

# Application for 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.
7. Proof of Social Security Number is NOT required for those who are 62 years of age or older and have received HUD rental assistance, at any location, prior to 01/31/2010.

**For Office Use Only:**

Date Received:  /  /

Time Received:  am/pm

Received By:

**Pasco County Housing Authority  
Application for Housing Assistance  
Hudson Hills Manor, Hudson FL**

**Number of bedrooms you are applying for:**

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

Head of Household

Current Address

Emergency Contact

City, St, Zip

Telephone Number

Telephone Number

Mailing address if different

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



Last Name <hr/> First Name <span style="float:right">Middle</span> <hr/> Social Security Number <span style="float:right">Date of Birth</span> <hr/> Maiden/Other(s) Last Name(s) <span style="float:right">Gender</span> <div style="text-align: right;"><input type="checkbox"/> M <input type="checkbox"/> F</div> <hr/> Relationship with Head of Household <hr/> Race (Check all that apply) <span style="float:right">Member Status</span> <input type="checkbox"/> White <span style="float:right"><input type="checkbox"/> Disabled</span> <input type="checkbox"/> Black <span style="float:right"><input type="checkbox"/> Elderly (62 or older)</span> <input type="checkbox"/> American Indian/Alaska Native <span style="float:right"><input type="checkbox"/> Adult</span> <input type="checkbox"/> Asian <span style="float:right"><input type="checkbox"/> Adult Full-time Student</span> <input type="checkbox"/> Native Hawaiian/Pacific Islander <span style="float:right"><input type="checkbox"/> Youth (under 18)</span>	Last Name <hr/> First Name <span style="float:right">Middle</span> <hr/> Social Security Number <span style="float:right">Date of Birth</span> <hr/> Maiden/Other(s) Last Name(s) <span style="float:right">Gender</span> <div style="text-align: right;"><input type="checkbox"/> M <input type="checkbox"/> F</div> <hr/> Relationship with Head of Household <hr/> Race (Check all that apply) <span style="float:right">Member Status</span> <input type="checkbox"/> White <span style="float:right"><input type="checkbox"/> Disabled</span> <input type="checkbox"/> Black <span style="float:right"><input type="checkbox"/> Elderly (62 or older)</span> <input type="checkbox"/> American Indian/Alaska Native <span style="float:right"><input type="checkbox"/> Adult</span> <input type="checkbox"/> Asian <span style="float:right"><input type="checkbox"/> Adult Full-time Student</span> <input type="checkbox"/> Native Hawaiian/Pacific Islander <span style="float:right"><input type="checkbox"/> Youth (under 18)</span>
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**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.

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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:

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### 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.

**Please provide a listing of all states, household members have ever resided in:**

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**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.

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<b>Current</b>	From	To	Do you
			<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with someone <input type="checkbox"/> Other

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Residence Address City, State, Zip

---

Landlord Name and Telephone Number

---

Landlord Address City, State, Zip

---

<b>Previous</b>	From	To	Do you
			<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with someone <input type="checkbox"/> Other

---

Residence Address City, State, Zip



---

Landlord Name and Telephone Number

---

Landlord Address City, State, Zip

---

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**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.

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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.

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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?

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

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

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

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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.

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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.

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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.

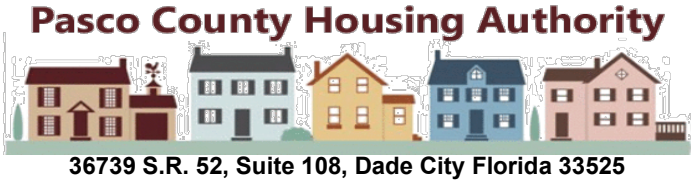
Head of Household Signature	Printed Name	Date
Spouse or Co-Head Signature	Printed Name	Date
Other Adult Member Signature	Printed Name	Date
Other Adult Member Signature	Printed Name	Date

**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.



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



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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

