

Main Office (352)567-0848
Fax number (352)567-6035
Hearing Impaired
Dial 7-1-1 for Florida relay



Terrie V. Staubs
Executive Director

36739 S.R. 52, Suite 108, Dade City Florida 33525

Application for Public Housing Assistance

Please read carefully and retain this page for your records

1. Applications must be completed entirely (pages 1-9) or they will NOT Be Processed.
2. Applications may be dropped off at the Housing Authority Main Office, any Housing Authority apartment complex offices or mailed to the Housing Authority's main office at:

**Pasco County Housing Authority
36739 SR 52
Suite 108
Dade City, FL 33525**

Note: Faxed or Emailed applications will NOT be accepted.

3. Completed applications received will be put on a waiting list on a "first received, first served" basis. The waiting list time is determined by the availability of the bedroom size unit for which you are applying for and the number of applicants already on the waitlist.
4. Eligibility requirements must be met at the time of application, along with at time of unit offer.
5. **There is No Immediate Emergency Housing Assistance available.**
6. Any changes in your family composition, income or contact information, must be submitted to the Housing Authority in writing and signed by the applicant within ten (10) days of the change.



For Office Use Only:

Date Received: / / Time Received: am/pm Received By:

**Pasco County Housing Authority
Application for Public Housing Assistance**

Number of bedrooms you are applying for:

- One-Bedroom Two-Bedroom
 One-Bedroom (Elderly 62+) Three-Bedroom

Head of Household _____

Current Address _____

Emergency Contact _____

City, St, Zip _____

Telephone Number _____

Telephone Number _____

Mailing address if different _____

| | | |
|---|--|--|
| Race (Check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander | Citizenship <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Eligible Noncitizen <input type="checkbox"/> Ineligible Noncitizen <input type="checkbox"/> Pending Verification | Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino |
|---|--|--|

Reasonable Accommodation

Yes No Does any member of your family have a disability where you might need a reasonable accommodation?

If yes, what is the reasonable accommodation you will need?

Yes No If a person in your household is a person with a disability, does your household require a unit with accessible features?
 Mobility Vision Hearing



List all household members including yourself who will live in the unit with you. Household members include those who are temporarily absent due to military duty, attending school, or in foster care.

| | | | |
|---|--|---|--|
| Last Name | | Last Name | |
| First Name | | First Name | |
| Middle | | Middle | |
| Social Security Number | | Social Security Number | |
| Date of Birth | | Date of Birth | |
| Maiden/Other(s) Last Name(s) | | Maiden/Other(s) Last Name(s) | |
| Gender | | Gender | |
| <input type="checkbox"/> M <input type="checkbox"/> F | | <input type="checkbox"/> M <input type="checkbox"/> F | |
| Relationship with Head of Household | | Relationship with Head of Household | |
| Race (Check all that apply) | | Race (Check all that apply) | |
| <input type="checkbox"/> White | | <input type="checkbox"/> White | |
| <input type="checkbox"/> Black | | <input type="checkbox"/> Black | |
| <input type="checkbox"/> American Indian/Alaska Native | | <input type="checkbox"/> American Indian/Alaska Native | |
| <input type="checkbox"/> Asian | | <input type="checkbox"/> Asian | |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander | | <input type="checkbox"/> Native Hawaiian/Pacific Islander | |
| Member Status | | Member Status | |
| <input type="checkbox"/> Disabled | | <input type="checkbox"/> Disabled | |
| <input type="checkbox"/> Elderly (62 or older) | | <input type="checkbox"/> Elderly (62 or older) | |
| <input type="checkbox"/> Adult | | <input type="checkbox"/> Adult | |
| <input type="checkbox"/> Adult Full-time Student | | <input type="checkbox"/> Adult Full-time Student | |
| <input type="checkbox"/> Youth (under 18) | | <input type="checkbox"/> Youth (under 18) | |
| If Youth, Relationship to Head | | If Youth, Relationship to Head | |
| If Youth, Custody Percentage | | If Youth, Custody Percentage | |
| Citizenship | | Citizenship | |
| <input type="checkbox"/> Eligible Citizen | | <input type="checkbox"/> Eligible Citizen | |
| <input type="checkbox"/> Eligible Noncitizen | | <input type="checkbox"/> Eligible Noncitizen | |
| <input type="checkbox"/> Ineligible Noncitizen | | <input type="checkbox"/> Ineligible Noncitizen | |
| <input type="checkbox"/> Pending Verification | | <input type="checkbox"/> Pending Verification | |
| Ethnicity | | Ethnicity | |
| <input type="checkbox"/> Hispanic or Latino | | <input type="checkbox"/> Hispanic or Latino | |
| <input type="checkbox"/> Not Hispanic or Latino | | <input type="checkbox"/> Not Hispanic or Latino | |
| Last Name | | Last Name | |
| First Name | | First Name | |
| Middle | | Middle | |
| Social Security Number | | Social Security Number | |
| Date of Birth | | Date of Birth | |
| Maiden/Other(s) Last Name(s) | | Maiden/Other(s) Last Name(s) | |
| Gender | | Gender | |
| <input type="checkbox"/> M <input type="checkbox"/> F | | <input type="checkbox"/> M <input type="checkbox"/> F | |
| Relationship with Head of Household | | Relationship with Head of Household | |
| Race (Check all that apply) | | Race (Check all that apply) | |
| <input type="checkbox"/> White | | <input type="checkbox"/> White | |
| <input type="checkbox"/> Black | | <input type="checkbox"/> Black | |
| <input type="checkbox"/> American Indian/Alaska Native | | <input type="checkbox"/> American Indian/Alaska Native | |
| <input type="checkbox"/> Asian | | <input type="checkbox"/> Asian | |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander | | <input type="checkbox"/> Native Hawaiian/Pacific Islander | |
| Member Status | | Member Status | |
| <input type="checkbox"/> Disabled | | <input type="checkbox"/> Disabled | |
| <input type="checkbox"/> Elderly (62 or older) | | <input type="checkbox"/> Elderly (62 or older) | |
| <input type="checkbox"/> Adult | | <input type="checkbox"/> Adult | |
| <input type="checkbox"/> Adult Full-time Student | | <input type="checkbox"/> Adult Full-time Student | |
| <input type="checkbox"/> Youth (under 18) | | <input type="checkbox"/> Youth (under 18) | |
| If Youth, Relationship to Head | | If Youth, Relationship to Head | |
| If Youth, Custody Percentage | | If Youth, Custody Percentage | |
| Citizenship | | Citizenship | |
| <input type="checkbox"/> Eligible Citizen | | <input type="checkbox"/> Eligible Citizen | |
| <input type="checkbox"/> Eligible Noncitizen | | <input type="checkbox"/> Eligible Noncitizen | |
| <input type="checkbox"/> Ineligible Noncitizen | | <input type="checkbox"/> Ineligible Noncitizen | |
| <input type="checkbox"/> Pending Verification | | <input type="checkbox"/> Pending Verification | |
| Ethnicity | | Ethnicity | |
| <input type="checkbox"/> Hispanic or Latino | | <input type="checkbox"/> Hispanic or Latino | |
| <input type="checkbox"/> Not Hispanic or Latino | | <input type="checkbox"/> Not Hispanic or Latino | |



| | |
|--|---|
| Last Name | |
| First Name | Middle |
| Social Security Number | Date of Birth |
| Maiden/Other(s) Last Name(s) | Gender <input type="checkbox"/> M <input type="checkbox"/> F |
| Relationship with Head of Household | |
| Race (Check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander | Member Status <input type="checkbox"/> Disabled <input type="checkbox"/> Elderly (62 or older) <input type="checkbox"/> Adult <input type="checkbox"/> Adult Full-time Student <input type="checkbox"/> Youth (under 18) |
| If Youth, Relationship to Head | If Youth, Custody Percentage |
| Citizenship <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Eligible Noncitizen <input type="checkbox"/> Ineligible Noncitizen <input type="checkbox"/> Pending Verification | Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> <u>Not</u> Hispanic or Latino |

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|--|---|
| Last Name | |
| First Name | Middle |
| Social Security Number | Date of Birth |
| Maiden/Other(s) Last Name(s) | Gender <input type="checkbox"/> M <input type="checkbox"/> F |
| Relationship with Head of Household | |
| Race (Check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander | Member Status <input type="checkbox"/> Disabled <input type="checkbox"/> Elderly (62 or older) <input type="checkbox"/> Adult <input type="checkbox"/> Adult Full-time Student <input type="checkbox"/> Youth (under 18) |
| If Youth, Relationship to Head | If Youth, Custody Percentage |
| Citizenship <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Eligible Noncitizen <input type="checkbox"/> Ineligible Noncitizen <input type="checkbox"/> Pending Verification | Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> <u>Not</u> Hispanic or Latino |

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| Last Name | |
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| Citizenship <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Eligible Noncitizen <input type="checkbox"/> Ineligible Noncitizen <input type="checkbox"/> Pending Verification | Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> <u>Not</u> Hispanic or Latino |



Income Information: List ALL sources of income for ALL household members *including, employment, SS/SSI, Welfare Assistance, Child Support, Unemployment, VA Benefits, Retirement/Pensions, Grants, etc.*

| Name | Source(s) of Income | Hrs. per week | Amount of Gross Income | Per Hr/Wk/Mo |
|------|---------------------|---------------|------------------------|---|
| | | | \$ | <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month |
| | | | \$ | <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month |
| | | | \$ | <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month |
| | | | \$ | <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month |
| | | | \$ | <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month |
| | | | \$ | <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month |

Asset Information: List all assets and their value for all household members.

| Account | Name of Bank or CU | Name on Account | Account Number | Account Balance |
|----------|--------------------|-----------------|----------------|-----------------|
| Checking | | | | |
| Savings | | | | |
| Other | | | | |

Savings Bonds \$ _____ Certificate of Deposit \$ _____ Stocks and Bonds \$ _____

IRA \$ _____ Property \$ _____ Insurance Policy \$ _____ Recreational Vehicle/Boat \$ _____

Yes No Have you disposed of any assets within the last two (2) years? If yes, what was the asset? _____
What was the actual value of the asset? \$ _____
What amount did you receive? \$ _____

Yes No Does anyone outside of your household pay for any of your bills or give you money? If yes, please explain.



Reasonable Accommodation/Disability Expenses

Yes No Is the head of the household or spouse age 62 or older or a person with a disability?
If yes, does your household have any unreimbursed medical expenses, such as; medical insurance, Medicare, doctor visits, prescriptions, hospital, therapy, etc Yes No
If yes, please describe the expense (not your medical condition) and the unreimbursed amount you spend per month on all medical expenses.

Yes No Do you have any expenses on behalf of a household member with disabilities so an adult in the household can work? If yes, describe the nature of the expense and the amount:

Expenses

Yes No Do you have childcare expenses for children under the age of thirteen (13) so an adult in the household can work, go to school, or attend a job training? If yes, please list the monthly unreimbursed childcare cost, and the name, address and phone number of your childcare provider.

Where have you lived for the past three (3) years? You must complete this section. If you were homeless, please write "Homeless" under the Resident Address.

Current From To Do you
 Own Rent Live with someone Other

Residence Address City, State, Zip

Landlord Name and Telephone Number

Landlord Address City, State, Zip

Previous From To Do you
 Own Rent Live with someone Other

Residence Address City, State, Zip

Landlord Name and Telephone Number

Landlord Address City, State, Zip



Previous From To Do you
 Own Rent Live with someone Other

Residence Address City, State, Zip

Landlord Name and Telephone Number

Landlord Address City, State, Zip

Tenancy Information

- Yes No Will this be your primary/only residence? If no, please explain.

- Yes No Has any household member been housed under any federal rental assistance program in the past? If yes, please list names, dates and locations.

- Yes No Has any household member living in any properties managed by the Pasco County Housing Authority in the past? If yes, which property and when did you live there?

- Yes No Is any household member currently living in or being assisted with federally subsidized housing? If yes, please explain.

- Yes No Do you owe any money to Pasco County Housing Authority or any other federally subsidized housing program? If yes, where?

- Yes No Has any household member been evicted from federally subsidized housing? If yes, from where and when?

- Yes No Has any household member been evicted for reason of drug-related criminal activity; or evicted for disturbing neighbors or property destruction? If yes, please identify whom and explain.

- Yes No Has any household member been arrested and/or convicted of a drug related and/or violent activity? If yes, please identify whom, date and nature.



Yes No Is any household member subject to a lifetime registration under a state sex offender law?

Yes No Has any household member violated a condition of probation or parole or is fleeing to avoid prosecution, or custody or confinement after conviction, for a felony? If yes, please explain.

Personal Certification and Notice

Warning: Title 18, section 1001 of the U.S. Codes 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.

I/We hereby certify under penalty perjury under the laws of the United States of America and the State of Florida that all of the information contained in this document is true and complete. I/We authorize the release of information to the Pasco County Housing Authority by my/our employer(s), the Department of Children and Families, Social Security Administration, Pasco County Sheriff's Office, Law Enforcement Agencies, and/or other businesses or government agencies. I/We understand that making false statements on this documentation is a crime under state and federal law, which may result in termination from the program and criminal prosecution.

| | | |
|------------------------------|--------------|------|
| | | |
| Head of Household Signature | Printed Name | Date |
| | | |
| Spouse or Co-Head Signature | Printed Name | Date |
| | | |
| Other Adult Member Signature | Printed Name | Date |
| | | |
| Other Adult Member Signature | Printed Name | Date |

PCHA Fair Housing and Equal Opportunity Statement

It is the policy of Pasco County Housing Authority (PCHA) to provide equal employment and fair housing opportunity to all persons. PCHA does not discriminate on the basis of age, race, color, sex, religion, national or ethnic origin, familial status, disability, sexual orientation, gender identity, or marital status in admission or access to its assisted housing programs and activities.



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Terrie V. Staubs
Executive Director

Limited English Proficiency Intake Form

Date: _____

Tenant Name: _____

Is English your Primary Language? Yes _____ No _____

If not, indicate which language you would like to communicate in to staff

Do you require oral language translation assistance? Yes _____ No _____

Do you require vital documents translated in writing? Yes _____ No _____

Are you hearing impaired and require assistive services? Yes _____ No _____

If so, please indicate which service(s): _____

Tenant Signature: _____ Date: _____

Notes:

