

PRELIMINARY APPLICATION



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The Housing Authority of Tarpon Springs
500 S. Walton Ave.
Tarpon Springs, Florida 34689
727-937-4411 Fax 727-938-7161

Dear Applicant:

Thank you for your interest in applying for public housing with the Housing Authority of Tarpon Springs (HATS). Attached are the Preliminary Application and Authorization for Release of Information forms to complete in order to apply for housing. If you are determined eligible and selected for an apartment, you will pay approximately 30% of your income for rent, or you could choose to pay a flat rent.

Once we receive your Preliminary Application and Authorization for Release of Information form, your name will be placed on the waiting list for the size of apartment appropriate for you and/or your family. We currently have a waiting list for each bedroom size apartment. When your name reaches near the top of the waiting list we will contact you. It is at this time that you will need to have all the documents required to determine your eligibility.

HATS is permitted to establish local preferences and to give priority to serving families that meet those criteria. **HATS** uses the following local preferences:

Working Preference:

In order to bring higher income families into public housing, HATS will establish a preference for "working" families, where the head, spouse, cohead, or sole member is employed at least twenty (20) hours per week. As required by HUD, families where the head and spouse, or sole member is a person age 62 or older, is a person with disabilities or are receiving social security disability, supplemental security income disability benefits will also be given the benefit of the working preference.

Homeless Preference:

This preference is extended to families and individuals that upon offer of an apartment can verify their homelessness by presenting a Pinellas County Homeless Verification form from a homeless shelter, transitional shelter or other approved provider of homeless services to homeless families.

Displaced by Natural Disaster:

This preference is extended to families and individuals that upon offer of an apartment can verify their displacement pursuant third party verification from an agency such as, but not limited to, FEMA, the Red Cross, Salvation Army, etc., AND, can present a HATS Homeless Verification form from a homeless shelter, transitional shelter or other approved provider of homeless services to homeless families.

Public Housing/Federal Rental Assistance Interruption:

This preference is extended to families and individuals that upon offer of an apartment can verify pursuant third party verification that their Public Housing/Federal Rental Assistance has been interrupted as a result of a Natural Disaster, AND, can present a HATS Homeless Verification form from a homeless shelter, transitional shelter or other approved provider of homeless services to homeless families.

Tarpon Springs Resident Preference: Applicant will be given preference if applicant has been a resident of Tarpon Springs continuously for one (1) year prior to the time of unit offer.

PRELIMINARY APPLICATION

Elderly and Disabled/Handicapped applicants will be given equal selection priority over all other single applicants. All families with children, elderly families and disabled families will have an admission preference over "Other Singles." An applicant will not be granted any preference if any member of the family has been evicted from any federally assisted housing during the past three (3) years because of drug-related criminal activity. HATS may grant an exception to such a family if the responsible member has successfully completed a rehabilitation program.

Any admission mandated by court order related to desegregation or Fair Housing and Equal Opportunity will take precedence over the Preference System. Other admissions required by court order will also take precedence over the Preference System.

Please understand that we have a very long waiting list, most likely a year or more. It is very important for you to keep us informed of your current telephone number and address. If we can't locate you when you come to the top of the list, your name will be taken off the list.

During our screening process we check each applicant's credit background and criminal history. HATS strives to make our housing properties decent and enjoyable places to live. Anyone found to have a drug or alcohol related criminal arrest or conviction within the past five years will not be admitted. Further, applicant's patterns of illegal drug or alcohol abuse which may possibly interfere with residents' rights to health, safety, and peaceful enjoyment of the premises will also not be allowed.

HATS has adopted a gender-neutral Violence Against Women Act (VAWA) Policy. Its protections are available to males as well as female victims of domestic violence, dating violence, or stalking. Additional information will be provided to you when your name reaches near the top of the waiting list and you are contacted to determine your eligibility.

We urge you to complete the Preliminary Application and Authorization for Release of Information forms and mail them to our office as soon as possible.

If you have any questions please call us at 937-4411. We look forward to meeting you soon.

Sincerely,

Francis Alonso
Property Manager



November 2004

Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

Purpose	This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.
Penalties for Committing Fraud	<p>The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:</p> <ul style="list-style-type: none">▫ Evicted from your apartment or house;▫ Required to repay all overpaid rental assistance you received;▫ Fined up to \$ 10,000;▫ Imprisoned for up to 5 years; and/or▫ Prohibited from receiving future assistance. <p>Your State and local governments may have other laws and penalties as well.</p>
Asking Questions	When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.
Completing The Application	When you answer application questions, you must include the following information:
Income	<ul style="list-style-type: none">▫ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.);▫ Any money you receive on behalf of your children (child support, social security for children, etc.);▫ Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);▫ Earnings from second job or part time job;▫ Any anticipated income (such as a bonus or pay raise you expect to receive)
Assets	<ul style="list-style-type: none">▫ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you.

- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

Signing the Application	<ul style="list-style-type: none"> ▫ Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate. ▫ When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information. ▫ Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.
Recertifications	<p>You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:</p> <ul style="list-style-type: none"> ▫ All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members. ▫ Any move in or out of a household member; and, ▫ All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.
Beware of Fraud	<p>You should be aware of the following fraud schemes:</p> <ul style="list-style-type: none"> ▫ Do not pay any money to file an application; ▫ Do not pay any money to move up on the waiting list; ▫ Do not pay for anything not covered by your lease; ▫ Get a receipt for any money you pay; and, ▫ Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).
Reporting Abuse	<p>If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to: HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 20410.</p>



THIS SECTION FOR OFFICE USE ONLY
 Date: _____ Received By: _____
 Time: _____ Bedroom Size: _____

PRELIMINARY APPLICATION

Last Name of Head of Household	First Name	Sex	SSN	DOB	Age	Monthly Income (all sources)
						\$

Race: White Black American Indian/Alaska Native Asian or Pacific Islander
 Ethnicity: Hispanic Non-Hispanic

Disabled: Yes No

PRESENT ADDRESS: _____ PHONE: _____
 CITY/ STATE/ ZIP _____ CELL PHONE: _____
 MAILING ADDRESS (IF DIFFERENT FROM PRESENT ADDRESS): _____
 HOW LONG AT PRESENT ADDRESS? _____ OWN OR RENT? _____ EMERGENCY CONTACT PERSON:
 LANDLORD'S NAME: _____ PHONE: _____ NAME: _____
 AMOUNT OF MONTHLY RENT/MORTGAGE: _____ UTILITIES: _____ ADDRESS: _____
 REASON FOR MOVING: _____ CITY, TOWN, ZIP: _____ PHONE: _____

GENERAL INFORMATION

HOUSEHOLD COMPOSITION:

LIST ALL PEOPLE TO OCCUPY APT. LAST NAME MI	SEX	RELATIONSHIP To Head	SSN	DOB	AGE	FULL-TIME STUDENT? INCLUDING GRADE SCHOOL (Y/N)	MONTHLY INCOME
Head							\$
2							\$
3							\$
4							\$
5							\$
6							\$
7							\$
8							\$

PRELIMINARY APPLICATION

HAVE YOU EVER BEEN EVICTED? Yes No HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes No

HAVE YOU OR ANYONE IN YOUR HOUSEHOLD BEEN EVICTED FROM PUBLIC OR ASSISTED HOUSING FOR DRUG RELATED ACTIVITY OR ANY OTHER ACTIVITY WITHIN THE PAST 5 YEARS? Yes No

Page 1 of 2

DO YOU CLAIM ANY OF THE FOLLOWING LOCAL PREFERENCES?

- HOMELESS (LIVING IN A SHELTER)
- LOCAL (LIVING IN TARPON SPRINGS FOR 1 YR)
- WORKING

WOULD YOU OR ANY MEMBERS OF YOUR HOUSEHOLD BENEFIT FROM A HANDICAPPED-ACCESSIBLE UNIT? YES NO
IF SO, EXPLAIN:

ANNUAL INCOME INFORMATION:

HOUSEHOLD	SALARY-WAGES	PUBLIC ASSISTANCE	SOCIAL SECURITY	PENSION	CHILD SUPPORT	TOTAL
Head						
2						
3						
4						
5						
6						
7						
8						
Total						

Do you receive Court Ordered Child Support? Yes No Do you receive other Child Support? Yes No

THIS APPLICATION MUST BE SIGNED BY ALL MEMBERS OF THE HOUSEHOLD 18 YEARS OF AGE AND OLDER.

BY SIGNING BELOW APPLICANT AUTHORIZES THE HOUSING AUTHORITY AND ITS STAFF TO CONTACT ANY AGENCIES, LOCAL POLICE DEPARTMENTS, CREDIT BUREAUS, REFERENCES AND GROUPS OR ORGANIZATIONS TO OBTAIN ANY INFORMATION OR MATERIALS, WHICH ARE DEEMED NECESSARY TO COMPLETE THIS APPLICATION. APPLICANT FURTHER CERTIFIES THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT AND UNDERSTANDS THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE BY LAW AND WILL LEAD TO CANCELLATION OF THIS APPLICATION OR TERMINATION OF TENACY AFTER OCCUPANCY.

SIGNATURE: _____ (APPLICANT) DATE: _____
 SIGNATURE: _____ (CO-APPLICANT) DATE: _____
 SIGNATURE: _____ (CO-APPLICANT) DATE: _____

Notice: You are required to notify the Housing Authority (in writing) of any change of address. If we cannot contact you at the above address, your name will be removed from the waiting list and you will have to re-apply.

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.

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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.



PRELIMINARY APPLICATION

PURPOSE: The Housing Authority of Tarpon Springs (HATS) uses this authorization and the information obtained with it to administer and enforce housing program rules and policies.

INDIVIDUALS OR ORGANIZATIONS REQUESTED TO RELEASE INFORMATION

Any of the following individual organizations including any governmental organization may be asked to release information:

- Employers, Past & Present
- Banks and Other Financial Institutions
- State Agencies (i.e. Welfare & Social Services)
- County Agencies
- Providers of: Alimony, Child Care, Child Support, Handicapped Assistance, Medical Care
- Providers of: Pensions/Annuities/Insurance
- U.S. Social Security Administration
- U. S. Department of Veterans Affairs
- Schools and Colleges/Universities
- Courts & Law Enforcement Agencies
- Post Offices
- Utility Companies
- Credit Bureaus
- Current & Previous Landlords (including Public Hsg Authorities)
- Payees/Trustees
- Professional Personal References
- Medical Providers and Mental Health Agencies
- Other (i.e. Referral Agency) _____
- Department of Health and Social Services

INFORMATION COVERED – Verifications and inquiries that may be requested include, but are not limited to:

- Child Care Expenses/Allowances
- Credit History, Financial Concerns
- Police Records/Criminal History/Legal Issues
- Family Composition
- Employment Income/Pensions/Assets
- Federal, State, Tribal or Local Benefits
- Income from any source
- Medical Expenses/Allowances
- Handicapped Assistance Expenses
- Medical/Psychological/Psychiatric
- Identity and Marital Status
- Social Security Numbers and Income
- Residences and Rental History
- Utility Usage
- Disposed of assets within the last two (2) years
- Insurance Policies

AUTHORIZATION

- I authorize and direct any federal, state or local agency and any organization, business, or individual to release to the Housing Authority of Tarpon Springs (HATS) any information or materials needed to complete and verify my application for, or participation in any HATS assisted housing program.
- I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for, and continued participation in, a housing assistance program.
- I agree that a photocopy of this authorization may be used for the purposes stated above.
- This authorization will stay in effect for fifteen (15) months from the date signed.

Signature of Head of Household

Print Name

Date

Signature of Other Adult

Print Name

Date

Signature of Other Adult

Print Name

Date