



# CITY OF LAREDO

## Laredo Municipal Housing Corporation

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Attention Applicants and Tenants,

Laredo Municipal Housing Corporation (LMHC) verifies income, credit, and rental references before approving applications for a rental unit. Applicant(s) must provide proof of income and the ability to pay the rental rates currently being charged. Rent is not based on income.

Previous LMHC tenants applying for a rental unit must not have an outstanding balance with LMHC, no previous dwelling lease violations, and must have maintained their rental unit and premises in a clean and sanitary manner. Also, any previous tenants that were evicted for any reason or caused damages to the rental unit will not be eligible for a rental unit.

A previous rental history must be obtained for all applicants. The rental history must be satisfactory and not include bad payment history, eviction notices, unacceptable maintenance of rental unit and premises, outstanding balances, damages, disturbances, or any other dwelling lease violations. In order to qualify, all the rental history obtained from previous landlords must be satisfactory.

Applications with unsatisfactory lease or rental payment history will not be considered. Also, applicants providing false information, refusing, or not providing required information will not be considered.

Thank you,

Elizabeth Alonzo  
LMHC Director

**NO PETS ALLOWED**

Acknowledged by: \_\_\_\_\_ Date: \_\_\_\_\_

# **LIST OF REQUIREMENTS**

- 1. SOCIAL SECURITY CARDS – FOR ALL MEMBERS**
- 2. DRIVERS LICENSE OR ID'S**
- 3. BIRTH CERTIFICATES**
- 4. LAST 4 RENT RECEIPTS**
- 5. LAST 4 CHECK STUBS**
- 6. 2007 INCOME TAX RETURN (W-2 FORMS INCLUDED)**
- 7. CURRENT UTILITY BILLS**
  - WATER**
  - ELECTRIC**
  - GAS**
  - PHONE**
  - CABLE**

LOCATION: JOSE FLORES APTS. OR TOMAS FLORES APTS.  
 UNIT SIZE: 2 - 3 - 4 - BEDROOM  
 LOW INCOME: TOMAS FLORES 2 - 3 BEDROOM  
 NOISE ABATEMENT PROGRAM 2-3-4 BEDROOM  
 SECTION 8 APPLICANT 2 - 3 - 4 BEDROOM

DATE: \_\_\_\_\_  
 TIME: \_\_\_\_\_  
 APPLICATION NO.: \_\_\_\_\_

**LAREDO MUNICIPAL HOUSING CORPORATION**  
**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:**

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

LMHC \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_



LOCATION: JOSE FLORES APTS. OR TOMAS FLORES APTS.  
 UNIT SIZE: 2 - 3 - 4 - BEDROOM  
 LOW INCOME: TOMAS FLORES 2 - 3 BEDROOM  
 NOISE ABATEMENT PROGRAM 2-3-4 BEDROOM  
 SECTION 8 APPLICANT 2 - 3 - 4 BEDROOM

DATE: \_\_\_\_\_  
 TIME: \_\_\_\_\_  
 APPLICATION NO.: \_\_\_\_\_

**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)

**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 Corporation 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 Corporation 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.**

LOCATION: JOSE FLORES APTS. OR TOMAS FLORES APTS.  
UNIT SIZE: 2 - 3 - 4 - BEDROOM  
LOW INCOME: TOMAS FLORES 2 - 3 BEDROOM  
NOISE ABATEMENT PROGRAM 2-3-4 BEDROOM  
SECTION 8 APPLICANT 2 - 3 - 4 BEDROOM

DATE: \_\_\_\_\_  
TIME: \_\_\_\_\_  
APPLICATION NO.: \_\_\_\_\_

**APPLICANT:  
DO NOT FILL OUT THIS SECTION, FOR LMHC 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:

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



EQUAL HOUSING  
OPPORTUNITY

