

**Sarasota Housing Authority**

1300 Boulevard of the Arts

Sarasota FL 34236

Main Office/ McCown Towers PHONE: 941-361-6210 FAX: 941-366-4661

Janie Poe Complex PHONE: 941-373-7074 FAX: 941-373-7062

Orange Avenue Complexes PHONE: 941-373-7021 FAX: 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 give you information to help you understand the process.

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

- Birth Certificates & Social Security Cards for all family members.
- Picture Identification for all members ages eighteen (18) and older.
- Proof of Income ( 8 weeks of pay stubs, employer name, address, phone/ fax number, and supervisors name required, Child Support, SS and/or SSI, unemployment, AFDC/TANF benefits, Pension payments ,ect.,.)
- Landlord Verification (Must be completed by your current landlord or the person that you are living with.)
- Bank Statements (CD's, Checking, Savings, IRA's, ect.)
- Green Card, proof of citizenship, Passport, if you are not a natural born US Citizen.
- Proof of Pregnancy, if applicable.

Please call the property office to schedule an appointment to submit your completed application. Your application will be processed once your name appears at the top of the waiting list, you will be sent a letter to the address you provided on your application scheduling a time for your initial interview with housing management/agent. Our application process includes verification of all information provided on the application as well as a criminal background check.

Unfortunately, we house applicants based on a waiting list, due to the fact there are many more applications then available apartments, and depending upon your circumstances and which preferences you qualify for all affect you waiting time. Your waiting time **MAY POSSILBY BE six (6) months to two (2) years.** You may check the waiting list which is posted in the property office on the bulletin board; **NO WAITING LIST INFORMATION WILL BE GIVEN OUT OVER THE TELEPHONE.**

When your initial visit is scheduled you may want to arrange child care for smaller children. However if it is necessary for the children to accompany you, it is very important that monitor their behavior.

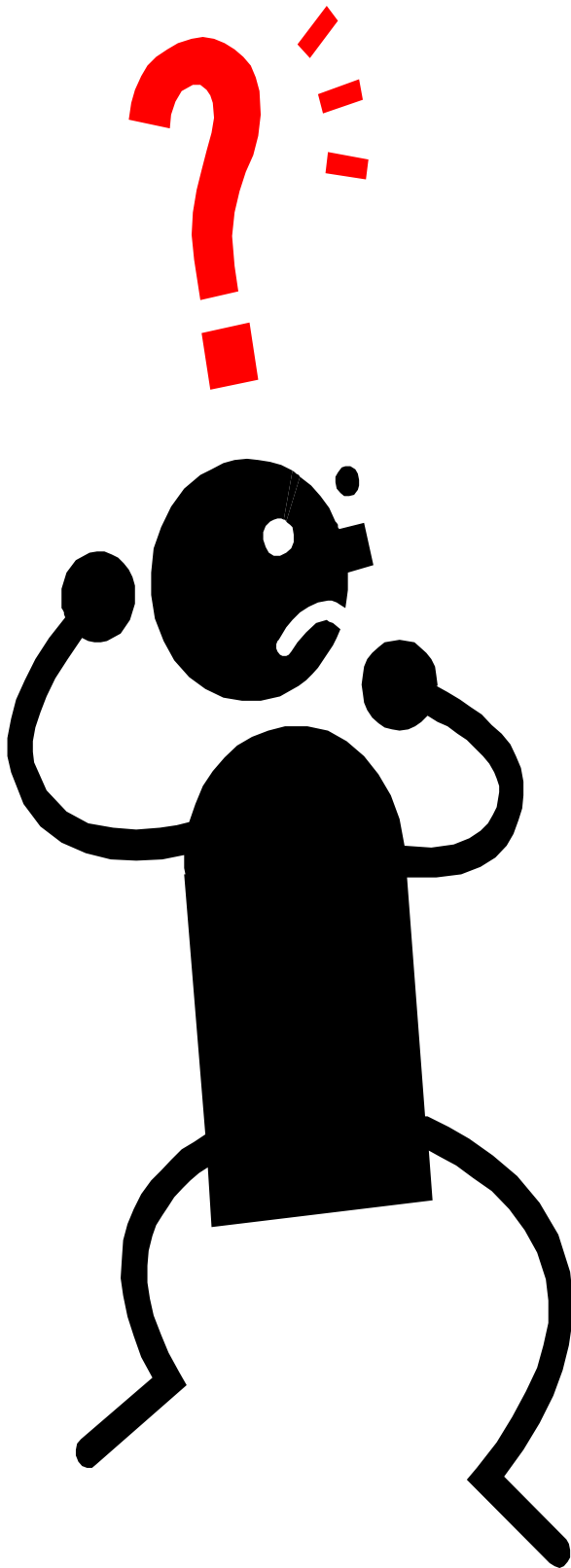
We hope these suggestions will help. If you have any additional questions, do not hesitate to contact the Property Management Office of your choice at the numbers listed above.

It has been a pleasure to assist you.

Thank you,

Tammy Whidden  
Property Clerk  
For Brian Clark, Property Manager

*"Providing safe, sanitary and decent affordable housing options and promoting self-sufficiency to qualifying families. The Sarasota Housing Authority is committed to serving in a manner that demonstrates professionalism, courtesy, respect and caring."*



**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?: \_\_\_\_\_

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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  No

Do you have any outstanding medical bills on which you are paying? Yes  No

Do you expect to have any medical expenses during the next 12 months? Yes  No

If yes, you will need to submit proof of the amount of these expenses. Yes  No

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  No

Is your family in need of an accessible unit pursuant to Section 504? Yes  No

**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? If yes, give name and address of child care provider, weekly amount that you pay and name of family member enabled to work:		<input type="checkbox"/>	<input type="checkbox"/>

**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 \$ \_\_\_\_\_

**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

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					Date

Comments:

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**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: \_\_\_\_\_

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**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 Head of Household                      Date                      Signature of Other Adult Household member                      Date

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

\_\_\_\_\_

\_\_\_\_\_  
SHA Representative's Signature/ Date