

2001 North Hoard Avenue | P.O. Box 2147 Sherman. Texas 75091-2147

## **Local Selection Preferences**

- a. Applicant families whose head of household, or spouse is employed or has a bona fide offer of employment, (this preference will not be based on the amount of earned income and the PHA may not prefer higher income families over families with lower incomes to occupy a development or unit except to the extent that the PHA has identified the need to implement economic de-concentration and income targeting). Families whose head of household or spouse is sixty-two (62) years of age or disabled automatically receive the maximum level of local preference;
- b. Graduates of job training programs which have prepared the head of household, spouse, or other adult member(s) to enter the job market. Documentation of the completion of job training program will be required;
- c. Participants in job training programs which prepare the head of the household, spouse, or other adult member(s) to enter, or return to the job market. Documentation of participation in a job training program will be required;
- d. Families that include a person with disabilities, but not for persons with a specific disability;
- e. Single persons who are elderly, displaced, or persons with disabilities over other single persons.

The family must present documentation of their claim for a local preference. Families who cannot provide the appropriate documentation to the Housing Authority will be notified in writing that they do not qualify for a local preference. The family will be informed that they have 10 days to request a reevaluation of the Housing Authority determination. \_\_\_\_\_\_, hereby claim that I/my family am/is entitled to a local preference. I understand this is subject to verification procedures. I further understand that, if I/my family am/is determined to be eligible for the local preference, I will not immediately be offered housing, but will be placed on a waiting list with other applicants, who may also claim and/or are entitled to this local preference. The eventual extension of housing benefits will be based upon my place on the waiting list and the size of the unit for which I/my family am/is qualified. [ ] I am requesting to claim a local preference and will provide the proper documentation. Signature of Applicant Date [ ] I am not requesting a claim to a local preference.

Signature of Applicant

Phone: 903.893.3139

Date

Fax: 903.893.9064