



PLEASE COMPLETE IN FULL

Housing Authority of the City of Fort Myers

Sabal Palm Apts Project Based Section 8 Application

3701 Sabal Palm Blvd., Fort Myers, FL 33916

Telephone (239) 332-6840 Fax (239) 334-6708 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 Sabal Palm Apartments at (239) 332-6840.

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 an adult, 18 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 If we are unable to reach you at the necessary time, your file will be withdrawn and you must re-apply.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



ASSISTED HOUSING

THE PROPERTY THAT YOU ARE APPLYING FOR:

Date Received:
Time Received:
Received By:

PROJECT BASED SECTION 8:
Sabal Palms Apartments (2-4 Bedrooms)
3701 Sabal Palm Boulevard
Fort Myers, Fl. 33916

For Office Use Only

Bedroom Size needed: _____	Family / Elderly / Disabled	Preference Verified (Date): _____
Eligibility Date: _____		Adverse Action Date: _____
HACFM Representative: _____		Date: _____



Head of Household

PLEASE COMPLETE FULL APPLICATION

Last Name	First	MI	Sex	SSN	DOB	Age	Monthly Income Income Source
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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 _____ <small>Street City State Zip</small></p> <p>Mailing Address _____ <small>Street City State Zip</small></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>
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Co Head of Household

Last Name	First	MI	Sex	SSN	DOB	Age	Monthly Income Income Source
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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 _____ <small>Street City State Zip</small></p> <p>Mailing Address _____ <small>Street City State Zip</small></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>
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We Do Business in Accordance to the Federal Fair Housing Law



Family Member Information:

Children or other Adults other than Spouse or Significant Other 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 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 or anyone in your household subject to a lifetime state sex offender registration program in any state? If so, who? (Note: Failure to respond to the question may jeopardize the approval of this application)	Yes	No	Explain:
Are you a student enrolled in an institution of Higher Learning and under the age of 24?	Yes	No	
Since turning 18 years of age, what other states has the head and or co head lived?			

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:

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:



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 is 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 assisted housing.

I give my permission for the Housing Authority of the City of Fort Myers to gain any information necessary to process my Assisted Housing Application which will allow me to have the potential to become at resident at Sabal Palm Apartments a property of The Housing Authority of the City Fort Myers.

Applicant Signature **Date**

Family Member over 18 Signature **Date**

Co - Applicant Signature **Date**

Family Member over 18 Signature **Date**

