

**PASCO COUNTY HOUSING AUTHORITY
CYPRESS VILLAS II
PATTI LANE
LACOOCHEE, FLORIDA
(MANAGEMENT OFFICE LOCATED AT:
20613 BLANCHETTE COURT, LACOOCHEE, FLORIDA)
(352) 583-4344**

PLEASE READ CAREFULLY AND RETAIN THIS PAGE FOR YOUR RECORDS

1. Applications must be completed in their entirety (pages 1-11) or they will be disqualified. Applications must be dropped off at one of the Housing Authority apartment complex offices or mailed to the Housing Authority's main office located at 14517 7th Street, Dade City, Florida 33523 (**NO FAXED OR EMAILED APPLICATIONS WILL BE ACCEPTED**). Applications received will be put on a waiting list on a "first received, first served" basis, after all preferences (please read application for preference criteria). The amount of time you are on a waiting list is determined by the availability of units at this community. Eligibility requirements must be met at the time of application; along with at the time of offer.
2. **THERE IS NO IMMEDIATE HOUSING ASSISTANCE AVAILABLE.**
3. **If you have a change of address at anytime, you must submit that change in writing to the Pasco County Housing Authority's Main Office located at 14517 7th Street, Dade City, Florida, 33523. This request must be signed by the applicant.**
4. Applicants already on waiting lists for other housing programs must apply separately for this community; such applicants will not lose their place on other waiting lists when they apply for Cypress Villas II.

AN EQUAL OPPORTUNITY EMPLOYER

CYPRESS VILLAS II

0

"THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER"



FOR OFFICE USE ONLY: Date Received: / / Time Received: am/pm Received By:

**PASCO COUNTY HOUSING AUTHORITY
APPLICATION FOR CYPRESS VILLAS II**

Date: _____

Family Head _____

Emergency Contact Person _____

Current Address _____

Telephone Number _____

Telephone Number _____

Mailing Address (if different) _____

For Statistical Purposes Only

Race of Head: African American/Black Asian Hawaiian/Pacific Islander

Native American/Alaskan Native Caucasian/White

Ethnicity of Head: Hispanic/Latino Non-Hispanic/Non-Latino

STATEMENT OF FAMILY COMPOSITION AND INCOME

List of all persons, *INCLUDING YOURSELF*, who will be living in your unit: (Use the back of this sheet if necessary)

Full Name	Social Security Number	Date of Birth	Age	Sex	Disabled Person?	Full Time Student?	Relationship to Head
1. _____	___/___/___	___/___/___	___	M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
2. _____	___/___/___	___/___/___	___	M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
3. _____	___/___/___	___/___/___	___	M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
4. _____	___/___/___	___/___/___	___	M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
5. _____	___/___/___	___/___/___	___	M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
6. _____	___/___/___	___/___/___	___	M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
7. _____	___/___/___	___/___/___	___	M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
8. _____	___/___/___	___/___/___	___	M <input type="checkbox"/> F <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

CYPRESS VILLAS II

“THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER”



FOR OFFICE USE ONLY: Date Received: / / Time Received: am/pm Received By:
 Fill in the blanks for you or each person in your unit who is working.

Name of Working Person	Employer's Name, Address & Telephone	Dates Worked	Pay Rates
1. _____	_____ _____ _____ (____) _____ - _____	From: ___/___/___ To: ___/___/___	\$ _____ Per _____
2. _____	_____ _____ _____ (____) _____ - _____	From: ___/___/___ To: ___/___/___	\$ _____ Per _____
3. _____	_____ _____ _____ (____) _____ - _____	From: ___/___/___ To: ___/___/___	\$ _____ Per _____

OTHER INCOME:

If you or any person in your unit receives income from any of the following sources check the source(s) and fill in the blanks.

- Welfare Assistance
 Retirement Pension
 Supplemental Security Income (SSI)
 Educational Grants
 Unemployment Compensation
 V A Benefits
 Child Support
 Social Security
 Other

Received by (Person in your household)	Received from (Source) Address and phone number	Amount
_____	_____	\$ _____ Per _____
_____	_____	\$ _____ Per _____
_____	_____	\$ _____ Per _____
_____	_____	\$ _____ Per _____
_____	_____	\$ _____ Per _____
_____	_____	\$ _____ Per _____



FOR OFFICE USE ONLY: Date Received: / / Time Received: am/pm Received By:

ASSETS

Have you disposed of any assets within the last two (2) years? Yes No

If yes, What was the asset? _____

What was the actual value of the asset? _____

What amount did you receive? _____

Do you or any member of your family have the following assets?

Household member's name	Savings/Checking Account (Name, address, and telephone number of bank)	Balance and/or value
Household member's name	Stocks or Bonds (Name of company, address, and telephone number)	Balance and/or value
Household member's name	Cash Value of Insurance Policy (Name of company, address, and telephone number)	Balance and/or value
Household member's name	Real Estate Property (List address of property)	Balance and/or value
Household member's name	Other (list type, address and telephone number)	Balance and/or value



FOR OFFICE USE ONLY: Date Received: / / **Time Received:** am/pm **Received By:**

REASONABLE ACCOMMODATIONS/DISABILITY EXPENSES

Does any member of your family have a disability where you might need a reasonable accommodation? Yes No

If yes, what is the reasonable accommodation you need? _____

Do you have any special unit requirement? Yes No

If yes, please list (for example: grab bars, wheelchair ramp, modified smoke detector, etc.) _____

Is the head of household or spouse age 62 or older or a person with a disability? Yes No

If yes, please answer the following question.

Does your household have any medical expenses (include insurance, Medicare deduction, doctor visits, hospital, clinic costs, prescriptions, therapy, supplies, medical transportation, etc.)? Yes No If yes, please describe the type of expense (not your medical condition) and the unreimbursed amount you spend per month on all medical expenses _____

Do you have any expenses on behalf of a household member with disabilities so an adult in the family can work? Yes No

If yes, describe the nature of the expense and the monthly amount: _____

EXPENSES

Do you have child care expenses for children under 13 so an adult in the family can work, go to school, or attend job training? Yes No

If yes, please list monthly unreimbursed child care cost, name, address, and phone # of your child care provider: _____

BACKGROUND INFORMATION

Current Landlord's Name, Address, and Telephone Number : _____

Current Rent Amount: _____

Applicant's Previous Address: _____

Have you ever been a participant of any Section 8 Rental Assistance Program in the Past? Yes No

If yes, where? _____

How long ago? _____

Reason for leaving? _____

CYPRESS VILLAS II

"THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER"



FOR OFFICE USE ONLY: Date Received: / / **Time Received:** am/pm **Received By:**

Have you ever lived in any properties managed by the Pasco County Housing Authority in the past? _____

Which property and when did you live there? _____

Do you owe any money to the Pasco County Housing Authority, any other housing authority, or any other rental assistance program in the United States? Yes No If yes, where? _____

Have you, or any member of your household ever been arrested or convicted of a drug related and/or violent criminal activity? Yes No
If yes, please explain the nature, date, and household member: _____

PREFERENCES

Cypress Villas II has a preference waiting list based on the following preferences:

- A. Displaced person(s): Individuals or families displaced by government action or whose dwelling has been extensively damaged or destroyed as a result of a disaster.
- B. Victims of domestic violence.
- C. Homeless: Homeless includes an individual who lacks a fixed, regular, and adequate nighttime residence; and (2) an individual who has primary nighttime residence that is: (A) supervised publicly or privately operated shelter designed to provide temporary living accommodations; (B) an institution that provides a temporary residence for individuals intended to be institutionalized; or (C) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

Are you requesting to be placed on the preference waiting list? Yes No

IF YES, YOU MUST ATTACH ONE OF THE FOLLOWING: A REFERRAL LETTER FROM A GOVERNMENT AGENCY, SOCIAL SERVICE AGENCY, SHELTER, POLICE REPORTS, COURT EVICTION NOTICE, DOMESTIC VIOLENCE INJUNCTION, FEMA, OR REDCROSS ALONG WITH THIS APPLICATION. IF A REFERRAL LETTER IS NOT ATTACHED, YOU WILL BE PLACED ON THE WAITING LIST AS A NON-PREFERENCE.

Marketing

Where did you hear about housing opportunities at Cypress Villas II?

_____ Newspaper _____ Manager/Staff _____ Resident _____ Friend _____ Social Service Agency

_____ Other, please describe _____

CYPRESS VILLAS II

“THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER”



FOR OFFICE USE ONLY: Date Received: / / Time Received: am/pm Received By:

I/we certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified. I/we authorize the release of information to the **Pasco County Housing Authority** by my/our employer(s), the Department of Children and Families, Social Security Administration, Pasco County Sheriff's Office, Law Enforcement Agencies, and/or other business or government agencies. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission.

THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY AND SIGNED BY ALL MEMBERS OF THE HOUSEHOLD 18 YEARS OF AGE OR OLDER OR THIS APPLICATION WILL BE DEEMED INCOMPLETE.

_____	_____
Head of Household Signature	Date
_____	_____
Co-Applicant Signature	Date
_____	_____
Other Adult Household member	Date
_____	_____
Other Adult Household Member	Date

WARNING: 18 U.S.C. 1001 PROVIDES, AMONG OTHER THINGS THAT WHOEVER KNOWINGLY AND WILLFULLY MAKES OR USES A DOCUMENT OR WRITING CONTAINING FALSE, FICTITIOUS OR FRAUDULENT STATEMENT OR ENTRY IN ANY MATTER WITHIN THE JURISDICTION OF A DEPARTMENT OR AGENCY OF THE UNITED STATES SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS OR BOTH.



**CONSENT FOR BACKGROUND CHECK, CREDIT CHECK,
AND THE RELEASE OF CRIMINAL RECORDS
TO THE PASCO COUNTY HOUSING AUTHORITY**

By execution of this consent form all household members 18 years of age and older identified below authorizes any law enforcement agency to release my/our criminal records, any credit agency to release my past and present credit history, and any previous landlord to release a previous landlord check to the Pasco County Housing Authority .

By execution of this consent form I/we understand that the Pasco County Housing Authority may use the criminal records, credit reports, and/or landlord checks obtained to screen applicants for admission to housing programs, for lease enforcement, for termination of assistance, and for the eviction of families residing in public housing or receiving rental assistance through any federally assisted housing programs.

I/We HEREBY AUTHORIZE any law enforcement agency to release my criminal records to the Pasco County Housing Authority, its agents and employees.

I/We HEREBY AUTHORIZE any credit agency to release my credit report to the Pasco County Housing Authority, its agents and employees.

I/We HEREBY AUTHORIZE any previous landlord to release my previous landlord check to the Pasco County Housing Authority, its agents and employees.

THIS FORM MUST BE SIGNED BY ALL MEMBERS OF THE HOUSEHOLD 18 YEARS OF AGE OR OLDER OR THIS APPLICATION WILL BE DEEMED INCOMPLETE AND DISQUALIFY YOU FOR ADMISSION.

Head of Household Signature

Date

Co-Applicant Signature

Date

Other Adult Household member

Date

Other Adult Household Member

Date



Authorization for the Release of Information/ Privacy Act Notice

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

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

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

PASCO COUNTY HOUSING AUTHORITY
14517 7TH STREET
DADE CITY, FLORIDA 33523

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

XX
XX
XX
XX
XX
XX
XX

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 6103(l)(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.

DECLARATION OF SECTION 214 STATUS

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 and sign and return to the Housing Authority’s Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____ certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because:

I am a citizen by birth, naturalized citizen or national of the United States.

OR:

I have eligible immigration status and I am 62 years of age or older (attach proof of age).

OR:

I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

Immigrant status under #1001(a)(15) or 101(a)(20) of the INA

OR:

Permanent residence under #249 of INA

OR:

Refugee, asylum or conditional entry status under #207, 208 or 203 of the INA

OR:

Parole status under #212(d)(f) of the INA

OR:

Threat to life of freedom under #243(h) of the INA

OR:

Amnesty under #254 of the INA

Signature of Family Member

Date

Check box if signature of adult residing in the unit is responsible for a child named on statement above.

HA: Enter INS/SAVE Primary Verification # _____ Date _____

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 manner within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

[See reverse side for footnotes and instructions]

The following footnotes pertain to noncitizens that declare eligible immigration status in one of the following categories:

Eligible immigration status and 62 years of age or older: For noncitizens 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.

Immigrant status under 101(a)(15) or 101(a)(20) of INA: A noncitizen 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 noncitizen 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.

Permanent residence under 249 of INA: A noncitizen 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 249].

Refugee, asylum or conditional entry status under 207, 208 or 203 of INA: A noncitizen 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 or fear of persecution on account of race, religion or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].

Parole status under 212(d)(5) of INA: A noncitizen 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].

Threat to life or freedom under 245(a) of INA: A noncitizen 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].

Amnesty under 245(a) of the INA: A noncitizen lawfully admitted for temporary or permanent residence under 245(a) of the INA (8 U.S.C. 1255(a)) [amnesty granted under INA 245(a)].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), the HA must enter INS/SAVE Verification Number and date that it was obtained. An 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" in the appropriate boxes. Sign and date at bottom page. Place an "X" in the box below the signature if the signature is by the adult residing in the unit who is responsible for the child.