



HOUSING & COMMUNITY DEVELOPMENT APPLICATION FOR HOUSING ASSISTANCE

Type of Assistance: _____

Annual Income: _____
Inc Category (VL,LI,MI): _____

GENERAL INFORMATION:

	APPLICANT	CO-APPLICANT
Full Name (include Jr. or Sr. if applicable)		
Social Security Number		
Date of Birth / Age		
Marital Status	() Married () Unmarried	() Married () Unmarried
	() Separated Yrs. School ____	() Separated Yrs. School ____
Home Phone (incl. Area Code)		
Present Address (Street)		
City, State, Zip Code		
() Own () Rent _____ No. Yrs. _____		Monthly Rent/Mortgage \$ _____
Landlord/Apartment Name: _____		Phone: _____
Address: _____		

Former Address (if residing at present address less than two years)	
Address (Street)	
City, State, Zip Code	
() Own () Rent _____ No. Yrs. _____	Monthly Rent/Mortgage \$ _____
Landlord/Apartment Name: _____	Phone: _____
Address: _____	

Other Household Members		No. of Dependents: _____		
Name(s)	Social Security Number	Date of Birth/Age	Relationship to Applicant	Employed?
				() Y () N
				() Y () N
				() Y () N
				() Y () N
				() Y () N
				() Y () N

Is Applicant, Co-Applicant, or any other household member, age 18 or older, a full-time student?
() Y () N If yes, please list names: _____

EMPLOYMENT INFORMATION:

	APPLICANT	CO-APPLICANT
Employer Name		
Employer Address		
City/State/Zip Code		
Employer Phone #	()	()
Position/Title		
Time/Dates Employed		
Pay Rate & Frequency/# Hours		

If employed in current position for less than two years or if currently employed in more than one position, complete the following:

EMPLOYMENT INFORMATION:	APPLICANT	CO-APPLICANT
Employer Name		
Employer Address		
Employer Phone #		
Position/Title		
Time/Dates Employed		
Pay Rate & Frequency/# Hours		

NOTE: Attach additional sheets as necessary for ALL EMPLOYED household members 18 years and over, (including signed authorization form for each member).

Initials: Applicant _____ Co-Applicant _____



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OTHER SOURCES OF INCOME:

(For ALL Household Members 18 and Over)

List Business or Rental Net Income, Child Support, Alimony, Social Security, Pensions, Unemployment or Workers Compensation, Welfare Payments, etc.

Name of Recipient	Type of Income	Gross Annual Income
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		
		Total \$

ASSETS AND ASSET INCOME:

(For ALL Household Members, Including Minors)

List Checking and Savings Accounts, IRA, CD, Bonds, Stocks, Property Equity, Cash Value of Pensions and Insurance Policies, etc.

Type of Asset:	Asset Value	Bank/Ins. Co. Name	Account #	Annual Asset Income
1.	\$			\$
2.	\$			\$
3.	\$			\$
4.	\$			\$
5.	\$			\$
6.	\$			\$
				Total \$

LIABILITIES:

(For ALL Household Members 18 and Over)

List Credit Card Debt, and Automobile, Real Estate and Mortgage Loans, etc.

Type: (Credit/Loan, etc.)	Creditor's Name	Balance Owed	Monthly Payment
1.		\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
		Total Monthly Payments: \$	

ETHNICITY/SPECIAL NEEDS:

(For reporting purposes only, please check all that apply for Head of Household only):

<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian/Pacific Islander
<input type="checkbox"/> Native American	<input type="checkbox"/> Farmworker	<input type="checkbox"/> Disabled or Disabled Minor	
<input type="checkbox"/> Elderly	<input type="checkbox"/> Homeless	<input type="checkbox"/> Other: _____	

I/We understand that Florida Statute 817 provides that willful false statements or misrepresentation concerning income; asset or liability information relating to financial condition is misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83. I/We further understand that any willful misstatement of information will be grounds for disqualification. I/We certify that the application information provided is true and complete to the best of my/our knowledge. I/We consent to the disclosure of information for the purpose of income verification related to making a determination of my/our eligibility for program assistance. I/We agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided are a matter of public record.

Applicant Signature

Date

Co-Applicant Signature

Date