



PLEASE COMPLETE IN FULL

## Housing Authority of the City of Fort Myers

Public Housing Assistance- **Bonair Towers Apts.**

Elderly Development

1915 Halgrim Avenue, Fort Myers, FL 33901

Telephone (239) 278-7268 Fax (239) 275-5437 TDD (800) 955-8771

The Housing Authority of the City of Fort Myers provides equal opportunity to participate in our housing programs. Any disabled person, as outlined by the Americans with Disabilities Act, requiring a reasonable accommodation to make this process accessible may request such by contacting our office at (239) 278-7268.

### **Please note:**

You have received this application because you requested an application. Please complete this application and return it to the address provided above either by mail or in person. We must have all the documents in order to process your application. We appreciate your attention to detail.

### **QUALIFICATIONS:**

You must be 62 years of age or older.

- You must pass a criminal history check (if any family member has been arrested or convicted for drug-related, violent criminal activity, or is subject to sexual predator registration with the State Law Enforcement you will be denied).
- You must meet income guidelines.
- You must have good creditable landlord references.

### **PLEASE PROVIDE THE FOLLOWING REQUIRED DOCUMENTS AT YOUR ELIGIBILITY INTERVIEW:**

- Birth certificates for all family members
- Resident Alien Card
- Social Security cards for all family members
- Picture ID for all adult members (such as driver's license or State ID) and or voter's registration card
- Marriage License, Divorce Decree, or affidavit certifying separation
- Income information (wages, social security, SSI, TANF, veterans benefits, child support, unemployment, gifts, workers comp, or other sources where you obtain money to pay your bills)
- Child care expenses (must be employed or a full time student)
- All out of pocket medical expenses (for elderly and disabled only)
- Please provide verification of housing expenses (rent receipts, lease agreement, or a letter from the person or agency you live with at the present time).

### **IMPORTANT INFORMATION FOR YOU TO KNOW:**

- Please keep your mailing address and phone number current in order for our office to reach you. If we are unable to reach you at the necessary time, your file will be withdrawn and you must re-apply.

We Do Business in Accordance to the Federal Fair Housing Law





**APPLICATION FOR PUBLIC HOUSING ASSISTANCE**

**PLEASE CHECK THE FOLLOWING PROPERTY THAT YOU ARE APPLYING FOR:**

**ELDERLY DEVELOPMENT: 62 and older - (0-2 Bedrooms)**

**BONAIR TOWERS: 1915 Halgrim Avenue  
Fort Myers, Fl. 33901**

<b>Date Received:</b>
<b>Time Received:</b>
<b>Received By:</b>

**For Office Use Only**

<i>Bedroom Size needed:</i> _____	<i>Elderly / Disabled</i>	<i>Preference Verified (Date):</i> _____
<i>Eligibility Date:</i> _____		<i>Adverse Action/Dial Date:</i> _____
<i>Hearing Requested: [ ]</i>		
<i>HACFM Representative Signature:</i> _____		<i>Date:</i> _____



**Head of Household**

**PLEASE COMPLETE FULL APPLICATION**

Last Name	First	MI	Sex	SSN	DOB	Age	Monthly Income Income Source
-----------	-------	----	-----	-----	-----	-----	---------------------------------

**Race:**  White  Black  American Indian/Alaskan Native  Asian  Native Hawaiian/ Pacific Islander  Other \_\_\_\_\_  
**Ethnicity:**  Hispanic  Non Hispanic **Marital Status:**  Single  Married  Divorced  Widowed  Separated (Legal)  
**U S Citizen:**  Yes  No **Eligible Non-Citizen :**  Yes  No **Alien Registration #** \_\_\_\_\_

Driver's License / Identification Card number/Exp. Date: \_\_\_\_\_ **Veteran:**  **Elderly / Disabled**

<p>How can we contact you?</p> <p>Street Address _____                  Street City State Zip</p> <p>Mailing Address _____                  Street City State Zip</p> <p>Email Address: _____</p> <p>Day/Work Phone: _____ Home Phone: _____ Message Phone: _____</p>	<p>Emergency Contact Person</p> <p>Name: _____</p> <p>Address: _____</p> <hr/> <p>Phone: _____</p>
---	--

**Co Head of Household**

Last Name	First	MI	Sex	SSN	DOB	Age	Monthly Income Income Source
-----------	-------	----	-----	-----	-----	-----	---------------------------------

**Race:**  White  Black  American Indian/Alaskan Native  Asian  Native Hawaiian/ Pacific Islander  Other \_\_\_\_\_  
**Ethnicity:**  Hispanic  Non Hispanic **Marital Status:**  Single  Married  Divorced  Widowed  Separated (Legal)  
**U S Citizen:**  Yes  No **Eligible Non-Citizen :**  Yes  No **Alien Registration #** \_\_\_\_\_

Driver's License / Identification Card number: \_\_\_\_\_ **Veteran:**  **Elderly / Disabled**

<p>How can we contact you?</p> <p>Street Address _____                  Street City State Zip</p> <p>Mailing Address _____                  Street City State Zip</p>	<p>Emergency Contact Person</p> <p>Name: _____</p> <p>Address: _____</p> <hr/> <p>Phone: _____</p>
---	--



**Family Member Information:**

Children or other Adults other than Spouse or Significant Other who will be living in the household with you once you are approved.

	Name	Relationship	Sex	Age	SS#	DOB	Place of Birth	Citizenship	Race	Ethnicity
1										
2										
3										
4										
5										
6										
7										
8										

**Do you or does anyone in your household, require any modifications or accommodations in order to fully utilize the unit or the program and its services?**  Yes  No **If yes explain:**

**Do you expect anyone to move in or out of your household within the next 12 month?** Yes No Who?

**Does anyone live with you now who is not listed on this application?** Yes No Who?

**Have you ever lived or currently live in assisted housing?** Yes No **If Yes, When?** \_\_\_\_\_ **Where?** \_\_\_\_\_ **Who was the head of household?** \_\_\_\_\_

**Have you ever used a name other than the one you are using now?**  Yes  No **If yes: What name?**

**Have you ever used a social security number other that the one listed on this application?** Yes No **If yes: What is it?**

**Have you or anyone in your household ever been engaged in the use, sale, manufacture or distribution of a controlled substance?**  Yes  No **If yes: Who? What? When?**

**Have you or anyone in your household ever been evicted from Public or Assisted housing for a violent criminal or drug related activity?** Yes No

**Have you or anyone in your household ever violated a family obligation in a HUD assisted housing program?** Yes No

**Do you owe any money to any HUD assisted housing program?** Yes No

**Are you are anyone in your household subject to a lifetime state sex offender registration program in any state? Note: Failure to respond to the question may jeopardize the approval of this application** ?  Yes  No **If yes Who?**



Since turning 18 years old, what other states have you lived in?

**Preferences:**

- 1:  **Federally Displaced Person(s)**  
*(Public housing residents from another jurisdiction and other eligible disaster-affect families who are income eligible).*
  
- 2:  **Involuntary Displaced Person(s)**  
*(Displaced by government action).*
  
- 3:  **Veteran Status**  
*(As defined by Florida Statue (FL295.01)*
  
- 4:  **Victims of Domestic Violence**  
*(Local preference to families/persons that have been subjected to or victimized by a member of the family or household within the past six (6) months).*
  
- 5:  **All Other Applicants**

**Landlord References/Personal References**

Please provide HACFM with two (2) rental references, if you do not have rental references list two (2) personal references. These references will be verified in order for the Housing Authority to rent to the most qualified applicant.

**Landlord or Personal Reference**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Landlord or Personal Reference**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_



**Income Information:**

<b>1</b>				
Family Member #	Source of Income	Type of Income	Frequency	Annualized Income
				\$
				\$
				\$
				\$
				\$

Did you file Federal income tax return for last year?  Yes  No (You maybe ask to provide if income can not be verified)

Does anyone outside of your household pay any of your bills or expenses?  Yes  No If yes, Who? And Why?

Explain:

**Banking Information:**

<b>2</b>							
Family Member #	Name of Bank	Account Number	Type	Joint / Individual	Int. Rate%	Balance	
						Current Avg.	6-mo.
					%	\$	\$
					%	\$	\$
					%	\$	\$
					%	\$	\$
					%	\$	\$

**Asset Information:** (Please include any asset disposed of with in the last two years).

<b>3</b>						
Family Member #	Asset Description	Current / Disposed?	Market Value	Cash Value	Interest Rate	Annual Income
					%	
					%	
					%	
					%	



***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)

**Consent: My signature is the consent that will allow the Housing Authority of the City of Fort Myers to acquire the necessary records in order to approve me/us for public housing.**

I give my permission for the Housing Authority of the City of Fort Myers to gain any information necessary to process my Public Housing Application which will allow me to have the potential to become at resident at one of the Housing Authority of the City Fort Myers Public Housing Communities.

\_\_\_\_\_  
**Applicant Signature**                      **Date**

\_\_\_\_\_  
**Co - Applicant Signature**                      **Date**

\_\_\_\_\_  
**Other Adult Member**                      **Date**

\_\_\_\_\_  
**Other Adult Member**                      **Date**

