

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

Pasco County Housing Authority



Terrie V. Staubs
Executive Director

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

FOR OFFICE USE ONLY:

DATE RECEIVED: _____ TIME RECEIVED: _____ AM/PM RECEIVED BY: _____

PASCO COUNTY HOUSING AUTHORITY SUNSET HILLS APPLICATION

AFFORDABLE HOUSING/LOW INCOME 3-BEDROOMS 2-BATH HOMES

LOCATION

ANNIKA WAY & CALLISTA LANE
DADE CITY, FL 33523
PHONE: 352-567-0165

PCHA MAIN OFFICE: 352-567-0848

MAIN OFFICE LOCATION: 36739 SR 52 SUITE 108 DADE CITY, FL 33525

Special Needs are Required:

- Physically handicapped, the unit is a one-story unit with ADA accessibility.
 - *Note: it does not need to be the head of household.
- An adult person requiring independent living services or develop independent living skills
- A young adult formerly in foster care who is eligible for services under s.409.151(5)
- A survivor of domestic violence as defines in s.741.28
- Person receiving benefits under SSDI or
- Veterans disability benefits

APPLICATIONS MUST BE COMPLETED ENTIRELY OR THEY WILL BE DISQUALIFIED. **

SUBMIT COMPLETED APPLICATION TO THE PASCO COUNTY HOUSING AUTHORITY AT THE MAIN OFFICE LOCATION IN PERSON OR BY MAIL. **NO FAXED OR EMAILED APPLICATIONS WILL BE ACCEPTED.**

IF YOU HAVE A CHANGE IN YOUR PERSONAL INFORMATION AT ANY TIME, YOU MUST SUBMIT THE CHANGE IN WRITING TO THE PASCO COUNTY HOUSING AUTHORITY'S MAIN OFFICE.

****THIS APPLICATION IS SOLELY FOR SUNSET HILLS HOMES ONLY****



"This institution is an equal opportunity provider and employer."



RENTAL APPLICATION

Sunset Hills Homes Dade City, FL

Pasco County Housing Authority
36739 SR 52 STE 108
Dade City, FL 33525
Phone #: (352) 567-0848

Need Date: _____

Applicant: _____ Date of Birth: _____

Social Security No.: _____ Driver's License No.: _____

Other Names You Have Used in the Past: _____ Home & Cell Phone(s): _____

Email Address: _____ Marital Status: Married ___ Separated: ___ Unmarried: ___

OTHER PERSONS TO OCCUPY APARTMENT: (add sheet if needed)

Full Name (First, MI, Last)	Social Security #	Relationship to Head of Household	Birth Date	Sex (M/F)

Pet(s)? _____ Type: _____ Wt/Size: _____ Color: _____ Name: _____

RENTAL/RESIDENCE HISTORY:

	Current Residence	Previous Residence	Prior Residence
Name of Community			
Street Address			
City, State & Zip			
Rent Amount Paid			
Owner/Manager Name			
Owner/Manager Phone #			
Reason For Leaving (if recurring problems w/landlord, state here)			
Is/Was Rent Paid in Full			
Did you give Notice			
Were you asked to Move			
Name(s) in which your utilities are now billed:			
Move In/Move Out Dates			

EMPLOYMENT INFORMATION:

Employer: _____ How Long: _____
 Employer Address: _____ Phone: _____
 Position Held: _____ Gross Income: _____ Per: _____
 Supervisor Name: _____ Phone #/Extension: _____
 Previous Employer: _____ How Long: _____
 Employer Address: _____ Phone: _____
 Position Held: _____ Gross Income: _____ Per: _____
 Supervisor Name: _____ Phone #/Extension: _____

OTHER INCOME: Source: _____ Amount: _____ Per: _____
 Source: _____ Amount: _____ Per: _____
 Source: _____ Amount: _____ Per: _____
 Source: _____ Amount: _____ Per: _____

BANKING REFERENCES:

	Bank/Institution Name	Name on Account	Account #	Balance on Account
Savings Account				
Checking Account				
Other (CD, etc.)				

MONTHLY CREDIT PAYMENTS (CREDIT CARDS, AUTO LOANS, STORE ACCOUNTS):

Name of Creditor	Monthly Payment	Balance on Account	Account Number

GENERAL INFORMATION:

Number of Automobiles: _____
 Make: _____ Year: _____ Color: _____ Tag No.: _____ State: _____
 Make: _____ Year: _____ Color: _____ Tag No.: _____ State: _____

PERSONAL REFERENCES: (Not related)

Name: _____ Address: _____ Phone: _____
 Name: _____ Address: _____ Phone: _____

IN CASE OF PERSONAL EMERGENCY, NOTIFY:

Name: _____ Phone: _____
 Address: _____ Relationship: _____



Would any smokers be living in the apartment? Yes No *PCHA is a no smoking community.

How long do you think you will be renting from us? Yes No

Have you ever filed for bankruptcy? Yes No If so, when & where? _____

Have you ever been convicted of a felony? Yes No

Have you ever been served an eviction notice? Yes No If so, when? _____

Have you been party to a lawsuit in the past? Yes No If yes, explain why: _____

Is there anything negative we will find in a credit or criminal background check that you want to comment on? _____

How did you hear about this apartment? _____

I understand that: 1) this apartment facility has received funding assistance from state and federal agencies; 2) eligibility for residency is based, in part, on maximum income guidelines set by those agencies; and 3) further documentation as to income and other eligibility guidelines will be required prior to final acceptance. I certify that only those mentioned in this application will occupy the premises and that this housing is/will be my only residence. This application and the contents thereof are considered part of my lease agreement. I hereby make application for an apartment and certify that this information is correct. I understand that any discrepancy or lack of information may result in the rejection of this application. I understand that this is an application for an apartment and does not constitute a rental or lease agreement in whole or part. I authorize management to contact any parties that I have listed. A credit and criminal background check will be obtained and a nonrefundable charge for this service is required at the time my rental application is processed for eligibility verification.

Applicant's Signature: _____

Date: _____

Co-Applicant's Signature: _____

Date: _____

Other Adult signature: _____

Date: _____

Other Adult Signature: _____

Date: _____

Received by PCHA: _____

Date: _____



**Authorization for the Release of Information/
Privacy Act Notice**

To the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

Exp: 07/31/2017

PHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

PASCO COUNTY HOUSING AUTHORITY (PCHA)
Executive Director: Terrie Staubs
36739 S. R. 52 - Suite 108
Dade City, FL 33525

IHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

XX
XX
XX
XX
XX
XX

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

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.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

--	--

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

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: _____
----------------------------------	-------------