

Pasco County Housing Authority

Main Office: (352) 567-0848

Fax #: (352) 567-6035

Hearing Impaired

Dial 7-1-1 for Florida Relay



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

Executive Director

Terrie Staubs

Application for Public Housing Assistance

PLEASE READ CAREFULLY AND RETAIN THIS PAGE FOR YOUR RECORDS

1. Applications must be completed entirely, or they will not be processed.
2. Application may be dropped off at the Housing Authority Main Office, at any PCHA apartment complex office or mailed to the Housing Authority's main office at:

Pasco County Housing Authority
Attn: Renee Richards
36739 SR 52 – Suite 108
Dade City, FL 33525

3. We are **ONLY** able to accept the original application. We cannot accept faxes, emails, etc.
4. Completed applications, will be put on the waiting list followed by a letter informing you what bedroom size waiting list you qualified for.
5. Eligibility requirements must be met at the time of the application, through the time of unit offer.
6. *There is **NO** Immediate Emergency Housing Assistance available.*
7. Any changes in your family composition, income or contact information (including but not limited to physical address, mailing address, or telephone number) must be submitted to the housing authority in writing and signed by the application within ten (10) days of the change.

Revision Date: 11/22/2019

Pasco County Public Housing Developments

| <u>Property Name</u> | <u>Bedroom Sizes</u> | <u>Family/Elderly</u> |
|----------------------|----------------------|-----------------------|
| Cypress Villas I | 1-3 | Family |
| Cypress Villas II | 2-3 | Family |
| Bonnie Dale Villas | 1-2 | Family |
| Sunny Dale Villas | 1-2 | Family |
| Citrus Villas | 1 | Elderly (62+) |
| Pasco Terrace | 1 | Elderly (62+) |

2019 Income Limits Summary

| <u>Mediam Family Income</u> | <u>2019 Income Limit Category</u> | <u>1 Person in Household</u> | <u>2 People in Household</u> | <u>3 People in Household</u> | <u>4 People in Household</u> | <u>5 People in Household</u> | <u>6 People in Household</u> | <u>7 People in Household</u> |
|-----------------------------|-----------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| \$66,900 | Very Low (50%) Income Limits | \$23,450 | \$26,800 | \$30,150 | \$33,450 | \$36,150 | \$38,850 | \$41,500 |
| | Extremely Low (30%) Income Limits | \$14,050 | \$16,910 | \$21,330 | \$25,750 | \$30,170 | \$34,590 | \$39,010 |
| | Low (80%) Income Limits | \$37,450 | \$42,800 | \$48,150 | \$53,500 | \$57,800 | \$62,100 | \$66,350 |

FOR OFFICE USE ONLY:

DATE RECEIVED: _____ TIME RECEIVED: _____ RECEIVED BY: _____

Client #: _____ Bdrm: _____ Elderly Yes No Notes: _____

PRINT CLEARLY

Head of Household Name

Emergency Contact Name

Telephone #

ER Contact #

Physical Address

Email Address: _____

City, State Zip Code

Mailing address, if different: _____

City State & Zip _____

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.

Head of Household Information

Last Name

M I.

First Name

Social Security #

Date of Birth

Gender

Race (Check all that apply)

- White
- Black
- American Indian/Alaska Native
- Asian
- Native Hawaiian/Pacific Islander

Member Status

- Disabled
- Elderly (62 or older)
- Adult
- Adult – Full time Student

Citizenship

- Eligible Citizen
- Eligible Noncitizen
- Ineligible Noncitizen
- Pending Verification

Ethnicity

- Hispanic/Latino
- Not Hispanic/Latino

Revision Date: 11/22/2019

Household Member 2

| | | |
|---|--|-------------------|
| _____ | _____ | _____ |
| Last Name | M I. | First Name |
| _____ - _____ - _____ | _____ / _____ / _____ | |
| Social Security # | Date of Birth | |
| _____ | _____ | |
| Relationship to Head of Household | Gender | |
| Race (Check all that apply) | Member Status | |
| <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 | <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 – Custody % _____ | |
| Citizenship | Ethnicity | |
| <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Eligible Noncitizen <input type="checkbox"/> Ineligible Noncitizen <input type="checkbox"/> Pending Verification | <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino | |

Household Member 3

| | | |
|---|--|-------------------|
| _____ | _____ | _____ |
| Last Name | M I. | First Name |
| _____ - _____ - _____ | _____ / _____ / _____ | |
| Social Security # | Date of Birth | |
| _____ | _____ | |
| Relationship to Head of Household | Gender | |
| Race (Check all that apply) | Member Status | |
| <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 | <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 – Custody % _____ | |
| Citizenship | Ethnicity | |
| <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Eligible Noncitizen <input type="checkbox"/> Ineligible Noncitizen <input type="checkbox"/> Pending Verification | <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino | |

Household Member 4

| | | |
|---|--|-------------------|
| _____ | _____ | _____ |
| Last Name | M I. | First Name |
| _____ - _____ - _____ | _____ / _____ / _____ | |
| Social Security # | Date of Birth | |
| _____ | _____ | |
| Relationship to Head of Household | Gender | |
| Race (Check all that apply) | Member Status | |
| <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 | <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 – Custody % _____ | |
| Citizenship | Ethnicity | |
| <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Eligible Noncitizen <input type="checkbox"/> Ineligible Noncitizen <input type="checkbox"/> Pending Verification | <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino | |

Household Member 5

| | | |
|---|--|-------------------|
| _____ | _____ | _____ |
| Last Name | M I. | First Name |
| _____ - _____ - _____ | _____ / _____ / _____ | |
| Social Security # | Date of Birth | |
| _____ | _____ | |
| Relationship to Head of Household | Gender | |
| Race (Check all that apply) | Member Status | |
| <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 | <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 – Custody % _____ | |
| Citizenship | Ethnicity | |
| <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Eligible Noncitizen <input type="checkbox"/> Ineligible Noncitizen <input type="checkbox"/> Pending Verification | <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino | |

Reasonable Accommodation

Does any member of your family/household have a disability where you might need a reasonable accommodation? Yes No If yes, what is the reasonable accommodation you will need? _____

If a person in your household is a person with a disability, does your household require a unit with accessible features? Yes No If yes, which feature(s)? Mobility Vision Hearing

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. Any earned or unearned income)

| <u>Household Members Name</u> | <u>Source (s) of Income</u> | <u>Hrs Per Week</u> | <u>Amount of Gross Income (\$ Before Taxes)</u> | <u>Per Hr/Wk/Mo</u> |
|-------------------------------|-----------------------------|---------------------|---|--|
| | | | \$ | <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Wkly <input type="checkbox"/> Month |
| | | | \$ | <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Wkly <input type="checkbox"/> Month |
| | | | \$ | <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Wkly <input type="checkbox"/> Month |
| | | | \$ | <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Wkly <input type="checkbox"/> Month |
| | | | \$ | <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Wkly <input type="checkbox"/> Month |

Does anyone outside of your household pay for any bills or give you money? If yes:

Name of person providing assistance: _____

Amount providing on average: \$_____ Frequency (weekly, monthly, etc.) _____

ASSET INFORMATION

List all assets and their value for all household members

| <u>Account Type</u> (Checking, Savings, Direct Debit, Other) | <u>Name of Bank or Credit Union</u> | <u>Household Member Name on Account</u> | <u>Account #</u> | <u>Account Balance</u> |
|---|-------------------------------------|---|------------------|------------------------|
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |

Savings Bonds \$_____ Certificate of Deposit \$_____ Stocks and Bonds \$_____ IRA \$_____ Property \$_____ Insurance Policy \$_____ Recreational Vehicle/Boat \$_____

Have you disposed of any assets within the last two (2) years? Yes No If YES,

- What was the asset? _____
- What was the actual value of the asset? \$_____
- What amount did you receive for the asset, if any? \$_____

REASONABLE ACCOMMODATION/DISABILITY EXPENSES INFORMATION

Is the head of household, spouse or co-head 62 years of age or older, handicap or disabled? Yes No

● *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?* _____

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

EXPENSES INFORMATION

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 job training? Yes No

If yes, please list the monthly unreimbursed childcare cost, the name, address, telephone # of your child care provider. _____

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, ever lived in any properties managed by the Pasco County Housing Authority in the past? If yes, when and which property(s): _____

Yes No Is any household member currently living or being assistance with federally subsidized housing? If yes, please explain: _____

Yes No Do you or any other adult household member 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 from 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 a 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: _____

Where have you lived for the last/past three (3) years?

Provide the rental history/home ownership for the most recent 3 years. If you were homeless, please write "homeless" under the resident address along with proper dates.

| | | |
|------------------------------------|--|---|
| <u>CURRENT:</u> | | |
| <i>Move In:</i> _____ | <i>Move Out:</i> _____ | <i>Do you:</i> <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with someone <input type="checkbox"/> Other |
| _____ <i>Resident Address</i> | _____ <i>City, State & Zip Code</i> | |
| _____ <i>Landlord's Name</i> | _____ <i>Landlord's Telephone #</i> | |
| _____ <i>Landlord's Address</i> | _____ <i>City, State & Zip Code</i> | |

| | | |
|------------------------------------|--|---|
| <u>PREVIOUS:</u> | | |
| <i>Move In:</i> _____ | <i>Move Out:</i> _____ | <i>Do you:</i> <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with someone <input type="checkbox"/> Other |
| _____ <i>Resident Address</i> | _____ <i>City, State & Zip Code</i> | |
| _____ <i>Landlord's Name</i> | _____ <i>Landlord's Telephone #</i> | |
| _____ <i>Landlord's Address</i> | _____ <i>City, State & Zip Code</i> | |

| | | |
|------------------------------------|--|---|
| <u>PREVIOUS:</u> | | |
| <i>Move In:</i> _____ | <i>Move Out:</i> _____ | <i>Do you:</i> <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with someone <input type="checkbox"/> Other |
| _____ <i>Resident Address</i> | _____ <i>City, State & Zip Code</i> | |
| _____ <i>Landlord's Name</i> | _____ <i>Landlord's Telephone #</i> | |
| _____ <i>Landlord's Address</i> | _____ <i>City, State & Zip Code</i> | |

PERSONAL CERTIFICATION AND NOTICE

WARNING: Title 18, section 1001 of the U. S. Codes state 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 document is a crime under state and federal law, which may result in termination from the program and criminal prosecution.

| | | |
|--|--------------------------------------|-------|
| _____ | _____ | _____ |
| Signature – Head of Household | Print – Head of Household | Date |
| | | |
| _____ | _____ | _____ |
| Signature – Other Adult Household Member | Print – Other Adult Household Member | Date |
| | | |
| _____ | _____ | _____ |
| Signature – Other Adult Household Member | Print – Other Adult Household Member | Date |
| | | |
| _____ | _____ | _____ |
| Signature – Other Adult Household Member | Print – Other Adult Household Member | 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, 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.

Limited English Proficiency Intake Form

Is English your primary language: Yes No
If no, indicate which language is your primary? _____

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 yes, please indicate which service(s): _____

Notes: _____

