



Gainesville Housing Authority

1900 SE 4th Street, P.O. Box 1468, Gainesville, FL 32602
Telephone (352) 334-4000 ♦ Fax (352) 334-4010 ♦ TDD (352) 334-4015

COMMISSIONERS

GORDON TREMAINE, CHAIRPERSON
BARBARA FITZSIMMONS, RESIDENT COMMISSIONER/VICE CHAIRPERSON
ANDREW R. MICKLE
JANE MORRIS
ANTHONY GORDON

EXECUTIVE DIRECTOR

JOHN E. CHERRY

Dear Gainesville Housing Authority Public Housing Applicant:

Thank you for allowing the Gainesville Housing Authority (GHA) the opportunity to provide your housing needs. When you return this application, it will be reviewed and evaluated for thoroughness as well as determining your eligibility for housing. The determination of eligibility may take anywhere from six (6) to eight (8) weeks or **longer**. Eligibility determination includes the **verification and receipt** of all required information. Because information is requested from other agencies or governmental entities, we are unable to determine when this information will be returned to us. Therefore, during this period of determining your eligibility, we respectfully request that you submit written communication to inquire about the status of your application. ***For your privacy and consideration, information regarding the status of your application will not be given over the telephone.***

Once you have submitted the **originals** of **ALL** the required paperwork that is being requested, you will be provided with a **written** response of the status of your application. Your failure to submit **ALL** the required paperwork will delay the processing of your application and may result in the denial of your application.

Again, your consideration is appreciated by not calling to inquire about the status of your application. However, if you have not received a response in eight (8) weeks, you may submit a written request for your application status.

Please remember to provide a written change of address if you should move from the address you listed on this Application.

REMEMBER TO COMPLETE ALL PAPERWORK INCLUDED IN THIS APPLICATION PACKET AND SUBMIT IT TO THE MAIN OFFICE, LOCATED AT 1900 SE 4th STREET ON TUESDAYS AND WEDNESDAYS BETWEEN 9:00 A.M. TO 12:00 NOON and by APPOINTMENT at OAK PARK, located at 100 NE 8th Avenue and SUNSHINE PARK, located 1901 NW 2nd Street. APPLICATIONS CAN BE HAND-WRITTEN IN BLUE OR BLACK INK OR CAN BE TYPED.

Sincerely,

GHA Management

Signature

Date

FILED: WORDDOCS/OUTGOING/APPLICATION LETTER



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APPLICATION FOR PUBLIC HOUSING

OPTIONS FOR APPLICANTS WITH DISABILITIES OR HANDICAPS

If you are a person with a handicap or a disability, or have difficulty completing this application, please advise us of your needs when you receive this application, or call us at the above number between the hours of 8:00 a.m. to 5:00 p.m., Monday through Thursday, to schedule assistance. If you have a hearing impairment, our TDD number is 334-4015, same hours. Appropriate assistance will be provided in a confidential manner and setting.

The Gainesville Housing Authority (GHA) manages and provides housing to the general public under the Public Housing Subsidy and Section 8 Housing Choice Voucher Programs. The GHA is not permitted to discriminate against applicants on the basis of their race, color, religion, sex, national origin, familial status, disability, or handicap. In addition, the GHA has an obligation to provide "reasonable accommodations" to applicants if they or any family member(s) have a disability or handicap. Compliance actions may include reasonable accommodations as well as structural modifications to the unit or premises that the GHA owns (this applies to Public Housing only). It is suggested that you inform your Landlord of any modifications or accessibility requirements needed for your occupancy (Section 8 only).

Examples of reasonable accommodations and structural modifications include, but are not limited to:

- Making reasonable alterations to a unit so it could be used by a family member in a wheelchair;
- Installing strobe-type flashing-light smoke detectors in an apartment for a family with a hearing-impaired member;
- Permitting a family to have a service animal to assist a vision-impaired family member;
- Making large type documents or a reader available to a vision-impaired applicant during the application process; and
- Permitting an outside agency to assist an applicant with a disability.

An applicant family that has a member with a disability must still be able to meet essential obligations of tenancy – they must be able to pay rent, to maintain their apartment in a safe and sanitary condition, to report required information to the manager or landlord, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.



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PUBLIC HOUSING QUALIFICATIONS FOR ADMISSIONS

Please read **Carefully**. Incomplete Applications will not be processed.

1. To be qualified for admission to public housing an applicant must:
 - a. Be a family as defined in the Gainesville Housing Authority's (GHA) Admission and continued Occupancy Policy (ACOP)
 - b. Meet the Housing and Urban Development (HUD) requirements on citizenship or immigration status;
 - c. Have an Annual Income at the time of admission that does not exceed the income limits established by HUD;
 - d. Provide documentation of Social Security numbers for all family members, or older, or certify that they do not have Social Security numbers;
 - e. Meet or exceed the Applicant Section Criteria, including attending and successfully completing a GHA-approved pre-occupancy orientation session; and
 - f. Meet the screening requirements related to criminal activity and alcohol abuse (One Strike – You're Out Policy).
2. Complete applications will be entered on the waiting list in the order received. The waiting list will then be sorted according to unit type and size.
3. Applicants with disabilities may seek assistance with the completion of the application at GHA's main office, located at 1900 SE 4th Street.
4. Be sure to include the name, social security number, date of birth and all income for every family member who will live in the household.
5. Be sure to provide your complete address and contact number for future contact.

APPLICANT INFORMATION FOR PUBLIC HOUSING
(Instructions: Please read carefully. Incomplete applications will not be processed)

Type of housing requested: Public Housing Assistance

PERSONAL DECLARATION

1. Name of head of household: _____ Maiden name _____
 Have you ever used any other name? Yes No If yes, what? _____
2. Name of adult co-head/spouse of household: _____
3. Current street address, including Apt. # _____
 Current City, State and Zip _____
 Current Area Code, Home & Work Phone #s _____ / _____
 Cell # _____ Message Number _____
4. **Emergency Contact:**
 Name: _____ Phone# _____
 Address: _____ Relationship _____
5. Parent's Name: Mother's full name _____
 Father _____

FOR STATISTICAL PURPOSES ONLY

- Race of Head: African-American/Black Asian or Pacific Islander
 Native American/Alaskan Native Caucasian/White
 Ethnicity of Head: Hispanic/Latino Non-Hispanic/Non-Latino

FAMILY SUMMARY
AFFIDAVIT OF FAMILY COMPOSITION

Beginning with you, list all persons who will live in the housing unit, including foster children, live-in aides (if needed for the care of a family member). Each box must be completed for each family member. No one except those listed on this form may live in the unit.

	Family Member's Name		Date of Birth/Age	Sex	Social Security Number	Relation To Head	Disabled Person?	Birthplace: County	Full-time Student?
	Last	First							
H						Head			
2									
3									
4									
5									
6									
7									
8									

Student Eligibility Requirements for Public Housing Rental Assistance

1. The individual must be a legal age under state law.
2. The individual must have established a household separate from his/her parents or legal guardian for at least one year prior to application for occupancy or must meet the U.W. Department of Education definition of an independent student.
3. The individual must not be claimed as a depended by parents or legal guardians pursuant to IRS regulations.
4. Individual must obtain certification of the amount of financial assistance provided by parents, signed by the individual providing the support. This certification is required even if no assistance will be provided.

6. Are you displaced by a declared Natural Disaster, such as a flood, hurricane, earthquake, tornado, etc.?
 Yes No If yes, please explain. _____

Are you displaced by governmental action through no fault of your own? Yes No If yes, please explain. _____

7. Are you displaced by domestic violence? Yes No If yes, please explain and attach proof. _____

8. List all cities, counties and states you have lived.

Name used at the time of residency	Dates Lived		City	County	State
	From	To			

9. Is any adult family member enrolled in a job training program, including one required under the Welfare Program? Yes No. If yes, who can verify this? Please give name, address & phone #: _____

10. Is any adult family member enrolled in an education program full-time? Yes No. If yes, who can verify this? Please give name, address & phone #: _____

11. **Family Income Information:** Please list the source(s) and amount(s) of all income expected for the coming 12 months for all family members, including you. Include all earnings and benefits received from **EMPLOYMENT, AFDC/TANF, VA, Social Security, SSI, SSD, Unemployment, Worker's Compensation, Child Support, etc.** Example: Wages, \$150/week, SSI, \$421/month.

Family Member Name	Income Source	Amount \$	Frequency – Per
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year

12. Do you have a checking account? Yes No Name of institution: _____ Current balance: _____ *(Please attach 6 months of checking statements)*
 Do you have direct deposit? Yes No
 Do you have a savings account? Yes No Name of institution: _____ *(Please attach a current savings account statement)*
 Do you own any Certificates of Deposit? Yes No Amount: _____
 Do you own any stocks? Yes No Do you own any bonds? Yes No If yes, describe the type of asset(s) please: _____
 What is the market value of all assets? _____
13. Do you own any real estate? Yes No. If yes, what is the address? _____

14. Have you sold any real estate in the past two years? Yes No. If yes, what was the address? _____

 What was the market value of the property sold? _____
15. Do you have a car? Yes No Model/Year _____ Tag # _____
 Model/Year _____ Tag # _____
 Are you making monthly payments? Yes No If yes, what is the monthly payment amount? \$ _____
16. Current Landlord's name _____ Contact # _____
 Current Landlord's mailing address _____
 Date Family Moved to this location _____

17. Previous address including Apt. # _____
City, State and Zip _____
Landlord's name _____
Landlord's address _____ Contact # _____
Date family moved from this location _____

GHA will be contacting all former landlords for the period three years from the date of application.

Screening Questions: A "yes" answer will not necessarily disqualify you for admission.

18. Have you or any member of your household ever lived in public housing? Yes No. If yes, where? _____

19. Dates: From _____ to _____ Name of Lessee: _____
If yes, do you owe any money to the housing authority? Yes No Amount owed \$ _____
20. Have you or any member of your household ever been evicted from Public Housing? Yes No If yes, why? _____

21. Have you or any member of your household ever been a participant on the Section 8 Housing Choice Voucher Program? Yes No. If yes, name of housing authority _____
City and State _____
22. Have you or any member of your household ever been terminated from Section 8 Housing Choice Voucher Program? Yes No Date _____ Reason _____
23. Have you or any member of your household ever been a tenant of Seminary Lane or The 400 Apartments? Yes No.
24. Have you or any member of your household ever been evicted from Seminary Lane or The 400 Apartments? Yes No Date _____ Reason _____
25. Does anyone outside of your household pay any of your bills? Yes No If yes, explain _____

26. Does anyone outside of your household give you money? Yes No If yes, explain. _____

27. Have you or any other adult member(s) ever used any name(s) or Social Security Number(s) other than the one you are currently using? Yes No. If yes, explain _____

28. Have you ever committed fraud in a federally assisted housing program? Yes No If yes, explain. _____

29. Have you ever been requested to repay money for knowingly misrepresenting information for a housing program? Yes No. If yes, explain: _____

30. Have you ever been arrested? Yes No. If yes, City and State _____
Dates(s) _____ Crime(s): _____

If yes, please explain the nature of the offense(s) and who was involved? _____

31. Have you ever been convicted of a crime, other than a minor traffic violation? Yes No If yes, please explain. _____

32. Have you ever been issued a "Notice to Appear?" Yes No If yes, please explain. _____

33. Have you ever been on probation or parole? Yes No If yes, length of time on probation/parole: _____

34. Are you currently on probation? Yes No If yes, for how long? _____

35. Has any member listed on this application ever been arrested? Yes No If yes, Where? _____
Date(s): _____ Crime(s) _____

If yes, please explain the nature of the offense and who was involved? _____

36. Has any member listed on this application been convicted of a crime, other than a minor traffic violation?
 Yes No If yes, please explain. _____

37. Is anyone listed on this application currently on parole or probation? Yes No. If yes, please explain:

GHA will request a criminal background from all household members 16 years of age and older.

I/we have answered every question on this application truthfully and correct and to the best of my/our knowledge with the understanding that any misrepresentation could result in the denial of this application. I/we certify that all information on this application will be verified. I/we authorize the release of information to the Gainesville Housing Authority (GHA) by my/our employer(s), the Department of Children and Family Services, the Social Security Administration, and/or other business or government agencies. I also understand that **all changes** in the income of any member of the household as well as any changes in the household members must be reported to the GHA in **WRITING, IMMEDIATELY**.

_____ Applicant Signature	_____ Date
_____ Co-Applicant/Spouse Signature	_____ Date
_____ GHA Representative	_____ Date

"Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act at 208 (a) (6), (7) and (8).** Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6) (7) and (8).**"



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**PUBLIC HOUSING BACKGROUND INVESTIGATION
AUTHORIZATION / WAIVER / RELEASE**

I, _____, authorize the Gainesville Housing Authority (GHA), to conduct a thorough investigation of my personal history, character and reputation, criminal history (including all law enforcement records), law enforcement testing and background investigations, and residence history. Accordingly, I authorize any and all of these parties having knowledge of my past and present to cooperate in this process by releasing information as requested. I hereby release these parties from any and all liability for damages for providing the information requested.

I do acknowledge and accept that any information concerning me which is received by the GHA is subject to the provisions of the Public Records laws regulated by Florida State statutes. I hereby waive any rights or claims I may have whether presently fully developed or not, against the GHA or its' agents or unauthorized, employees, arising out of or resulting from the release, authorized or unauthorized, of the information received pursuant to or in connection with the GHA's handling, processing, investigation, etc., of my background investigation forms, or any other component of the applicant screening process. I understand this investigation will be conducted prior to my being offered residency.

Copies of this form shall be considered to be an original. This form expires one year from the date of the signature and notarization. In accordance with the Americans with Disability Act, medical information will not be requested and/or considered prior to an offer.

Signature

Print Name

STATE OF FLORIDA
COUNTY OF ALACHUA

Subscribed and sworn/affirmed to before me this _____ day of _____, 20____, by _____, who is personally known to me or who has produced _____ as identification.

(type of identification)

(Seal Above)

_____, Notary Public, Commission No. _____

(Signature)

_____, Name of Notary

(Print)

Authorization for the Release of Information! Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing and
Urban Development
Office of Public and Indian Housing

PHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

Gainesville Housing Authority (GHA)
PO BOX 1468
1900 SE 4TH STREET
GAINESVILLE, FLORIDA 32602

IHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. Private owners may not request or receive information authorized by this form.

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 61 03(1)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____	_____	_____
Head of Household	Date		
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.



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PUBLIC HOUSING HOUSEHOLD SIZE VERIFICATION

Please list all persons living in the household that you now occupy.

I _____, do hereby swear or affirm that I live with _____
who is _____ (relationship) at the following address: _____

Names of ALL persons living at the above address:

Signature of Applicant

Signature of Person you live with

STATE OF FLORIDA
COUNTY OF ALACHUA

Subscribed and sworn/affirmed to before me this _____ day of _____, 20____, by
_____, who is personally known to me or who has produced
_____ as identification.
(type of identification)

(Seal Above)

_____, Notary Public, Commission No. _____

_____, Name of Notary

(Print)



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Declaration of Citizenship Form 214

NOTICE TO APPLICANTS AND TENANTS: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it to the Gainesville Housing Authority (GHA) office along with this application. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

I, _____, certify, under penalty of perjury that, to the best of my knowledge, I am lawfully within the United States because (Please check appropriate box):

- 1. I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- 2. I have eligible immigration status and I am 62 years of age or older (attach proof of age) or
- 3. I have eligible immigration status as checked below. Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
 - a. Immigrant status under 101 (a or 101(a)(20) of the INA; or
 - b. Permanent residence under 249 of INA; or
 - c. Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA; or
 - d. Parole status under 212(d)(5) of the INA;
 - e. Amnesty under 245A of the INA

Signature

Date

- Check box if signature is of adult residing in the unit who is or will be residing in the unit and who is responsible for child named on statement above, as the parent/guardian may not sign child's name.

FOR HA ONLY: INS/SAVE Primary Verification #: _____ Date: _____

DECLARATION OF CITIZENSHIP

Warning: 18 U.S.C. 1001 provides among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years , or both.

The following footnotes pertain to non-citizens who declare eligible immigration status in one of the following categories:

2. **Eligible immigration status and 62 years of age or older.** For non-citizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

3.
 - a. **Immigrant status under §§101(a)(15) or 101(a)(a)(20) of INA.** A non-citizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [immigrant status]. This category includes a non-citizen admitted under §§210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker status], who has been granted lawful temporary resident status.

 - b. **Permanent resident under §249 of INA.** A non-citizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 247].

 - c. **Refugee, asylum, or conditional entry status under §§207, 208 or 203 of INA.** A non-citizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C. 1158 [asylum status]; or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153 (a)(7)) before April 1, 1980, because of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].

- d. **Parole status under §212(d)(5) of INA.** A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C. 1182(d)(5))*[parole status]*.
- e. Threat to life or freedom under §243(h) of INA. A non-citizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h)) *[threat to life or freedom]*.
- f. Amnesty under §245A of INA. A non-citizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a)*[amnesty granted under INA 245A]*.

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for non-citizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.

Instructions to Family Member For Completing Form: On opposite page, print or type first name, middle initial(s), and last name. Place an "X" or "✓" in the appropriate boxes. Sign and date at bottom of page. Place and "X" or "✓" in the box below the signature if the signature is by the adult residing in the unit who is responsible for Child.

Revised: 10/05



Gainesville Housing Authority

1900 SE 4th Street, P.O. Box 1468, Gainesville, FL 32602
Telephone (352) 334-4000 ♦ Fax (352) 334-4010 ♦ TDD (352) 334-4015

PUBLIC HOUSING VERIFICATION OF SUPPORT

At least three months of support must be submitted along with this form. Verification of support “must” be in the form of money orders, cancelled checks, etc. You “must” provide proof of Cash payments also.

I, _____, do hereby swear of affirm that I am paid the amount of
(Person who receives the support)

\$ _____ a month from _____ for:
(Person who pays the support)

1. Alimony
2. In-kind (bills, personal items, etc.)
3. Child Support for the following child(ren):

_____	_____
_____	_____
_____	_____
_____	_____

Signature of Applicant

STATE OF FLORIDA
COUNTY OF ALACHUA

Subscribed and sworn/affirmed to before me this _____ day of _____, 20____, by
_____, who is personally known to me or who has produced
_____ as identification.
(type of identification)

(Seal Above)
_____, Notary Public, Commission No. _____
_____, Name of Notary
(Print)



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Public Housing Request for Verification of Employment Income

Date: _____

To: _____

From: Gainesville Housing Authority
PO Box 1468
Gainesville, FL 32602

Attention Employer: *This verification must be returned via mail or fax to the person listed above.*

SUBJECT: Verification of Information Supplied by an Applicant for Housing Assistance

RE: Employee: _____ Soc. Sec. No. _____
Address: _____ Title: _____

“I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.”

Employee Signature: _____ Date: _____

The above-named person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person’s eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown above.

Verification of Employment Income (Please complete whether currently employed or not)

Type of employment: Non-Military Military (also complete 11 & 12)

1. Date first employed: _____ Base pay: \$ _____
per: hour day week month year Effective date: _____

2. Expected average number of hours to be worked during the next 12 calendar months at base pay rate _____
per: hour day week month year

3. Change in base rate anticipated during next 12 months to \$ _____ per hour day week
 month year

4. Overtime pay rate per hour \$ _____ hour day week month year
Expected average number of hours to be worked per week during next 12 calendar months _

5. Other compensation not included above (specify for commissioners, bonuses, tips, etc.)
 For _____ \$ _____ per _____.
6. Amount deducted per pay period for health insurance \$ _____
7. Do you receive Social Security? Yes No
 If yes, amount received \$ _____ (Please attached award letter)
- Has the monthly payment been reduced for overpayment of previous benefits? If so, by how much?
 \$ _____
8. Amount vacation pay over and above regular pay \$ _____ per hour day week
 month year
9. If employer is landlord, is a rent reduction given Yes No Amount \$ _____
10. Do federal funds pay for any part of salary? Yes No Amount \$ _____
 If yes, name of program is _____

Complete Only If Employee Is Receiving Military Employment

11. Years _____ and months _____ of services for pay purposes.
 Number of dependents claimed _____

12. Monthly income from the following sources:

Base pay and longevity pay	\$ _____
Proficiency pay	\$ _____
Sea and foreign duty pay	\$ _____
Hazardous duty pay	\$ _____
Imminent danger pay	\$ _____
Subsistence allowance (Include only amount contributed by government)	\$ _____
Other (explain)	\$ _____
TOTAL AMOUNT RECEIVED MONTHLY	\$ _____

To be completed by the Employer:

Signature of Person Supplying Information: _____
 Name of person supplying information (print/type) _____
 Title of person completing information _____
 Contact Phone Number (_____) _____ Date Completed _____

"Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act at 208 (a) (6), (7) and (8).** Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6) (7) and (8).**"



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Public Housing Verification of Child Care or Attendant Care Costs (Provider)

Name of Head _____ File # _____

I, _____, SS# or Tax ID# _____, who lives at _____
 (Street address, City, State, Zip Code)

do hereby certify that I provide care on the following days for the hours indicated for the following children or dependent persons:

Name	Age	Mark days cared for							Hours	
		M	T	W	Th	F	S	Su	From	To

Total hours: _____ per week _____ per month

Cost of care to the family: \$ _____ [] per week [] per month

Amount paid by the family: \$ _____ [] per week [] per month

Estimated cost of care for the upcoming 12 months: \$ _____
 (including full-time summer care of school children, if applicable)

 Signature of Care Provide Relationship to parent (if any)

Important: This form must be executed whenever a deduction from income is made

STATE OF FLORIDA
 COUNTY OF ALACHUA

Subscribed and sworn/affirmed to before me this _____ day of _____, 20____, by _____, who is personally known to me or who has produced _____ as identification.
 (type of identification)

(Seal Above)
 _____, Notary Public, Commission No. _____
 _____, Name of Notary
 (Print)

"Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act at 208 (a) (6), (7) and (8).** Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6) (7) and (8).**"

We do business in accordance with the Fair Housing Act

GHA Application



Gainesville Housing Authority

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PUBLIC HOUSING VERIFICATION OF ABSENT SPOUSE

I, _____ do hereby certify that my spouse,
(Head of Household)

_____, has not resided with me as part of my household
(Spouse=s full name)

for more than ninety days, and that my spouse is **permanently** absent from my household.

I understand that before adding a person 18 years old or older to my household composition, I must first have written approval from my landlord and the Gainesville Housing Authority (GHA).

NOTE: Florida Law Chapter 409.325 F.S. makes it a crime to knowingly give false information to get into housing, to get lower rent, or to receive aid or benefits under any state or federally funded assistance program.

Head of Household _____
(Print Name)

(Signature of Head of Household)

(Date)

THIS STATEMENT MUST BE NOTARIZED AND RETURNED TO THE GAINESVILLE HOUSING AUTHORITY BEFORE CERTIFICATION/RECERTIFICATION CAN BE COMPLETED.

STATE OF FLORIDA}
COUNTY OF _____}

We do business in accordance with the Fair Housing Act

Under penalties of perjury I hereby declare that the above information is true and correct to the best of my knowledge and belief.

(Signature of Affiant)

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____ who is personally known to me or who has produced as identification and who did/did not take an oath.

NOTARY PUBLIC

My Commission Expires: _____

NOTARY SEAL

ORIGINAL (RESIDENT FILE)

YELLOW (APPLICANT)



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PUBLIC HOUSING LANDLORD VERIFICATION REQUEST

Attention: Landlord
(This form must be mailed or faxed by the landlord/manager to: GAINESVILLE HOUSING AUTHORITY
NO OTHER form of return will be accepted!!!!)

_____ who resides at _____ applying for housing with the Gainesville Housing Authority (GHA). Before we can complete his/her application, a landlord verification form must be completed. Please answer the following questions, and mail this form back in the enclosed envelope. Thank you.

Applicant's Release:

I, _____, hereby authorize the release of the requested information.

Applicant's Signature _____ Date _____

Name of person completing form: _____ Title: _____
Landlord's Name (please print) _____ Contact Number: _____

Dates of Tenancy: From _____ to _____

Are you the Current Landlord Previous Landlord Other

1. Are you a relative of the applicant? Yes No If yes, describe relationship: _____
2. Are you a friend of the applicant? Yes No
3. Does the applicant have a lease? Yes No

Rent Payment History

1. Amount of monthly rent: \$ _____
2. Does/did applicant pay rent on time? Yes No
3. Has/had s/he ever paid late? Yes No How late? _____ How often? _____
4. Have/had you ever begun eviction for non-payment of rent? Yes No If yes, when? _____
5. Have/had you ever completed eviction for non-payment of rent? Yes No, If yes, when? _____
6. Was a Court judgment rendered in your favor for eviction for non payment? Yes No
7. Do you provide any of the utilities for the unit? Yes No
8. Have tenant-paid utilities ever been disconnected? Yes No

Caring for the Unit

1. Does/did applicant keep the unit clean? Yes No Safe Yes No Sanitary? Yes No
2. Has/had the applicant damaged the unit? Yes No If yes, please describe: _____

- Cost of repair: \$ _____ How often? _____
3. Has/had the applicant paid for the damage? Yes No
4. Will/did you keep any security deposit? Yes No
5. Does/did the applicant have problems with insect/rodent infestation? Yes No
6. Does/did the applicant's housekeeping contribute to infestation? Yes No
7. Did the applicant make any alterations to the unit without your permission? Yes No

General

1. Is/was the applicant listed on the lease for the unit? Yes No
2. Does/did the applicant permit persons other than those on the lease to live in the unit on a regular basis? Yes No If yes, describe: _____

3. Has/had the applicant, family members or guests damaged the common areas? Yes No If yes, describe: _____

4. Has/had the applicant, family members or guests vandalized the common areas? Yes No If yes, describe: _____

5. Does/did the applicant, family members or guests create any physical hazards to the complex or other residents? Yes No If yes, describe: _____

6. Does/did the applicant, family members or guests interfere with the rights and quiet enjoyment of other tenants? Yes No If yes, describe: _____

7. Have the applicant, family members or guests engaged in any criminal activity, including drug-related criminal activity? Yes No If yes, describe: _____

8. Has/had the applicant given you any false information? Yes No If yes, describe: _____

9. Has/had the applicant, family members or guess acted in a physically violent and/or verbally abusive manner toward neighbors, landlord, or landlord's staff? Yes No If yes, describe: _____

10. Would you rent to this applicant again? Yes No If no, why? _____



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PUBLIC HOUSING CERTIFICATION OF MATERIAL FACTS

I certify by my signature that the entire application for admission or the application for continued occupancy has been fully explained to me, including the penalties involved for misrepresentation of facts.

I have been informed and understand that Florida Law, Section 409.325 Florida Statutes, make it a crime to knowingly give false information to obtain or receive housing, lower rent, or benefits under any State of federally funded assistance program. Each such false statement or misrepresentation or failure to disclose a material fact or change in circumstances is a separate offense and may be punishable by a fine of up to \$5,000.00 or by imprisonment for up to 5 years, or both such fine and imprisonment.

Signature of Applicant

Date

Signature of Applicant

Signature of Applicant

Signature of Applicant

Signature of Witness



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GAINESVILLE HOUSING AUTHORITY

ONE STRIKE-YOU'RE OUT POLICY

I, _____ hereby certify that I have received a copy of the Gainesville Housing Authority (GHA) "One Strike-You're Out" Policy regarding prospective tenant screening for criminal activity, alcohol abuse and illegal drug activity. I have also had this policy explained to me by GHA staff. I understand that if I have been previously arrested or convicted or any member of my household, age 16 or older, has been previously arrested or convicted for any of the criminal activity listed in the Policy, this may be grounds for GHA to deny my application for tenancy in public housing.

To the best of my knowledge, I have fully disclosed to GHA staff during the application process the existence of all prior criminal arrests or convictions that apply to me or any listed member of my household. I understand that GHA will verify this information by periodically obtaining official criminal histories/criminal records relating to me and all members of my household, age 16 or older, prior to my acceptance as a tenant by GHA.

Applicant

Date

Spouse

Date

Co-Head of Household

Date

GHA Staff Member

Date

(Resident signed or refused to sign)



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SPECIAL UNIT REQUIREMENT(S) 504 QUESTIONNAIRE

This questionnaire is used to determine whether a family member will need special features in their housing unit. The need for special adaptations must be verified by a physician's note.

Applicant Name: _____ SSN: _____

Address: _____

Date: _____

- I choose not to complete this form _____ (initial here)
- There are disabilities in the family but I do not request any accommodations or modifications to my unit. _____ (initial here)
- There are no disabilities in the family (not required to complete this form) _____ (initial here)

Applicant Signature _____

1. a. Do you or does any member of your family have a condition that requires:

- | | |
|---|---|
| <input type="checkbox"/> A separate bedroom | <input type="checkbox"/> Unit for Vision-Impaired |
| <input type="checkbox"/> A wheelchair accessible unit | <input type="checkbox"/> Unit for Hearing Impaired |
| <input type="checkbox"/> One-level unit | <input type="checkbox"/> BR/Bath on 1 st Floor |
| <input type="checkbox"/> Physical modifications to an existing unit | <input type="checkbox"/> Other |

b. If any box above is checked, please explain exactly what accommodation is needed:

2. a. Can you and all your family members go up and down stairs/steps unassisted?

- YES NO

b. If no, please indicate what accommodation is needed: _____

3. a. Will you or any of your family members require a live-in aide to assist you?

- YES NO If yes, check one: _____ Temporary _____ On-going

b. If YES, please explain _____

4. Please list the name(s) of the family member(s) who needs the special features identified in questions 1, 2 or 3 above? _____

5. Please provide the source (i.e., doctor, medical source, etc.) who can verify the need(s) for the features identified above? **(A PHYSICIAN OR OTHER COMPETENT SOURCE'S NOTE MUST BE ATTACHED)**

Name _____

Address _____

Phone # _____



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Authorizations, Representations and Certifications

I, _____(name), have attached with this application **ALL** the required documents and have had notarized all the documents that require the signature of a notary. Further, I understand that any misrepresentation of information required on this application may disqualify me from consideration for continued participation and may be grounds for denial of housing assistance.

WARNING! Title 18 Section 1001 of the U.S. Code States that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development is guilty of a felony.

NOTICE: Any attempt to obtain any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud and any act of assistance to such attempt is a crime under Florida Statutes 421.101.

Signature of Head of Household

Date

Signature of Spouse

Date

Signature of Co-head

Date

Signature of other adult

Date

I DO HEREBY CERTIFY THAT I HAVE REVIEWED ALL ANSWERS AND CERTIFICATIONS WITH APPLICANT PRIOR TO SIGNATURES.

Housing Authority Representative

Date



Gainesville Housing Authority

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COMMISSIONERS

GORDON TREMAINE, CHAIRPERSON
BARBARA FITZSIMMONS, RESIDENT COMMISSIONER/ VICE CHAIRPERSON
ANDREW R. MICKLE
JANE MORRIS
ANTHONY GORDON

EXECUTIVE DIRECTOR

JOHN E. CHERRY

Congratulations!

You have just completed the first step for housing with the Gainesville Housing Authority (GHA). To be sure your application is processed as quickly as possible please use the checklist below to en sure you have **originals** needed to submit with your application.

- Birth Certificate/Alien Registration Card for all members of the household
- Social Security Card for all members of the household
- Current picture identification for all adult members (18 years old or older)
- Computerized Print-outs for the following:
 - Child Support Documentation
 - Employment Verification
 - Social Security Award/Denial Letter
 - Bank Statements (checking (6 months) and savings (current))
 - TANF/Food Stamps/Cash Assistance
 - Unemployment Compensation
 - Internal Revenue Services (IRS at 1-800-829-1040)
 - Alimony
 - Worker's Compensation
- Verification of Support (notarized)
- Household Size Verification (notarized)
- Verification of Child Care Costs (notarized)
- Background Investigation Authorization/Waiver/Release Form (notarized)

Thank you and we look forward to providing your housing needs.

Sincerely,

GHA Management