

Pasco County Housing Authority

Main Office: (352) 567-0848
Fax #: (352) 567-6035
Hearing Impaired
Dial 7-1-1 for Florida Relay

Executive Director
Jeff Sklet



13931 7th Street Dade City, FL 33525

CYPRESS MANOR – EVERGREEN COURT DADE CITY, FLORIDA

MANAGEMENT OFFICE LOCATED AT:
20613 Blanchette Ct. – Dade City, FL 33523
(352) 583-4344

PLEASE READ CAREFULLY AND RETAIN THIS PAGE FOR YOUR RECORDS

1. Applications must be completed in their entirety or they will be disqualified.
2. 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 address above in letterhead.
3. ***NO FAXED OR EMAILED APPLICATIONS WILL BE ACCEPTED. Original application only.***
4. The amount of time you are on a 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.
5. THERE IS **NO** IMMEDIATE HOUSING ASSISTANCE AVAILABLE.
6. 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 the change.
7. Applicants already on waiting lists for other housing programs must apply separately for this community; such applicants will not lose their place on other waiting lists when they apply for Cypress Manor.

AN EQUAL OPPORTUNITY EMPLOYER

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FOR OFFICE USE ONLY:

DATE RECEIVED: _____ TIME RECEIVED: _____ RECEIVED BY: _____ Client #: _____ Bdrm: _____

PRINT CLEARLY

PASCO COUNTY HOUSING AUTHORITY APPLICATION FOR CYPRESS MANOR

_____ Date

_____ Family Head:

_____ Emergency Contact Person

_____ Current Address

_____ Telephone Number

_____ City, State, Zip Code

_____ Telephone Number

_____ Mailing Address (if different) – Include city, state & zip code

STATEMENT OF FAMILY COMPOSITION AND INCOME

List of all persons, **INCLUDING YOURSELF**, who will be living in your unit. Also, list persons who will only live there on a part-time basis/declare "PT" if they will live their full time. (Use the back of this sheet if necessary)

Full Name	Social Security Number	Date of Birth	Relationship to Head
1. _____	____ / ____ / ____	____ / ____ / ____	SELF
2. _____	____ / ____ / ____	____ / ____ / ____	_____
3. _____	____ / ____ / ____	____ / ____ / ____	_____
4. _____	____ / ____ / ____	____ / ____ / ____	_____
5. _____	____ / ____ / ____	____ / ____ / ____	_____
6. _____	____ / ____ / ____	____ / ____ / ____	_____
7. _____	____ / ____ / ____	____ / ____ / ____	_____



Fill in the blanks for you or each person in your unit who is working.

<u>Name of Working Person</u>	<u>Employer's Name, Address & Telephone</u>	<u>Dates Worked</u>	<u>Pay Rates</u>
_____	_____ _____ (____) _____ - _____	From: ____/____/____ To: ____/____/____	\$ _____ Per _____
_____	_____ _____ (____) _____ - _____	From: ____/____/____ To: ____/____/____	\$ _____ Per _____
_____	_____ _____ (____) _____ - _____	From: ____/____/____ To: ____/____/____	\$ _____ Per _____

OTHER INCOME:

If you or any person in your unit receives income from any of the following sources check the source(s) and fill in the blanks.

- Welfare Assistance
Retirement Pension
Supplemental Security Income (SSI)
Educational Grants
Unemployment Compensation
V.A. Benefits
Child Support
Social Security
Other: _____

<u>Received by (Person in your household)</u>	<u>Received from (Source) Address and phone number</u>	<u>Amount</u>
_____	_____	\$ _____ Per _____
_____	_____	\$ _____ Per _____
_____	_____	\$ _____ Per _____
_____	_____	\$ _____ Per _____
_____	_____	\$ _____ Per _____
_____	_____	\$ _____ Per _____
_____	_____	\$ _____ Per _____
_____	_____	\$ _____ Per _____

ASSETS



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

If yes, what was the if asset? _____

What was the actual value of the asset? _____

What amount did you receive? _____

Do you or any member (including children) of your family have the following assets?

Household member's name	Savings/Checking Account (Name, address, and telephone number of bank)	Balance and/or value
Household member's name	Stocks or Bonds (Name of company, address, and telephone number)	Balance and/or value
Household member's name	Cash Value of Insurance Policy (Name of company, address, and telephone number)	Balance and/or value
Household member's name	Real Estate Property (List address of property)	Balance and/or value
Household member's name	Other (list type, address and telephone number)	Balance and/or value



REASONABLE ACCOMMODATIONS/DISABILITY EXPENSES

Does any member of your family have a disability where you might need a reasonable accommodation? Yes No

If yes, what is the reasonable accommodation you need? _____

Do you have any special unit requirement? Yes No

If yes, please list (for example: grab bars, wheelchair ramp, modified smoke detector, etc.) _____

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

If yes, please answer the following question.

Does your household have any medical expenses (include insurance, Medicare deduction, doctor visits, hospital, clinic costs, prescriptions, therapy, supplies, medical transportation, etc.)? Yes No

If yes, please describe the type of 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 family can work? Yes No

If yes, describe the nature of the expense and the monthly amount: _____

EXPENSES

Do you have child care expenses for children 13 and under so an adult in the family can work, go to school, or attend job training?

Yes No If yes, please list monthly unreimbursed child care cost, name, address, and phone # of your child care provider:

BACKGROUND INFORMATION

CURRENT LANDLORD'S INFORMATION

Landlord's Name,: _____ Phone #: _____

Landlord's Address: _____

City, State, Zip Code: _____

Current Rent Amount: \$ _____

PREVIOUS LANDLORDS INFORMATION

Landlord's Name,: _____ Phone #: _____

Landlord's Address: _____

City, State, Zip Code: _____

Previous Rent Amount: \$ _____

Have you ever been a participant of any Section 8 Rental Assistance Program in the Past? Yes No

If yes, where? _____

How long ago? _____

Reason for leaving? _____

Have you ever lived in any properties managed by the Pasco County Housing Authority in the past? Yes No

Which property and when did you live there? _____

Do you owe any money to the Pasco County Housing Authority, any other housing authority, or any other rental assistance program in the United States? Yes No

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If yes, where? _____

Have you, or any member of your household ever been arrested or convicted of a drug related and/or violent criminal activity?

Yes No

If yes, please explain the nature, date, and household member: _____

DISCLOSURE

Do you have any relationship or association with any employee of the Pasco County Housing Authority? Yes No

If yes, which employee(s) and what is the relationship(s)/association(s)? _____

MARKETING

Where did you hear about housing opportunities at Cypress Manor? Newspaper Manager/Staff Resident
 Friend Social Service Agency Other, please describe _____

I/we certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified. 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 business or government agencies. I/we consent to release wage matching data to RHS and Pasco County Housing Authority. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission. I/we certify that the unit will serve as our household's primary residence.

THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY AND SIGNED BY ALL MEMBERS OF THE HOUSEHOLD 18 YEARS OF AGE OR OLDER OR THIS APPLICATION WILL BE DEEMED INCOMPLETE.

Head of Household Signature

Date

Co-Applicant Signature

Date

Other Adult Household Member

Date

Other Adult Household Member

Date



WARNING: 18 U.S.C. 1001 PROVIDES, AMONG OTHER THINGS THAT WHOEVER KNOWINGLY AND WILLFULLY MAKES OR USES A DOCUMENT OR WRITING CONTAINING FALSE, FICTITIOUS OR FRAUDULENT STATEMENT OR ENTRY IN ANY MATTER WITHIN THE JURISDICTION OF A DEPARTMENT OR AGENCY OF THE UNITED STATES SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS OR BOTH.

“The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.”

Race of Head: (Check all that apply)	<input type="checkbox"/> African American/Black	<input type="checkbox"/> Asian	<input type="checkbox"/> Hawaiian/Pacific Islander
	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Caucasian/White	
Ethnicity of Head: (Check one)	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Non-Hispanic/Non-Latino	
Gender: (Check one)	<input type="checkbox"/> Male	<input type="checkbox"/> Female	



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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: _____
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