



PLEASE COMPLETE IN FULL

Housing Authority of the City of Fort Myers
Public Housing Application **SOUTHWARD VILLAGE APTS.**
3040 Franklin Street, Fort Myers, FL 33916
Telephone (239) 332-6635 Fax (239) 344-3273 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) 332-6635.

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 WITH YOUR APPLICATION:

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 If we are unable to reach you at the necessary time, your file will be withdrawn and you must re-apply.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

**PLEASE CHECK THE PROPERTY THAT YOU ARE APPLYING FOR:
The Family Developments are:**

Southward Village Apartments
3040 Franklin Street Fort Myers, Fl. 33916

Date Received:
Time Received:
INPUT By:

For Office Use Only

Bedroom Size needed: _____ *Family / Elderly / Disabled* *Preference Verified (Date):* _____

Preliminary Screening: _____ *Eligibility Date:* _____ *Adverse Action Date:* _____

Eligibility Specialist Signature: _____ *Date:* _____



Head of Household

PLEASE COMPLETE FULL APPLICATION

Last Name	First	MI	Sex	SSN	DOB	Age	Monthly Income Income Source
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> Other _____ Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated (Legal) U S Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No Eligible Non-Citizen : <input type="checkbox"/> Yes <input type="checkbox"/> No Alien Registration # _____							
Driver's License / Identification Card number/exp. date: _____				Veteran: <input type="checkbox"/>		Elderly / Disabled <input type="checkbox"/>	
How can we contact you?						Emergency Contact Person	
Street Address _____ Street City State Zip						Name: _____	
Mailing Address _____ Street City State Zip						Address: _____	
Email Address: _____						Phone: _____	
Day/Work Phone: _____ Home Phone: _____ Message Phone: _____							

Co Head of Household

Last Name	First	MI	Sex	SSN	DOB	Age	Monthly Income Income Source
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> Other _____ Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated (Legal) U S Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No Eligible Non-Citizen : <input type="checkbox"/> Yes <input type="checkbox"/> No Alien Registration # _____							
Driver's License / Identification Card number:				Veteran: <input type="checkbox"/>		Elderly / Disabled <input type="checkbox"/>	
How can we contact you?						Emergency Contact Person	
Street Address _____ Street City State Zip						Name: _____	
Mailing Address _____ Street City State Zip						Address: _____	
Day/Work Phone: _____ Home Phone: _____ Message Phone: _____						Phone: _____	

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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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 a student enrolled in an institution of Higher Learning and under the age of 24?	Yes	No	



Preferences:

- 1: Federally Displaced Person(s)
- 2: Involuntary Displaced Person(s)
- 3: Veteran Status
- 4: Victims of Domestic Violence
- 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
						%	
						%	
						%	
						%	
						%	



4

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

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

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:	



Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make false statements or misrepresentation to any department or agency of the U.S. as to any matter within its jurisdiction.
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

Family Member over 18 Signature Date

Family Member over 18 Signature Date

Application Received By: _____
HACFM Official Signature

Date

