

FOR OFFICE USE ONLY:

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

PASCO COUNTY HOUSING AUTHORITY HICKMAN APPLICATION

AFFORDABLE HOUSING/LOW INCOME SCATTERED UNITS

PCHA MAIN OFFICE: 352-567-0848
MAIN OFFICE LOCATION: 13931 7th ST., DADE CITY, FL 33525

Income Thresholds Apply

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 HICKMAN SITE PROPERTY ONLY****



RENTAL APPLICATION

Hickman Property

Pasco County Housing Authority

13931 7th St.

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 Date
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)

***First/Last Name – Full Mailing Address – Area Code + Phone #

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 *Pasco County Housing Authority is a no smoking agency/properties.

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: _____



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: _____

