car? Yes No

INCOME

1. **Place an X in the box for every type of income any household member receives:**

Social Security SSI SSD Dual Entitlement VA Pension Other Pension Employment Unemployment Alimony Own Business Public Assistance Disability/Workers Compensation Rental Income Ride Share, Delivery App Income Regular Assistance from friends/family to help with bills Other: _____

a. Does any person or organization outside of your household pay all or part of any bills for any household member on a regular basis (i.e., rent, utilities, groceries, car, phone, etc.)?

If yes, describe: _____

2. List each person's income, along with the source include address and phone number for verification. You may attach this information instead of filling it in here.

Family Member	Income Type	Annual Amount	Source	Address	Phone

Assets

1. Place an X in the box for every type of asset owned by any/all household member(s):

Direct Debit Card Wage Paycard Checking Account Savings Account Money Market
 CD Stocks Bonds IRA/Keogh Annuity Trust Whole Life Insurance Policy Safe
 Deposit Box Real Estate, (In our outside of the United States) Other

If yes, describe: _____

2. Are any assets held jointly with another person, who is either part of your household or outside your household? Yes No **If yes**, describe: _____

3. Have any cash or other assets been given away or sold for less than market value in the past two years? Yes No

If yes, what was disposed of /sold or given away: _____

On what date was it disposed of /sold or given away: _____

4. All and any Charitable donations to a church(s) and or Non-profit organizations must be listed.

Donated to: _____? How much: _____? How often: _____

5. List every asset owned by any household member, along with Financial Institution, address, and phone number for verification. You may attach this information instead of filling it in here.

Name	Asset Type	Cash Value	Income Y/N	Bank Name/Address/Phone
			Y/N	
			Y/N	
			Y/N	
			Y/N	
			Y/N	
			Y/N	
			Y/N	
			Y/N	

Expenses

1. Medical/Disability Expenses: Is the Head, Co- Head, or Spouse of your household age 62(or Older) or disabled: Yes No

If no, skip this section. If yes, complete the following.

2. Place an X in the box for every type of medical expense any household member is expected to pay **out of pocket** in the coming 12 months:

- Medical, Prescription and/or Cancer Insurance Policy(s) Copays for Doctors Visits
 Transportation Cost Prescriptions Incontinence supplies Other Medicines/Items Prescribed in writing by your Doctor for an Existing Medical Condition Eyeglasses
 Hearing Aides/Supplies Dental Work Home Health Aide Installment Payments on Outstanding Medical bills Other

Please Describe: _____

3. List each person's medical expenses, along with the medical provider (including address and phone number for verification). **You may attach this information instead of filling it in here.**

Family Member	Expense Type	Annual Amt	Provider	Address	Phone

4. Childcare Expenses: Does anyone in the household pay for childcare (provided outside of the household) to enable a family member to work, look for work or go to school? Yes No

a. If yes, list each childcare expense anticipated to be out of pocket during the coming 12 months, along with the provider (including address and phone number for verification). You may attach this information instead of filing it in here.

Child's Name	Annual Amt	Provider	Address	Phone

5. If there is an Assistance Animal in the household place an X in the box for every type of required expense expected to be paid **out-of-pocket** in the coming 12 months:

- Food Veterinarian Visits/Transportation Regular Medication Shots and Licenses

Other (describe) _____

a. If yes, list each Assistance Animal expense, along with the provider (including address and phone number for verification). You may attach this information instead of filling it in here.

Expense Type	Annual Amt	Provider	Address	Phone

6. If there is a disabled household member, are there anticipated expenses in the next 12 months that require the household member to work? Yes No

a. If yes, please describe: _____

Criminal History Questions

- **A Public Records search will be conducted on each adult member over the age of 18.**

1. Have you or has any member of your household been convicted of a felony or crime in the past 10 (ten) years that involved the following?

a. Place an X in all boxes that apply:

Sexual misconduct Illegal possession Manufacturing, sale, or distributions of a controlled substance Physical crime against a person/persons or another person's property Have you been evicted from Federally assisted housing in the past 10years for drug related criminal activity

2. Are you or any member of your household a current, illegal user of or addicted to a controlled substance? Yes No

a. If yes, please indicate who, and provide details: _____

3. Are you or any member of your household subject to a lifetime sex offender registration requirement in any state? Yes No

a. If yes, please explain: _____

4. List all states in which each household member has ever lived: _____

References

Landlord references: Please list all previous residences during the past 5 years (use the back of this page if more space is needed):

Current (present address):

Name of Mortgage Co. Landlord/Apartment Name	Street Address	Apt. #	City	State	Zip
Telephone Number	Dates of Residence		Reason for leaving		

Previous address

Name of Mortgage Co. Landlord/Apartment Name	Street Address	Apt. #	City	State	Zip
Telephone Number	Dates of Residence		Reason for leaving		

List two personal references/emergency contacts over the age of 21:

Name	Address	Phone	Relationship

All adult household members must review the information reported on this form and must sign below. All information provided will be verified by management as required by HUD.

I/we certify that, if selected to move into The Pinemont Apartments, the unit I/we occupy will be the only residence of each household member. I/we understand that the information provided above is being collected to determine the household's eligibility for assistance.

I/we authorize management to verify all information provided on this application and to contact my current and previous landlords and other sources to verify credit, criminal and any other information through an outside independent background service company and secure a written report of all information which may affect my eligibility.

I/we certify that the statements made on this application are true, correct, and complete. I/we understand that false statements or information, or the withholding of information, are punishable under federal and state law and can result in this application being rejected.

Head of Household Signature

Date

Co/Head Spouse Signature

Date

Other Household Member Signature

Date

Other Household Member Signature

Date

Fair Housing, Equal Opportunity, and Section 504 Language:

It is Management policy to comply with Title VI of the Civil Rights Act of 1964, Title VIII of the Civil Rights act of 1968, Executive Order 11063, Section 504 of the Rehabilitation Act of 1973, Fair Housing Act Amendments of 1988, E.O. 13166, HUD’s Equal Access Rule and any legislation protecting the individual rights of applicants, residents, or staff which may subsequently be enacted. HUD’s Equal Access Rule ensures that housing is open to all eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

Management will not discriminate because of race, color, sex, familial status, religion, handicap, disability, sexual orientation, gender identification, marital status, or national origin in the leasing, rental, or other disposition of housing in any of the following ways:

- Deny any household the opportunity to apply for housing, nor deny any eligible applicant the opportunity to lease housing suitable to their needs
- Provide housing which is of different than that provided for other
- Subject a person to segregation or disparate treatment
- Restrict a person’s access to any benefit enjoyed by others in connection with the housing program
- Treat a person differently in determining eligibility or other requirements for admission
- Deny a person access to the same level or services
- Deny a person the opportunity to participate in a planning or advisory group which is an integral part of the housing program.

Penalties for Misusing This Form:

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). Violations of these provisions are cited as violations of the 42 U.S.C. 408 (a) (6), (7) and (8).

For Office Use Only:

Date Completed Application was Received: _____ Time Received: _____

Received by: _____

THE OWNER DOES NOT DISCRIMINATE AGAINST PERSONS WITH DISABILITIES