



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

APPLICATION FOR HOUSING ASSISTANCE

HUDSON HILLS MANOR HUDSON, FLORIDA

MANAGEMENT OFFICE LOCATED AT:
9600 Call Ct. – Hudson, FL 34667
(727) 863-3956

PLEASE READ CAREFULLY AND RETAIN THIS PAGE FOR YOUR RECORDS

- 1. THIS PROPERTY IS SMOKEE FREE– THERE IS NO SMOKING ANYWHERE ON THE PROPERTY INCLUDING ON THE GROUNDS.**
- Applications must be completed in their entirety (pages 1-9) or they will be disqualified.
- Applications must be dropped off at one of the Housing Authority apartment complex offices or mailed to the Housing Authority's main office located at the address above in the letterhead.
- 4. NO FAXED OR EMAILED APPLICATIONS WILL BE ACCEPTED. ORIGINAL APPLICATION ONLY.***
- The amount of time you are on the waiting list is determined by the availability of units at this community. Eligibility requirements must be met at the time of application; through the time of offer.
- THERE IS NO IMMEDIATE HOUSING ASSISTANCE AVAILABLE.
- Any changes in your family composition, income or contact information (including but not limited to physical address, mailing address, telephone # or income) must be submitted to the Housing Authority in writing and signed by the applicant within ten (10) days of a change.
- Applicants already on a waiting list for other housing programs must apply separately for this community; such applicants will not lose their place on their other waiting lists when they apply for Hudson Hills Manor.
- 9. Proof of Social Security Number is NOT required for those who are 62 years of age or older and were receiving HUD rental assistance, at any location as of January 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

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> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black</p> <p><input type="checkbox"/> American Indian/Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Native Hawaiian/Pacific Islander</p>	<p>Citizenship</p> <p><input type="checkbox"/> Eligible Citizen</p> <p><input type="checkbox"/> Eligible Noncitizen</p> <p><input type="checkbox"/> Ineligible Noncitizen</p> <p><input type="checkbox"/> Pending Verification</p>	<p>Ethnicity</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Not Hispanic or Latino</p>
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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 of 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		Household Member 1	
Last Name		Last Name	
First Name	Middle	First Name	Middle
Social Security Number	Date of Birth	Social Security Number	Date of Birth
Maiden/Other Name(s) Last Name(s)	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Maiden/Other Name(s) Last Name(s)	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Relationship with Head of Household		Relationship with Head of Household	
If Youth, Relationship to Head		If Youth, Relationship to Head	
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)	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)
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	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
Household Member 2		Household Member 3	
Last Name		Last Name	
First Name	Middle	First Name	Middle
Social Security Number	Date of Birth	Social Security Number	Date of Birth
Maiden/Other Name(s) Last Name(s)	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Maiden/Other Name(s) Last Name(s)	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Relationship with Head of Household		Relationship with Head of Household	
If Youth, Relationship to Head		If Youth, Relationship to Head	
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Household Member 4		Household Member 5	
Last Name		Last Name	
First Name	Middle	First Name	Middle
Social Security Number	Date of Birth	Social Security Number	Date of Birth
Maiden/Other Name(s) Last Name(s)	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Maiden/Other Name(s) Last Name(s)	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Relationship with Head of Household		Relationship with Head of Household	
If Youth, Relationship to Head		If Youth, Relationship to Head	
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Household Member 6		Household Member 7	
Last Name		Last Name	
First Name	Middle	First Name	Middle
Social Security Number	Date of Birth	Social Security Number	Date of Birth
Maiden/Other Name(s) Last Name(s)	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Maiden/Other Name(s) Last Name(s)	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Relationship with Head of Household		Relationship with Head of Household	
If Youth, Relationship to Head		If Youth, Relationship to Head	
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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 Gross Income	Per Hr/Wk/Mo	
				<input type="checkbox"/> Hour <input type="checkbox"/> Month	<input type="checkbox"/> Week
			\$	<input type="checkbox"/> Hour <input type="checkbox"/> Month	<input type="checkbox"/> Week
			\$	<input type="checkbox"/> Hour <input type="checkbox"/> Month	<input type="checkbox"/> Week
			\$	<input type="checkbox"/> Hour <input type="checkbox"/> Month	<input type="checkbox"/> Week
			\$	<input type="checkbox"/> Hour <input type="checkbox"/> Month	<input type="checkbox"/> Week
			\$	<input type="checkbox"/> Hour <input type="checkbox"/> Month	<input type="checkbox"/> Week
			\$	<input type="checkbox"/> Hour <input type="checkbox"/> Month	<input type="checkbox"/> Week

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 Accommodations/Disability Expenses

Yes No Is the head of the household or spouse age 62 or older or a person with 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 the 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 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:

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
			<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with someone <input type="checkbox"/> Other
Resident Address			City, State, Zip

Landlord Name and Telephone Number

Landlord Address City, State, Zip

Previous	From	To	Do you
			<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with someone <input type="checkbox"/> Other
Resident Address			City, State, Zip

Landlord Name and Telephone Number

Landlord Address City, State, Zip



Previous	From	To	Do you
			<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with someone <input type="checkbox"/> Other
Resident Address			City, State, Zip

Landlord Name and Telephone Number

Landlord Address

City, State, Zip

Tenancy Information

Yes No Does anyone in your family smoke; this includes smoking cigarettes, cigars, pipe and other tobacco product or similarly lighted smoking material in any manner or any form. E-cigarettes and Hookahs are considered smoking under the smoke free policy.

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 lived in any properties managed by 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 federal 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/damage? 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 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.

If/We hereby certify under penalty perjury under the laws of the United States of America and the State of Florida that all information contained in this document is true and complete. I/We authorize the release of information to the Pasco County Housing Authority by/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 into 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:

