



# Gainesville Housing Authority

1900 SE 4<sup>th</sup> Street, Gainesville, FL 32641

Telephone (352) 872-5500 ♦ Fax (352) 872-5501 ♦ TDD (352) 872-5503

## COMMISSIONERS

EVELYN FOXX, CHAIRPERSON  
ANDREW R MICKLE, VICE CHAIRPERSON  
BARBARA FITZSIMMONS, RESIDENT COMMISSIONER  
YVONNE HINSON-RAWLS  
JANE MORRIS

## EXECUTIVE DIRECTOR (INTERIM)

BERNADETTE D. WOODY

Dear Gainesville Housing Authority Applicant:

Thank you for allowing the Gainesville Housing Authority (GHA) the opportunity to provide you housing. When you return this Pre-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 to eight (6-8) weeks or longer**. Eligibility determination includes the **verification and receipt** of all required information. 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 pre-application will not be given over the telephone.***

***Again, your consideration is appreciated by not calling to inquire about the status of your pre-application. However, if you have not received a response in six to eight (6-8) weeks, you may submit a completed "Request for Status" form.***

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

***REMEMBER TO COMPLETE ALL PAPERWORK INCLUDED IN THIS PRE-APPLICATION PACKET AND SUBMIT IT TO THE MAIN OFFICE, LOCATED AT 1900 SE 4<sup>TH</sup> STREET. PRE-APPLICATIONS CAN BE HAND-WRITTEN IN BLUE OR BLACK INK OR CAN BE TYPED. PLEASE DO NOT USE WHITE-OUT TO MAKE CORRECTIONS. PRE-APPLICATIONS MAY BE DOWNLOADED ON LINE AT [www.gainesvillehousingauthority.org](http://www.gainesvillehousingauthority.org).***

Sincerely,

GHA Management

FILED: WORDDOCS/H/PH/ APPLICATION PACKET

## Helpful Hints

To ensure that your Pre-Application is processed as quickly as possible, when you are contacted for your appointment, please bring the originals of the items listed below:

- 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

Failure to produce the requested items will delay the processing of your pre-application. Therefore, if you do not have these items at the time of your appointment, please call to reschedule.

Your cooperation and consideration is greatly appreciated.



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## **APPLICATION FOR HOUSING**

### **OPTIONS FOR APPLICANTS WITH DISABILITIES OR HANDICAPS**

If you are a person with a handicap or a disability, or have difficulty completing this pre-application, please advise us of your needs, or call us at the above number between the hours of 8:00 a.m. to 5:00 p.m., Monday through Friday, to schedule assistance. If you have a hearing impairment, our TDD number is 872-5503, 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 Program. 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. It is suggested that you inform us of any modifications or accessibility requirements needed for your occupancy.

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

- Making reasonable alterations to a unit so it can 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 pre-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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## **QUALIFICATIONS FOR ADMISSIONS**

Please read **Carefully**. Incomplete Pre-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 certify that they do not have Social Security numbers;
  - e. Meet or exceed the Applicant Selection 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 ("Zero Tolerance").
2. Completed pre-applications will be entered on the waiting list in date, time and preference order that it is 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 pre-application at GHA's main office, located at 1900 SE 4<sup>th</sup> 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.

GHA Staff Accepting Pre-Application \_\_\_\_\_

(Please print name & Date)

## PH PRE-APPLICANT INFORMATION FOR HOUSING

*(Instructions: Please read carefully. Incomplete applications will not be processed)*

"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).\*\*"

I learned of the GHA:  Word of Mouth  Newspaper/Publication/Flyer (which \_\_\_\_\_)  
 Expo, Workshop, Conference (Name: \_\_\_\_\_)

### 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 \_\_\_\_\_

### *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	Are you a student at an institution of higher learning?*
	Last	First							
H						Head			
2									
3									
4									
5									
6									
7									
8									

*We do business in accordance with the Fair Housing Act*

**GHA Application**

5. If you are a person with a disability, do you require a reasonable accommodation or an accessible unit? If so, please describe. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

***\*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(a). Are you displaced by a declared Natural Disaster, such as a flood, hurricane, earthquake, tornado, fire, etc.?  Yes  No If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_

6(b). Are you displaced by governmental action through no fault of your own?  Yes  No If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_

6(c). Are you displaced due to a Section 8 Shortfall?  Yes  No If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_

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

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

8. 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 #: \_\_\_\_\_  
 \_\_\_\_\_

9. 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 #: \_\_\_\_\_  
 \_\_\_\_\_

10. **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

11. 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? \_\_\_\_\_
12. Do you own any real estate?  Yes  No. If yes, what is the address? \_\_\_\_\_  
 \_\_\_\_\_
13. 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? \_\_\_\_\_
14. 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?  
 \$ \_\_\_\_\_
15. Current Landlord's name \_\_\_\_\_ Contact # \_\_\_\_\_  
 Current Landlord's mailing address \_\_\_\_\_  
 Date Family Moved to this location \_\_\_\_\_
16. 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 listed above for the period three years from the date of application.**

**Screening Questions: A “yes” answer will not necessarily disqualify you for admission.**

17. Have you or any member of your household ever lived in public housing? Yes No. If yes, where? \_\_\_\_\_  
\_\_\_\_\_
18. Dates: From \_\_\_\_\_ to \_\_\_\_\_ Name of Lessee: \_\_\_\_\_  
If yes, do you owe any money to the housing authority? Yes No Amount owed \$ \_\_\_\_\_
19. Have you or any member of your household ever been evicted from Public Housing? Yes No If yes, why? \_\_\_\_\_
20. 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 \_\_\_\_\_
21. Have you or any member of your household ever been terminated from Section 8 Housing Choice Voucher Program? Yes No Date \_\_\_\_\_ Reason \_\_\_\_\_
22. Have you or any member of your household ever been a tenant of Seminary Lane or The 400 Apartments? Yes No.
23. Have you or any member of your household ever been evicted from Seminary Lane or The 400 Apartments? Yes No Date \_\_\_\_\_ Reason \_\_\_\_\_
24. Does anyone outside of your household pay any of your bills? Yes No If yes, explain \_\_\_\_\_  
\_\_\_\_\_
25. Does anyone outside of your household give you money? Yes No If yes, explain. \_\_\_\_\_  
\_\_\_\_\_
26. 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 \_\_\_\_\_  
\_\_\_\_\_
27. Have you ever committed fraud in a federally assisted housing program? Yes No If yes, explain. \_\_\_\_\_  
\_\_\_\_\_
28. Have you ever been requested to repay money for knowingly misrepresenting information for a housing program? Yes No. If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
29. 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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

30. Have you ever been convicted of a crime, other than a minor traffic violation?  Yes  No If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
31. Have you ever been issued a "Notice to Appear?"  Yes  No If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
32. Have you ever been on probation or parole?  Yes  No If yes, length of time on probation/parole: \_\_\_\_  
 \_\_\_\_\_
33. Are you currently on probation?  Yes  No If yes, for how long? \_\_\_\_\_
34. Excluding you, 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? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
35. Excluding you, has any member listed on this application been convicted of a crime, other than a minor traffic violation?  
 Yes  No If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_
36. Excluding you, 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 pre-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 pre-application. I/we certify that all information on this pre-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



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Congratulations!

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

- 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

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

Sincerely,

GHA Management