

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



Jeff Sklet
Executive Director

13931 7th Street Dade City Florida 33525

FOR OFFICE USE ONLY: DATE RECEIVED: _____ TIME RECEIVED: _____ AM/PM

RECEIVED BY: _____

PASCO COUNTY HOUSING AUTHORITY KELSO DRIVE APPLICATION

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

LOCATION: 6415 KELSO DRIVE PORT RICHEY, FL 34668

PHONE: 727-863-5436

PCHA MAIN OFFICE: 352-567-0848

MAIN OFFICE LOCATION: 13931 7th STREET DADE CITY, FL 33525

Special Needs are Required:

***** **NOT Physically handicapped, the unit is a one-story unit without 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 ANY OF ITS PROPERTY LOCATIONS 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 KELSO DRIVE HOME ONLY****



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



RENTAL APPLICATION

6415 Kelso Dr.
Port Richey, FL 34668

Pasco County Housing Authority
36739 SR 52 STE 108
Dade City, FL 33525
352-567-0848~Fax 352-567-6035

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	Relationship	Birth Date/Sex

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

RENTAL/RESIDENCE HISTORY:

	Current Residence	Previous Residence	Prior Residence
Name of Community			
Street Address			
City, State & Zip			
Last Rent Amount Paid			
Owner/Manager and Phone Number			
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:			
	From/To:	From/To:	From/To:
Dates of Residency			

EMPLOYMENT INFORMATION:

Employer: _____

Employer Address: _____

Position Held: _____

Supervisor Name: _____

Gross Income: _____ Per: _____

How Long: _____

Phone: _____

Phone Extension: _____

Previous Employer: _____

Employer Address: _____

Position Held: _____

Supervisor Name: _____

Gross Income: _____ Per: _____

How Long: _____

Phone: _____

Phone Extension: _____

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

BANKING REFERENCES:

	Bank/Institution Name	Account Number	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: _____ Address: _____
 Phone: _____ Relationship: _____

Would any smokers be living in the apartment? _____ How long do you think you will be renting from us? _____
 Have you ever filed for bankruptcy? If so, when? _____ Have you ever been convicted of a felony? _____
 Have you ever been served an eviction notice? If so, when? _____
 Have you been party to a lawsuit in the past? 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: _____

Received by PCHA: _____ Date: _____

