

PUNTA GORDA HOUSING AUTHORITY
340 GULF BREEZE AVE.
PUNTA GORDA, FL
Telephone: 941-639-4344
Fax 941-639-1753

<u>PUNTA GORDA HOUSING AUTHORITY USE ONLY:</u>	
Date Received: _____	Time: _____
Program Type: Public Housing _____	
Total Annual Income: \$ _____	PHA Rep: _____

PUBLIC HOUSING APPLICATION TO BE FILLED OUT BY APPLICANT:

Name: _____ Driver's License/ID: _____

Street Address: _____ Apt. #: _____

City: _____ County: _____ State: _____ Zip: _____

Home Phone: _____ Message/Work Phone: _____

LIST ALL PERSONS WHO WILL BE LIVING IN THE HOME: ***NOTE: HEAD OF HOUSEHOLD MUST BE 18 YEARS OF AGE OR OLDER TO BE ELIGIBLE FOR ASSISTANCE**

NAME	SOCIAL SECURITY NUMBER	RELATIONSHIP	DATE OF BIRTH	AGE	SEX	PLACE OF BIRTH

CURRENT DWELLING INFORMATION:

Your Current Landlord: _____ LL's Address: _____

LL's Phone Number: _____ Number of Occupants in your unit? _____

Your Monthly Rent: \$ _____ Utilities: \$ _____ # of Bedrooms: _____ Occupied from: _____ to _____

INCOME: List all full and/or part-time employment for all household members (other than minor dependent children) and **OTHER SOURCES OF INCOME:** (examples: Welfare, social security, SSI, pensions, disability compensation, unemployment interest, babysitting, alimony, child support, annuities, dividends, income from rental property, Armed Force Reserves, scholarships, and/or grants, etc.)

HOUSEHOLD MEMBER	NAME, ADDRESS AND PHONE # of EMPLOYER and/or SOURCE of INCOME	CURRENT GROSS EARNINGS
		per
		per
		per
		per

ASSETS: (Bank Accounts (checking and/or savings), real estate, stocks, bonds)

TYPE OF ACCOUNT	BANK OR INSTITUTION	AMOUNT
		per
		per

PROGRAM INFORMATION:

Have you ever participated in a Housing Authority rental assistance program? Yes No
 (Example: Public Housing, Section 8 Voucher or Certificate or other Housing Program)

If yes, explain: _____

Under what name did you participate: _____ When? _____

Where? _____ Do you owe money to another Housing Authority? Yes No

If yes, explain: _____

Have you ever been evicted? Yes No

If yes, explain: _____

Have you or any other adult member of your household Yes No

ever used any names(s) or Social Security number(s) other than the one you are currently using? If yes, explain _____

Have you or anyone in your family ever been arrested? Yes No

If yes, when and what were the charges? _____

Have you ever committed fraud in a federally assisted housing program or been requested Yes No
 to repay money for knowingly misrepresenting information for such housing programs?

If yes, explain _____

The following information is required for statistical purposes so the Department of HUD may determine the degree to which its programs are utilized by minority families:

(PLEASE CHECK)

RACE: (1) White (2) African American/Black (3) American Indian/Native Alaskan (4) Asian/Pacific Islander

ETHNICITY: (1) Hispanic (2) Non-Hispanic

Do you wish to claim a disability? Yes No

Are you receiving social security, SSI, workman's compensation or any type of disability income? Yes No

Are you age 62 or over? Yes No

Are you a recent graduate or an active participant in an educational or training program that is designed to prepare you for the job market? Yes No

If yes, please name the school or training program and briefly describe the educational training program: _____

Are you interested in participating in a self-sufficiency program (job training)? Yes No

WARNING: Section 1001 of Title 18 of the United States code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States. Any false statement(s) made on this application is considered grounds for denial or termination of assistance.

I do hereby swear and attest that all of the information given to Punta Gorda Housing Authority is true and complete. I understand that this is not a contract and does not bind either party. The above information is full, true and complete to the best of my knowledge. I have no objection to inquiries being made for the purpose of verifying the statements made herein.

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

EQUAL HOUSING OPPORTUNITY

All persons will be treated fairly and equally without regard to race, color, religion, sex, familial status, handicap or national origin in compliance with the Fair Housing Act, Section 504, and the Civil Rights Act Title VI. If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot Line at 1-800-669-9777 or (TDD) 1-800-927-9275 or the Civil Rights Commission at: 1-800-262-4845 or (TDD) 711. The Punta Gorda Housing Authority will endeavor to have bilingual staff or access to people who speak languages other than English at no cost to the client.

PUNTA GORDA HOUSING AUTHORITY

340 GULF BREEZE AVE.

PUNTA GORDA, FL 33950

PHONE: (941) 639-4344

FAX: (941) 639-1753

APPLICATION FOR HOUSING ASSISTANCE

Your application for Public Housing Assistance must be filled out completely.

Please read carefully because your application will be processed ONLY upon receipt of ALL of the following required information:

1. Birth Certificates for **ALL** members of the household. (**MUST BE AN OFFICIAL STATE CERTIFICATE**), not from the hospital). A passport may be acceptable if you do not have a Birth Certificate.
2. Social Security cards for **ALL** members of the household.
3. Photo ID's for **ALL** household members OVER THE AGE of 18.
4. Verification of **ALL** household income, including but not limited to: Earned wages-(4 pay stubs needed), Aid to Families with Dependent Children (AFDC), Social Security, Disability, child support unemployment, etc. ***THIS INFORMATION MUST BE CURRENT.***
5. Name and address of **ALL** your landlord(s) for the past three years, as well as the address(es) where you resided for the same three year period, including dates.
6. **If a Florida resident for less than three consecutive years, and over the age of 18 years, you will need to provide a criminal background check, as required,** from the State(s) in which you have resided for that time period. ***You will need to submit the document(s) at the time you bring your application to us.*** The PGHA will conduct a local (Florida) background check.
7. Non-citizens must provide documentation to prove their eligibility for assistance.
8. All adult household members must sign the application.

YOUR APPLICATION WILL NOT BE ACCEPTED WITHOUT ALL OF THE REQUIRED INFORMATION!!!

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340 GULF BREEZE AVE.
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FACT SHEET

The Punta Gorda Housing Authority is a Public Housing Agency providing housing and rent subsidy for low and very low-income households. Public Housing rents and Section 8 rent subsidies are determined according to income and are roughly 30% of gross income. We cannot accept an application from minors.

Household Income limits are as follows: Income cannot exceed:

	PUBLIC HOUSING	SECTION 8
FAMILY SIZE	INCOME LIMITS	INCOME LIMITS
ONE	\$30,550	\$19,100
TWO	\$34,900	\$21,800
THREE	\$39,250	\$24,550
FOUR	\$43,600	\$27,250
FIVE	\$47,100	\$29,450
SIX	\$50,600	\$31,650
SEVEN	\$54,100	\$33,800
EIGHT	\$57,600	\$36,000

If your gross income is equal to or less than those listed above you are eligible to apply for housing in one of the Punta Gorda Housing Authority properties or apply for the Section 8 Program when the waiting list is opened to apply.

**Applications for Housing are accepted Monday through Friday from
9 a.m. - 12 p.m. and 1 p.m. - 4:30 p.m.**

**ALL of the following documents MUST BE available at the time
the application is submitted:**

√ Birth Certificate for each member of the household; √ Social Security card for each member of the household; √ Picture ID for anyone over 18 years of age; √ Proof of all income, including food stamp allowance. √ Criminal background record. **Please see first page of application for ALL instructions.**

If we can be of service to you, please do not hesitate to contact this office.



**PUNTA GORDA HOUSING AUTHORITY AND/OR SECTION 8 PROGRAM
APPLICANT/TENANT RELEASE AND CONSENT FORM**

The undersigned, without liability, hereby authorizes the release of information regarding the applicant(s)/tenant(s) identity, employment, income, education, public assistance, child support, criminal background information and day care, during and after tenancy to the PUNTA GORDA HOUSING AUTHORITY, for the purpose of verifying information provided as part of the owner(s) assistance under the Housing and Urban (HUD) Rental Assistance Programs.

It is understood previous and current information regarding the applicant(s)/tenant(s) may be needed. Verification and inquiries may be requested, but are not limited to the following:

- √ Personal Identity, Criminal Background Check, Employment, Income, Education, Public Assistance, Child Support Enforcement and Child Day Care.

This authorization will only be used to obtain information about the applicant(s)/tenant(s) pertinent to their eligibility or continued eligibility for any of the HUD Rental Assistance Programs.

Information may be solicited from, but not limited to:

- *Past and Present Employers
- *Previous Landlord(s)
- *State Unemployment Administration
- *Local, State and Federal Law Enforcement
- *Department of Children and Families – ACCESS Florida
- * Retirement Systems
- *Housing Agencies
- *Social Security Administration
- *Veterans Administration
- *Educational Institutions

The applicant(s)/tenant(s) understand a photocopy of this authorization may be used for the purposes stated above. The original authorization is on file and will stay in effect until written revocation is given by the applicant(s)/tenant(s) to the PUNTA GORDA HOUSING AUTHORITY.

_____ SIGNATURE (Head of Household)	_____ SOCIAL SECURITY #	_____ PRINT NAME (Head of Household)	_____ DATE
_____ SIGNATURE (Spouse/Co-Head)	_____ SOCIAL SECURITY #	_____ PRINT NAME (Spouse/Co-Head)	_____ DATE
_____ SIGNATURE (Adult Member over 18)	_____ SOCIAL SECURITY #	_____ PRINT NAME (Adult Member)	_____ DATE
_____ SIGNATURE (Adult Member over 18)	_____ SOCIAL SECURITY #	_____ PRINT NAME (Adult Member)	_____ DATE
_____ SIGNATURE (Adult Member over 18)	_____ SOCIAL SECURITY #	_____ PRINT NAME (Adult Member)	_____ DATE

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

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

PHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

IHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(I)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA 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 the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully 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, the HA or the owner responsible for the unauthorized disclosure or improper use.