

## HOUSING WAITLIST CERTIFICATION & HOUSEHOLD INFORMATION

Please complete all sections of this form to secure your position on the waitlist.

Please return the form via scan and email to: [magnoliajunction1@gmail.com](mailto:magnoliajunction1@gmail.com)

Or mail/drop off at: 640 NE 7th Street, Hubbard, TX 76648

***PLEASE PRINT***

Name: (Head of Household)	Social Security Number:
Street Address:	City, State, Zip:
Home Phone:	Marital Status: Single, Married, Separated, Divorced (Please circle one)
Cell Phone:	Email:

***ACCOMODATION REQUEST***

<input type="checkbox"/> NO	I am <u>NOT</u> requesting accommodation due to a disability.
<input type="checkbox"/> YES	I am requesting accommodation(s) due to a disability, as described below.
<u>Requested Accommodation(s):</u> <input type="checkbox"/> None <input type="checkbox"/> Ground Floor <input type="checkbox"/> Wheelchair <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Other	
Description of how accommodation relates to disability:	

*Remainder of Page Intentionally Left Blank*



Magnolia Junction Village | Hubbard Housing Authority

**FAMILY MEMBER INFORMATION**

(List only persons who will live with you if your application is approved or if your household composition changes)

Member	Name	SSN	DOB	Sex*	Age	Relation to Head of Household	Monthly Income	Income Source **
1	Head of Household Above	Provided Above						
2								
3								
4								
5								
6								
7								

\* M or F

\*\* Full Time Employed (FTE), Part Time Employed (PTE), or Other - If Other, please provide explanation in writing.

If Head of Household or co-HOH is employed, where is your employer located?

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

Name of Employer: \_\_\_\_\_

**INCOME LIMITS: Hill County, TX**

(Effective June 15, 2023)

Please circle the one the best represents your household.

AMFI %	Number of Household Members							
	1	2	3	4	5	6	7	8
<b>30</b>	\$15,550	\$17,750	\$19,950	\$22,150	\$23,950	\$25,700	\$27,500	\$29,250
<b>50</b>	\$25,900	\$29,600	\$33,300	\$36,950	\$39,950	\$42,900	\$45,850	\$48,800
<b>60</b>	\$31,080	\$35,520	\$39,960	\$44,340	\$47,940	\$51,480	\$55,020	\$58,560
<b>80</b>	\$41,400	\$47,300	\$53,200	\$59,100	\$63,850	\$68,600	\$73,300	\$78,050
<b>120</b>	\$62,160	\$71,040	\$79,920	\$88,680	\$95,880	\$102,960	\$110,040	\$117,120

Very Low Income = at or < 30% AMFI

Low Income = >30% but <50% AMFI

Moderate Income = >50% but <80% AMFI

Questions? Call: 254-576-2932 or Email: [magnoliajunction1@gmail.com](mailto:magnoliajunction1@gmail.com)



***CERTIFICATION of HOUSEHOLD INFORMATION***

*(Please initial)*

\_\_\_\_\_ I certify that all the information provided on this form is true and accurate to the best of my knowledge.

\_\_\_\_\_ I will provide an update to the Housing Authority if any of this information should change while I am waiting for housing assistance or while I am a resident at Magnolia Junction.

\_\_\_\_\_ I will confirm with the Housing Authority every 6 months that I am still interested in remaining on the waitlist. Failing to do so could result in my removal from the waitlist and I will have to reapply.

\_\_\_\_\_ I understand that filling out and submitting this form does not guarantee me a housing unit. It only secures my place in line to be considered for housing once a unit becomes available.

\_\_\_\_\_  
Head of Household Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Co-Head of Household Name

\_\_\_\_\_  
Co-HoH Signature

**FOR OFFICE USE ONLY**

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

Received By: \_\_\_\_\_

Case File No: \_\_\_\_\_

Revision No: \_\_\_\_\_

