

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



Terrie V. Staubs  
Executive Director

# 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: Application Specialist**  
**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: 3/26/2020*

**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	Housing Preferences: ____ East Pasco ____ West Pasco ____ None
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)	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
	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 2

Last Name		M.I.	First Name	
- -			/ /	
Social Security #		Date of Birth		
Relationship to Head of Household		Gender		
<b>Race (Check all that apply)</b> <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		<b>Member Status</b> <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 % _____		
<b>Citizenship</b> <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Eligible Noncitizen <input type="checkbox"/> Ineligible Noncitizen <input type="checkbox"/> Pending Verification		<b>Ethnicity</b> <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		
<b>Race (Check all that apply)</b> <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		<b>Member Status</b> <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 % _____		
<b>Citizenship</b> <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Eligible Noncitizen <input type="checkbox"/> Ineligible Noncitizen <input type="checkbox"/> Pending Verification		<b>Ethnicity</b> <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		
<b>Race (Check all that apply)</b> <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		<b>Member Status</b> <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 % _____		
<b>Citizenship</b> <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Eligible Noncitizen <input type="checkbox"/> Ineligible Noncitizen <input type="checkbox"/> Pending Verification		<b>Ethnicity</b> <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		
<b>Race (Check all that apply)</b> <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		<b>Member Status</b> <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 % _____		
<b>Citizenship</b> <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Eligible Noncitizen <input type="checkbox"/> Ineligible Noncitizen <input type="checkbox"/> Pending Verification		<b>Ethnicity</b> <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: \_\_\_\_\_

Yes  No Do you have a Pet in your household?

**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.

<b><u>CURRENT:</u></b>		
Move In: _____	Move Out: _____	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 Code	
Landlord's Name	Landlord's Telephone #	
Landlord's Address	City, State & Zip Code	

<b><u>PREVIOUS:</u></b>		
Move In: _____	Move Out: _____	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 Code	
Landlord's Name	Landlord's Telephone #	
Landlord's Address	City, State & Zip Code	

<b><u>PREVIOUS:</u></b>		
Move In: _____	Move Out: _____	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 Code	
Landlord's Name	Landlord's Telephone #	
Landlord's Address	City, State & Zip Code	

## 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





**Consent:** I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

**Signatures:**

_____	_____	_____	_____
Head of Household	Date		
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

# CONSENT FOR THE RELEASE OF CRIMINAL RECORDS TO THE PASCO COUNTY HOUSING AUTHORITY

By execution of this consent form the adult household member identified below authorizes any law enforcement agency to release the member's criminal records, any credit agency to release my past and present credit history, and any previous landlord to release a previous landlord check to the Pasco County Housing Authority.

By execution of the consent form the household member understands that the Pasco County Housing Authority may use the criminal records, credit report and/or landlord check obtained to screen applicants for admission to housing programs, for lease enforcement, for termination of assistance and for the eviction of families residing in section 8/housing choice voucher program, public housing or receiving rental assistance through any federally assisted housing program.

I/We HEREBY AUTHORIZE any law enforcement agency to release my criminal records to Pasco County Housing Authority, its agents and employees.

I/We HEREBY AUTHORIZE any credit agency to release my credit report to the Pasco County Housing Authority, its agents and employees.

I/We HEREBY AUTHORIZE any previous or current landlord to release my previous or current landlord check to the Pasco County Housing Authority, its agents and employees.

I/We authorize Rental History Reports (RHR) and/or the above-named company to do a complete investigation of all information provided in my application for residency.

THIS FORM MUST BE SIGNED BY ALL MEMBERS OF THE HOUSEHOLD 18 YEARS OF AGE OR OLDER, OR THIS APPLICATION WILL BE DEEMED INCOMPLETE.

SIGNATURE: _____	DATE: _____
Print Full First, Middle & Last Name: _____	

SIGNATURE: _____	DATE: _____
Print Full First, Middle & Last Name: _____	

SIGNATURE: _____	DATE: _____
Print Full First, Middle & Last Name: _____	

STAFF SIGNATURE/COMPLETED: _____	DATE: _____
----------------------------------	-------------