



**PLEASE COMPLETE IN FULL**

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

Affordable Housing - **HORIZONS APARTMENTS**

5360 Summerlin Road, Fort Myers, FL 33919

Telephone (239) 936-6760 Fax (239) 936-6761 TDD (239) 461-7263

The Housing Authority of the City of Fort Myers Horizons Apartments provides equal opportunity to participate in our affordable 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) 396-6760.

### **Please note:**

You have received this application because of one of the following: 1) you requested an application or 2) your name have neared the top of the pending wait list. Please complete this application as applicable - 1) bring it with you to your interview as requested or

2) As your initial placement on the waitlist. 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:**

Horizons Apartments  
 5360 Summerlin Road  
Fort Myers, FL 33919

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

**For Office Use Only**

*Bedroom Size needed:* \_\_\_\_\_ *Family / Disabled* *Application Fee:* \_\_\_\_\_

*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
<b>Race:</b> <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 _____ <b>Ethnicity:</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic <b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated (Legal) <b>U S Citizen:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Eligible Non-Citizen :</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Alien Registration #</b> _____							
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
<b>Race:</b> <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 _____ <b>Ethnicity:</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic <b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated (Legal) <b>U S Citizen:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Eligible Non-Citizen :</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Alien Registration #</b> _____							
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: _____	



**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			
<b>Do you owe any money to any HUD assisted housing program?</b>	<b>Yes</b>	<b>No</b>	



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

**Landlord References**

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

**Employer References**

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

**Employer References**

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

**Landlord Reference**

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

**Personal Reference**

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

**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
				\$
				\$
				\$
				\$
				\$

**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 Horizons Apartments 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 Horizons Official Signature*

\_\_\_\_\_  
*Date*

