

SARASOTA HOUSING AUTHORITY

O.C.B. Apartments
1912 N Orange Avenue
Sarasota, FL 34234
(941)373-7021

Thank you for choosing the Sarasota Housing Authority to provide your housing needs. We would like to make your application process as pleasant as possible and would like to give you information to help you understand the process.

To submit an application, you must complete the attached application and provide the following:

1. Birth Certificates & Social Security Cards for all family members.
2. Picture Identification for all adults living in the household.
3. Proof of Income (Employer's info. Required: Co. Name, address, phone & fax number. Supervisors Name, pay stubs, child support, SS and / or SSI, unemployment, AFDC / TANF benefits, Pensions, ect.)
4. Landlord Verification (Last sheet of your application) must be completed by your landlord or the person you are currently living with.
5. Bank Statements
6. Green Card, proof of Citizenship or Passport, if you are not a natural born US citizen.
7. If pregnant, proof of pregnancy.

Please call the office on (941) 373-7021 to schedule an appointment to submit your application. Your application will be processed and when your name appears to the top of the waiting list, you will be sent a letter to the address you provided on your application, scheduling an appointment for your interview with the office staff. Our application process includes verification of all information you provided on the application and criminal background checks.

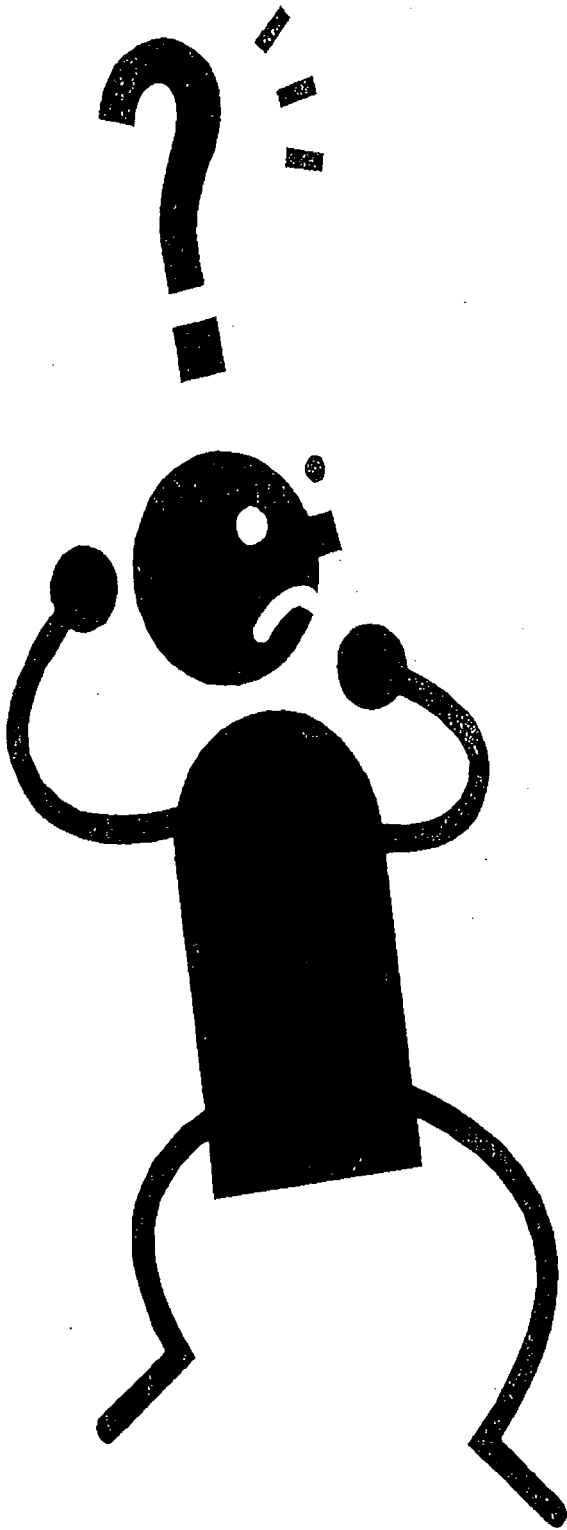
Please keep in mind there are many more applications then available apartments and depending upon your circumstances and which preference (s) you may qualify for. You may check the waiting list that is posted on the bulletin board in the lobby; no waiting list information will be given out over the telephone.

When your initial visit is scheduled you may want to plan for a babysitter for small children. However, should it be necessary for the children to accompany you, it is important for you to monitor their behavior.

We hope these suggestions will help. If you have any additional questions, do not hesitate to contact the Property Management Office at (941)373-7021.

Thank you; it is a pleasure to assist you.

Brian Clark
Property Manager



ATTENTION:

IT IS YOUR RESPONSIBILITY TO NOTIFY THE ADMISSIONS & OCCUPANCY OFFICE OF ANY CHANGES RELATED TO YOUR FAMILY COMPOSITION, INCOME, CONTACT NUMBERS AND ADDRESSES IMMEDIATELY.

FAILURE TO DO SO WILL CAUSE THE HOUSING AUTHORITY BEING UNABLE TO NOTIFY YOU OF AN AVAILABLE UNIT AND YOU MAY BE DROPPED FROM THE WAITING LIST AND HAVE TO REAPPLY.



William O Russell III Executive Director tel 941.361.6210 fax 941.366.4661
 1300 blvd. of the arts Sarasota, fl 34236

APPLICATION FOR ADMISSION

CONVENTIONAL _____ DATE: _____ TIME: _____

APPLICATION FOR ADMISSION HAVE YOU BEEN/ARE YOU IN SUBSIDIZED HOUSING? YES NO

UNIT BR SIZE: _____ WHERE? _____ WHEN? _____
 ETHNICITY: HISPANIC NONHISPANIC RACE: WHITE BLACK
 ASIAN/PACIFIC ISLANDER INDIAN/NATIVE ALASKAN
 DATE OF INITIAL LEASE _____ ANNUAL RE-EXAM ___ INTERIM ___ EFF. DATE ___/___/___

APPLICANT NAME

last name first middle telephone #/message # drivers license # or other I.D.

CURRENT ADDRESS

street city state & zip years

PREVIOUS ADDRESS

street city state & zip years

MAILING ADDRESS

street city state & zip years

EMERGENCY CONTACT _____ TELEPHONE # _____ RELATION _____

[For statistical purposes only.] (Check one box each in "a" and "b.")

- a. Is the head of your household? White Black American Indian/Alaskan Native Asian/Pacific Islander
- b. Ethnicity of the Head of Household: Hispanic Non-Hispanic

I. HOUSEHOLD COMPOSITION: List the correct LEGAL name of all household members who will reside in the unit, as they appear on Social Security cards. Begin with Head of Household, spouse, older children, etc., then list any additional adults.

	FAMILY MEMBERS LEGAL NAMES	SOCIAL SECURITY NUMBERS	RELATION TO HEAD	SEX	AGE	BIRTH DATE	BIRTH PLACE	OCCUPATION/ SCHOOL NAME
1.								
2.								
3.								
4.								
5.								
6.								
7.								

Do you anticipate changes in household composition within next 12 months? Yes No
 WHY? _____

Does anyone live with you now who is not listed above? ____ Yes ____ No

If yes, please explain _____

II. CURRENT HOUSING STATUS:

How many people live in your unit now? _____ How many bedrooms do you have? _____

Do you wish to move? Yes No

If yes, why? _____

Are you being evicted? Yes No

If yes, explain the circumstances. _____

What is your current rent? _____ Are you current on your rent? _____ What do you pay for utilities? _____

III. OTHER INFORMATION REQUIRED:

Do you have Medicare? Yes No

If yes, what is your Medicare premium? _____

Do you have any other medical insurance? Yes No If yes, give policy number and name and address of agent. _____

- | | | |
|---|------------------------------|-----------------------------|
| Do you receive medical assistance through the Welfare Department? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have any outstanding medical bills on which you are paying? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you expect to have any medical expenses during the next 12 months? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, you will need to submit proof of the amount of these expenses. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you pay for an attendant or for any equipment for the handicapped member(s) that permit them or someone else in the family to be able to work? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is your family in need of an accessible unit pursuant to Section 504? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

IV. INCOME INFORMATION: Please answer each of the following questions. For each "yes" answer, provide the detail in the chart below.

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Is any member of your household employed, full time, part-time or seasonally? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does any member of your household expect to work for any period during the next twelve months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does any member of your household work for someone who pays them cash? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is any member of your household on leave of absence from work due to lay-off, medical, maternity or military leave? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does any member of your household now receive, or expect to receive unemployment benefits? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does any member of your family now receive or expect to receive child support? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is any member of your household entitled to child support that he/she is not now receiving? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does any member of your household now receive or expect to receive alimony payments? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is any member of your household entitled to alimony payments that he/she is not now receiving? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Does any member of your household receive or expect to receive welfare assistance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Does any member of your family receive or expect to receive Social Security benefits? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Does any member of your household receive or expect to receive income from a pension or annuity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Does any member of your household receive regular cash contributions from individuals not living in the unit or from agencies? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Does any member of your household receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds, income from the rental of property? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Do you pay for child care which entitles you or another family member to work or go to school? | <input type="checkbox"/> | <input type="checkbox"/> |
- If yes, give name and address of child care provider, weekly amount that you pay and name of family member enabled to work: _____

V. TOTAL HOUSEHOLD INCOME: List below all money earned or received by everyone living in the household. This includes all money from wages, self-employment, child support, contributions, Social Security, retirement, disability, Workmen's Compensation, AFDC, SSI, veterans benefits, rental property income, stock dividends, interest, alimony, annuities, and all other sources.

FAMILY MEMBER NAME	SOURCE OF INCOME FOR ALL HOUSEHOLD MEMBERS (include complete address)	Income per week/month
		\$
		\$
		\$
		\$

VI. WORK HISTORY FOR ALL ADULT HOUSEHOLD MEMBER FOR PAST TWO (2) YEARS:

FAMILY MEMBER NAME	EMPLOYERS NAME	ADDRESS	PHONE #	FROM/TO

VII. ASSETS: List all assets of all household members. Examples: house, property, boat, mobile home, savings accounts, stocks, bonds, certificates of deposit, land, lots and acreage, inheritances, promissory notes from selling property, cash in safety box.

Value \$ _____ Asset _____
 Value \$ _____ Asset _____

In the last two (2) years has any one in the household disposed of an asset valued at \$1,000 or more? Yes No If yes, Asset(s) disposed

of: _____

Value of Asset(s): _____

Amount received for the asset(s): \$ _____

VIII. ADDITIONAL INFORMATION ON HOUSEHOLD

Current Monthly Household Expenditures:

Present Landlord _____

Address _____

Rent \$ _____ Phone \$ _____ Insurance \$ _____ Furn. Pmt. \$ _____ Rentals \$ _____

Elec. \$ _____ TV/Cable \$ _____ Auto Pmt. \$ _____ Life/Health \$ _____ TV/Appliance \$ _____

Gas \$ _____ Food \$ _____ Auto Ins. \$ _____ Medical Exp. \$ _____ Loan \$ _____

Water \$ _____ Child Care \$ _____ Other \$ _____ Other \$ _____ Other \$ _____

IX. BANKING INFORMATION

Bank Name	Address	Acct. #	Acct Type (Checking or Saving)	Joint or Individual?		Balance
				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
				Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$
				Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$
				Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$
				Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$

X. MARITAL STATUS/HISTORY

What is your marital status? Single Married Separated Divorced Widowed

SSN of Deceased Spouse _____

Have you ever been known by another name? Yes No What was the name? _____

XI. ABSENT PARENT INFORMATION

Family Member	Father/Mother's Name	Street Address	City	State	Last Contact Date

Comments:

XII. POLICE CHECK: Have you or anyone in your household ever been arrested or convicted of any crime other than traffic violations? Yes No If yes, explain: _____

Have you or any member of your household ever been known by any other name? Yes No

Explain: _____

XIII. VEHICLE(S): HH Mem. # _____ Make _____ Year _____ Tag # _____
 HH Mem. # _____ Make _____ Year _____ Tag # _____

Vehicle driven regularly (but not owned) by HH/Member?

Owner _____ Make _____ Year _____ Tag # _____

HOUSING FRAUD IS A VIOLATION OF STATE AND FEDERAL LAWS

Any person who obtains, or who established eligibility for, and any person who knowing/intentionally aids or abets such person in obtaining or establishing eligibility for any public housing, or a reduction in public housing rental charges, or any rent subsidy or assistance, to which such person would not otherwise be entitled, by means of a false statement, failure to disclose information, impersonation, other fraudulent scheme or device shall be guilty of a felony. As used in this act "public housing" shall mean housing which is constructed, operated, maintained, administered by the state, a county, a municipal corporation, a housing authority, or by any other political subdivision or public corporation of the state or its subdivision or pc corporation of the state of its subdivisions.

WARNING! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES OR THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT.

I/We understand that this is not a contract and does not bind either party. I/We further certify that the information given the Sarasota Housing Authority representing household composition, income, assets, and allowances and deduction is accurate and complete to the best of my/our knowledge and belief. I/We also understand that furnishing false information and/or making false statements is grounds for termination of housing assistance/occupancy, and I am responsible to repay any underpaid rent or overpaid rental assistance.

I/We have no objection to inquires being made for the purpose of verifying the statements made herein.

I/We understand that any verification required by the SHA must be returned within seven (7) days. Failure to do so will result in a delay in processing of my/our application, withdrawal of this application, or termination of my/our tenancy or assistance.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll Free Hot Line at 1-800-424-8590.

*After verification by SHA, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 (Tenant Data Summary), a computer generated facsimile of the form or on magnetic tape. See the Federal Privacy Act Statement for more information about its use.

Signature of Spouse or Other Adult

Date

Signature of Head of Household

Date

If either Head of Household or Spouse is not present, Why?

SHA Representative's Signature/ Date

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.	
<input type="checkbox"/> 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 544 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 access.

**THE HOUSING AUTHORITY OF THE CITY OF SARASOTA
PUBLIC HOUSING DEPARTMENT**

1300 BLVD OF THE ARTS
SARASOTA, FL 34231
(941)361-8210

ENTERPRISE INCOME VERIFICATION RELEASE OF INFORMATION AUTHORIZATION

In consideration of my, any of my household members if applicable, application/recertification for participation in the Public Housing Program, and pursuant to the Sarasota Housing Authority (SHA) "required income verification policy, I hereby authorize SHA to obtain from any official entities and the Federal Enterprise Income Verification System which maintain income history information, whether currently providing such information or which may provide such information in the future, any and all income information available concerning myself and members of my household. I realize that and agree to the fact that this information regarding both the members of the family and my income history shall be used in SHA's assessment of my eligibility for initial and/or continued participation in the Public Housing Program. I further understand and agree that this authorization may be used continuously to update my tenant files at any recertification by SHA during my/our participation in the public housing program of SHA.

Name	Alias	Date of Birth	Social Security #

Head of Household Signature

Date

Print Name of Head of Household

FOR SHA OFFICIAL USE ONLY

By signature below, I certify that I have completed the EIV Income Verification System Queries that yielded the following results for this household:

Recipient Name	Wages Pay Period and/or Benefit Start Date	Amount	Employer Name and/or Benefit Type

Compare Income Reported by Resident: \$ _____ to the EIV income Data \$ _____

Based on the income verified through EIV and reported by resident in the file, is there a discrepancy with the family income? (Y/N).
If yes, identify the discrepancy: _____ and what action was taken to eliminate the income discrepancy _____.

*I certify that none of this family's original EIV income data is maintained in the resident's file.

Signature of SHA Representative

Date

_____, 2009



William O Russell III Executive Director

tel 941.361.6210 fax 941.366.4661

1300 blvd. of the arts Sarasota, fl 34236

AUTHORIZATION FOR CHCKING BACKGROUND AND CREDIT HISTORY

As part of my application of Housing Assistance, I understand that The **SARASOTA HOUSING AUTHORITY OF THE CITY OF SARASOTA** may contact the local City Police and the Sheriff's Office as well as previous landlords for conducting a background check on prospective Resident. I also understand that as part of my application process, the Authority may run a credit check to obtain my past and present credit history and information.

I hereby authorize the Sarasota Housing Authority of the City of Sarasota to obtain any and all of my credit history. In addition, I hereby authorize and consent to the contact by the Sarasota Housing Authority of the City of Sarasota with both City and County.

Police Departments as well as the previous landlords for the purpose of conducting a background check.

_____	_____
Head of Household	Date
_____	_____
Co-Tenant	Date
_____	_____
Any adult member over age 18	Date
_____	_____
Any adult member over age 18	Date