



**PLEASE COMPLETE IN FULL**

**Housing Authority of the City of Fort Myers**

Public Housing Assistance **Royal Palm Towers Apts.**

Elderly Development

2424 Edwards Drive, Fort Myers, FL 33901

Telephone (239) 332-6162 Fax (239) 461-3709 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) 332-6162.

**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 with this requirement.

**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 If we are unable to reach you at the necessary time, your file will be withdrawn and you must re-apply.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

EQUAL HOUSING  
OPPORTUNITY



**APPLICATION FOR PUBLIC HOUSING ASSISTANCE**

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

**ELDERLY DEVELOPMENT: 62 years and older - (0-1 Bedrooms)**

**ROYAL PALM TOWERS: 2424 Edwards Drive  
Fort Myers, Fl. 33901**

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

**For Office Use Only**

*Bedroom Size needed:* \_\_\_\_\_ *Elderly / Disabled* *Preference Verified (Date):* \_\_\_\_\_

*Eligibility Date:* \_\_\_\_\_ *Adverse Action/Denied Date:* \_\_\_\_\_

*HACFM Representative:* \_\_\_\_\_ *Date:* \_\_\_\_\_





**Family Information:** Children or other Adults other than Spouse/Co-Head who will be living in the household with you once your 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 below;**

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 are 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? If yes: What is it?	Yes	No
---	-----	----

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

<b>Do you owe any money to any HUD assisted housing program?</b>	Yes	No	<b>If yes, what agency?</b>
--	-----	----	-----------------------------

<b>Are you or anyone in your household subject to a lifetime state sex offender registration program?</b> <i>Note: Failure to respond to any of the questions may jeopardize the approval of this application</i>	Yes	No	<b>If yes, who?</b>
---	-----	----	---------------------



**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: \_\_\_\_\_

Since turning 18 years of age, what other states have you lived in? \_\_\_\_\_



**Income Information:**

1				
Family Member #	Source of Income	Type of Income	Frequency	Annualized Income
				\$
				\$
				\$
				\$
				\$
Did you file Federal income tax return for last year? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Who? And Why?				
Explain:				

**Banking Information:**

2							
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).

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



**Expenses: Child Care** (families with children 13 years or younger) **Medical** (Elderly/Disabled Only) not paid by another source.

4				
Family Member #	Type of Expense	Name of who expense is paid to	Frequency	Amount paid Annually
				\$
				\$
				\$
				\$
				\$

**Current Expenditures:** (How much do you currently pay out monthly?)

5							
Rent	\$	Home Phone	\$	Auto Payment	\$	Credit Card	\$
Electric	\$	Cell Phone	\$	Auto Insurance	\$	Credit Card	\$
Gas	\$	Internet	\$	Loans	\$	Credit Card	\$
Water	\$	Rentals	\$	Loans	\$	Storage	\$
Cable	\$	Furniture	\$	Health Insurance	\$	Charity	\$
Other	\$	Other	\$	Other	\$	Other	\$

**Vehicles:** How many vehicles does the family own?

6						
Owner	Make	Model	Year	Color	Tag #	State

**Pets**

Do you have any pets? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What kind?	Size :	Weight:



