William O. Russell III, Executive Director Tel 941.361.6210 Fax 941.366.4661
40 South Pineapple Street, Sarasota, FL 34236

SARASOTA HOUSING AUTHORITY

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

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, Supervisor's Name, paystubs, child support, SS and/or SSI, unemployment, AFDC/TANF benefits, Pensions, etc.)
4. Bank Statements
5. Green Card, proof of Citizenship or Passport, if you are not a natural born US citizen.
6. If pregnant, proof of pregnancy.

The Housing office is open for walk-ins during the second, third and fourth week of each month on Tuesdays from 9:00 AM to 11:00 AM and Thursdays from 1:00 PM to 4:00 PM. Your application will be processed and, when your name appears toward the top of the waiting list, you will receive a letter at 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 than available apartments. Your placement on the waiting list depends on 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 office lobby. WAITING LIST INFORMATION WILL NOT 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 additional questions, do not hesitate to contact the Property Management Office at (941)373-7021.

Thank you. It is a pleasure to assist you.

Kimberly Pate
Property Manager

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CONVENTIONAL ____ DATE: _____ TIME: _____

HAVE YOU BEEN/ARE YOU IN SUBSIDIZED HOUSING? ☐ Y ☐ N

IF SO, WHERE? _____ UNIT BEDROOM SIZE: _____ WHEN: _____

RACE: ☐ WHITE ☐ BLACK ☐ ASIAN/PACIFIC ISLANDER ☐ NATIVE ☐ OTHER _____ HISPANIC: ☐ Y ☐ N

DATE OF INITIAL LEASE: ___ / ___ / _____ ANNUAL RE-EXAM: _____ INTERIM _____ EFF.. DATE: ___ / ___ / _____

APPLICANT NAME:

Last First Middle Telephone Driver's License or Other ID #

CURRENT ADDRESS:

Street City State Zip # Of years Lived at this address

PREVIOUS ADDRESS:

Street City State Zip # Of years lived at this address

MAILING ADDRESS:

Street City State Zip **EMAIL ADDRESS**

EMERGENCY CONTACT:

Name Phone Relationship **APPLICANT SOCIAL SECURITY #**

For Statistical Purposes Only: Check one box each in "A" and "B"
A. Is the head of your household: ☐ White ☐ Black ☐ Asian/Pacific Islander ☐ Native ☐ Other _____
B. Ethnicity of head of household: ☐ Hispanic ☐ Non-Hispanic

Are you currently a full-time student? ☐ Yes ☐ No

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. List the Head of Household, spouse, children and then additional adults:

	FAMILY MEMBER'S LEGAL NAME	SOCIAL SECURITY NUMBER	RELATION TO HEAD	SEX	AGE	BIRTH DATE	BIRTH PLACE	OCCUPATION OR SCHOOL
1.			HEAD					
2.								
3.								
4.								
5.								
6.								

Do you anticipate any changes in household composition within the next 12 months? ☐ Y ☐ N

If yes ,explain:

_____

Does anyone live with you now not listed above? ☐ Y ☐ N If yes, explain: _____

II. CURRENT HOUSING STATUS:

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

Do you wish to move? ☐ Y ☐ N If yes, explain:

_____

Are you being evicted? ☐ Y ☐ N If yes, explain: _____

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

III. OTHER INFORMATION REQUIRED:

Do you have Medicare? ☐ Y ☐ N

If yes, what is your Medicare premium? _____ ☐ Y ☐ N

Do you have any other medical insurance? ☐ Y ☐ N

If yes, give policy # and agent's name and address: _____

Do you receive medical assistance through the welfare department? ☐ Y ☐ N

Do you have any outstanding medical bills on which you are paying? ☐ Y ☐ N

Do you expect to have any medical expenses during the next 12 months? ☐ Y ☐ N

If yes, you will need to submit proof of these expenses.

Do you pay for an attendant or for any equipment for handicapped family members that permits them or someone else in the family to be able to work? ☐ Y ☐ N

Is your family in need of an accessible unit pursuant to Section 504? ☐ Y ☐ N

IV. INCOME INFORMATION:

Is any member of your household employed full time, part time or seasonally? ☐ Y ☐ N

Does any member of your household expect to work for any period during the next 12 months? ☐ Y ☐ N

Does any member of your household work for someone who pays them cash? ☐ Y ☐ N

Is household member on leave of absence from work due to layoff, medical, maternity or military leave? ☐ Y ☐ N

Does any member of your household now receive, or expect to receive unemployment benefits? ☐ Y ☐ N

Does any member of your family now receive or expect to receive child support? ☐ Y ☐ N

Is any member of your household entitled to child support that is not being received? ☐ Y ☐ N

Does any member of your household now receive or expect to receive alimony payments? ☐ Y ☐ N

Is any member of your household entitled to alimony payments that are not being received? ☐ Y ☐ N

Does any member of your household receive or expect to receive welfare assistance? ☐ Y ☐ N

Does any member of your family receive or expect to receive Social Security benefits? ☐ Y ☐ N

Does any member of your household receive or expect to receive income from a pension or annuity? ☐ Y ☐ N

Does any member of your household receive regular cash contributions from individuals not living in the unit, or from agencies? ☐ Y ☐ N

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, or income from the rental of property? ☐ Y ☐ N

Do you pay for child care which entitles you or another family member to work or go to school? ☐ Y ☐ N

If yes, give the name and address of the childcare provider, the weekly amount that you pay, and the name of the 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, Workman's compensation, AFDC, SSI, Veteran's Benefits, income from rental properties, stock dividends, interest, alimony, annuities and all other sources.

FAMILY MEMBER	SOURCE OF INCOME	ADDRESS OF SOURCE	Income per week / month

VI. <u>WORK HISTORY</u> FOR ALL ADULT HOUSEHOLD MEMBERS FOR THE PAST TWO (2) YEARS:

FAMILY MEMBER	EMPLOYER	ADDRESS	PHONE	FROM / TO

VII. ASSETS: List all assets of all household members. Examples include houses, properties, boats, mobile homes, savings accounts, stocks, bonds, certificates of deposit, land, lots and acreage, inheritances, promissory notes from selling properties, and cash in safety boxes.

Value: $_____ Asset: _____

Value: $_____ Asset: _____

Value: $_____ Asset: _____

In the last two (2) years, has anyone in the household disposed of an asset valued $1000 or more? ☐ Y ☐ N

If yes, explain:

_____

Value of asset(s): $_____Amount received: $_____

VIII. ADDITIONAL INFORMATION ON HOUSEHOLD: Current monthly expenditures:

Present Landlord:					Address:				
Rent:	$	Phone	$	Insurance	$	Furn. Pmt.	$	Rentals	$
Elec.	$	TV/Net	$	Auto Pmt.	$	Life/health	$	TV/Appliance	$
Gas	$	Food	$	Auto Ins.	$	Med. Exp.	$	Loan	$
Water	$	Childcare	$	Other	$	Other	$	Other	$

IX. BANKING INFORMATION:

Bank Name	Address	Account Number	Account Type	Joint or Individual	Balance

X. MARITAL STATUS/HISTORY:

What is your marital status? ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widow ☐ Other _____

SSN of deceased spouse: _____ Have you ever been known by another name? ☐ Y ☐ N If yes, what?

XI. ABSENT PARENT INFORMATION:

_____

Family Member	**Parent Name**	**Street Address**	**City**	**State**	**Last Contact Date**

Comments:

_____

_____

_____

XII. POLICE CHECK: Have you or anyone in your household ever been arrested for, or convicted of any crime, other than minor traffic violations? ☐ Y ☐ N If yes, explain:

_____

_____

_____

_____

XIII. VEHICLES:

Family Member	**Make**	**Model**	**Year**	**License Plate**

Any vehicles driven regularly but not owned by a household or family member:

Owner	**Make**	**Model**	**Year**	**License Plate**

HOUSING FRAUD IS A VIOLATION OF STATE AND FEDERAL LAWS

Any person who obtains, or who established eligibility for, and any person who knowingly or 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, by means of false information, failure to disclose information, impersonation, or any other fraudulent scheme or device shall be guilty of a felony. As used in this act "public housing" shall mean housing which is operated, maintained, and administered by a political subdivision or public corporation in the USA.

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, INCLUDING 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 & Equal Opportunity Toll Free Hotline at (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 Other adult household member Date

If any head of household is not present, why? _____

_____

Signature of SHA Representative Date