



READ COMPLETELY BEFORE SIGNING

Thank you for your interest in the Public Housing program offered by PGHA. Answering each question accurately and completely is required. Incomplete applications will be returned and will not be processed until completed. If something is not applicable, enter N/A; do not leave it blank. You must submit a full mailing address.

Once PGHA receives your completed application, it will be dated and time-stamped. You will be placed on the Public Housing waiting list according to preferences, date and time. Preliminary eligibility does not guarantee entrance into the Public Housing Program. Your final eligibility will be determined after your name has been reached on the waiting list.

Do not forget to report all future changes in family income, composition, preferences and address to PGHA in writing within 14 days of the change (Form available on the PGHA website and at the PGHA office). If you move, notify PGHA immediately. If we receive returned mail for you, your name WILL BE REMOVED from the waiting list.

If multiple applications are submitted from the same family, the date and time will be updated to the most recently submitted application. This includes faxed and mailed in applications.

I do hereby certify all information is complete and true. In order to process this application, a signature from the Head and Co-Head (if applicable) and all members 18 years and older are required.

If signatures are missing, the application will be considered incomplete and will be rejected.

_____ Head of Household Signature	_____ Print Name	_____ Date
_____ Other Adult Signature	_____ Print Name	_____ Date
_____ Other Adult Signature	_____ Print Name	_____ Date
_____ Other Adult Signature	_____ Print Name	_____ Date
_____ Other Adult Signature	_____ Print Name	_____ Date



340 Gulf Breeze Ave, Punta Gorda, FL 33950
Phone: 941-639-4344 TTY: 1-800-955-8771
Fax: 941-639-1753





For Office Use Only:
 Date Received: _____
 Time: _____
 Received By: _____

PUNTA GORDA HOUSING AUTHORITY PRE – APPLICATION FOR PUBLIC HOUSING

Name: _____ Driver's License/ID #: _____

Street Address: _____ Apt. #: _____

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

Phone 1: _____ Phone 2: _____ Email address: _____

(CIRCLE all that apply)

RACE: 1. White 2. Black 3. American Indian/Alaska Native 4. Asian 5. Native Hawaiian/Pacific Islander **Hispanic:** YES _____ NO _____

List the Names of ALL household members that will occupy the unit. Indicate head of household first:

Household Member	Relationship to Head of Household	Sex	Social Security Number	Date of Birth	Marital Status	Monthly Gross Income	Source of Income (Examples: Social Sec., Employment, VA)
	HEAD						

PREFERENCES: Check all that apply

_____ **Residency** - Does your household whose head, spouse or sole member currently reside or work in Charlotte County, FL or the City of North Port, FL?

_____ **Displacement** – Have you and your household been displaced by no fault of your own? By any of the following: 1.) By government action, or 2.) Your home was extensively damaged or destroyed as a result of a natural disaster (for example, hurricane, local flooding and wildfire)

_____ **Working Family**- Does your household whose head, spouse or sole member have verifiable employment at a minimum of 20 hours per week?

_____ **Disabled Family** - Does your household whose head, spouse or sole member receive social security disability benefits, supplemental security income, or any other payment based on the individuals' inability to work?

_____ **Elderly Family**- Does your household whose head, spouse or sole member age 62 or older?

BACKGROUND:

Have you ever received or are you now receiving housing assistance? YES _____ NO _____

If so, When and Where? _____

Have you or any household member(s) of this application ever been arrested? YES _____ NO _____ If yes, When? _____ What County/State? _____

_____ Why? _____

Are you or any household member(s) subject to a lifetime sex offender's registration requirement? YES _____ NO _____ If yes, list when, where and give a brief explanation:

REASONABLE ACCOMMODATIONS – OPTIONAL QUESTION(S):

Answering the following questions is optional. However, if you decline to answer, we may be unable to determine if you qualify for a Reasonable Accommodation.

1. Do you or any member of your household have a disability? *(A physical or mental impairment that substantially limits one or more life activities or a record of having or being regarded as having such an impairment)* YES _____ NO _____ If yes, check all that apply and answer question number two.

_____ Communication in a specially requested format

_____ Separate Bedroom

_____ Live in Care Giver

_____ Other: Explain _____

2. The following member of my household has a disability: Name of Household Member: _____

WARNING -PENALTIES FOR MISUSING THIS CONSENT: 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 uses 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 42 USC 408 (a), (6), (7) and (8).

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Head of Household Client Signature	Print Name	Date
Co-Head or other Adult Family Member Signature	Print Name	Date
Other Adult Family Member Signature	Print Name	Date
Signature of any person who assisted in filling out this application		

NOTICE: Applicant(s) is responsible for notifying PGHA of any and all changes, to include address, telephone number and income. A change form can be downloaded and submitted from PGHA's web site at www.puntagordaha.org. All information will be verified by PGHA.



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