

Pasco County Housing Authority



36739 S.R. 52, Suite 108, Dade City Florida 33525

Main Office (352)567-0848
Fax number (352)567-6035
Hearing Impaired
Dial 7-1-1 for Florida relay

Terrie Staubs
Executive Director

Application for Housing Assistance

Please read carefully and retain this page for your records

1. Applications must be completed entirely (pages 1-11) or they will Not Be Processed.
2. Applications may be dropped off to any one of the Housing Authority apartment complex offices or mailed to the Housing Authority's main office at 36739 SR 52, Suite 108, Dade City, FL 33525.
3. Completed applications received will be put on a waiting list on a "first received, first served" basis. The waiting list time is determined by the availability of the units in the communities in which you are applying for and the number of applicants already on the waitlist. Eligibility requirements must be met at the time of application, along with at time of unit offer.
4. **There is No Immediate Emergency Housing Assistance available.**
5. Any changes in your family composition, income or contact information, must be submitted to the Housing Authority in writing and signed by the applicant within ten (10) days of the change.

For Office Use Only: Date Received: / / **Time Received:** am/pm **Received By:**

PCHA Application for Housing Assistance

Property(s) applying for:

Citrus Villas (elderly 62+) Cypress Villas I Cypress Villas II Hudson Hills Manor
Pasco Terrace (elderly 62+) Bonnie Dale Villas Sunny Dale Villas

Head of Household

Current Address

Emergency Contact

City, St, Zip

Telephone Number

Telephone Number

Mailing address if different

Race (Check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander	Citizenship <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Eligible Noncitizen <input type="checkbox"/> Ineligible Noncitizen <input type="checkbox"/> Pending Verification	Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> <u>Not</u> Hispanic or Latino
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Reasonable Accommodation

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

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

 Yes No If a person in your household is a person with a disability, does your household require a unit with accessible features?

Mobility Vision Hearing

List all household members including yourself who will live in the unit with you. Household members include those who are temporarily absent due to military duty, attending school, or in foster care.

<p>Last Name _____ Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <p>First Name _____ Middle _____</p> <hr/> <p>Social Security Number _____ Date of Birth _____</p> <hr/> <p>Maiden/Other Last Names _____ Gender _____ <input type="checkbox"/> M <input type="checkbox"/> F</p> <hr/> <p>Race (Check all that apply) _____ Member Status _____ <input type="checkbox"/> White <input type="checkbox"/> Disabled <input type="checkbox"/> Black <input type="checkbox"/> Elderly (62 or older) <input type="checkbox"/> Amer. Indian/Alaska Native <input type="checkbox"/> Adult <input type="checkbox"/> Asian <input type="checkbox"/> Adult Full-time Student <input type="checkbox"/> Native Haw./Pacific Islander <input type="checkbox"/> Youth (under 18)</p> <hr/> <p>If Youth, Relationship to Head _____ If Youth, Custody Percentage _____</p> <hr/> <p>Citizenship _____ Ethnicity _____ <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Eligible Noncitizen <input type="checkbox"/> <u>Not</u> Hispanic or Latino <input type="checkbox"/> Ineligible Noncitizen <input type="checkbox"/> Pending Verification</p>	<p>Last Name _____</p> <hr/> <p>First Name _____ Middle _____</p> <hr/> <p>Social Security Number _____ Date of Birth _____</p> <hr/> <p>Maiden/Other Last Names _____ Gender _____ <input type="checkbox"/> M <input type="checkbox"/> F</p> <hr/> <p>Race (Check all that apply) _____ Member Status _____ <input type="checkbox"/> White <input type="checkbox"/> Disabled <input type="checkbox"/> Black <input type="checkbox"/> Elderly (62 or older) <input type="checkbox"/> Amer. Indian/Alaska Native <input type="checkbox"/> Adult <input type="checkbox"/> Asian <input type="checkbox"/> Adult Full-time Student <input type="checkbox"/> Native Haw./Pacific Islander <input type="checkbox"/> Youth (under 18)</p> <hr/> <p>If Youth, Relationship to Head _____ If Youth, Custody Percentage _____</p> <hr/> <p>Citizenship _____ Ethnicity _____ <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Eligible Noncitizen <input type="checkbox"/> <u>Not</u> Hispanic or Latino <input type="checkbox"/> Ineligible Noncitizen <input type="checkbox"/> Pending Verification</p>
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Income Information: List ALL sources of income for ALL household members *including, employment, SS/SSI, Welfare Assistance, Child Support, Unemployment, VA Benefits, Retirement/Pensions, Grants, etc.*

Name	Source(s) of Income	Hours Per Wk	Amount of Gross Income	Per Hr/Wk/Mo <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month
			\$	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month
			\$	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month
			\$	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month
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			\$	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month

Asset Information: List all assets and their value for all household members.

Account	Name of Bank or CU	Name on Account	Account Number	Account Balance
Checking				
Savings				
Other				

Savings Bonds \$_____ Certificate of Deposit \$_____ Stocks and Bonds \$_____

IRA \$_____ Property \$_____ Insurance Policy \$_____ Recreational Vehicle/Boat \$_____

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

If yes, What was the asset? _____

What was the actual value of the asset? \$_____

What amount did you receive? \$_____

Yes No Does anyone outside of your household pay for any of your bills or give you money? If yes, please explain.

Reasonable Accommodation/Disability Expenses

Yes No Is the head of the household or spouse age 62 or older or a person with a disability?
If yes, does your household have any unreimbursed medical expenses, such as; medical insurance, Medicare, doctor visits, prescriptions, hospital, therapy, etc Yes No If yes, please describe the expense (not your medical condition) and the unreimbursed amount you spend per month on all medical expenses.

Yes No Do you have any expenses on behalf of a household member with disabilities so an adult in the household can work? If yes, describe the nature of the expense and the amount:

Expenses

Yes No Do you have childcare expenses for children under the age of thirteen (13) so an adult in the household can work, go to school, or attend a job training? If yes, please list the monthly unreimbursed childcare cost, and the name, address and phone number of your childcare provider.

Where have you lived for the past three (3) years? You must complete this section. If you were homeless, please write "Homeless" under the Resident Address.

Current	From	To	Do you
			<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with someone <input type="checkbox"/> Other

Residence Address	City, State, Zip
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Landlord Name and Telephone Number

Landlord Address	City, State, Zip
------------------	------------------

Previous	From	To	Do you
			<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with someone <input type="checkbox"/> Other

Residence Address	City, State, Zip
-------------------	------------------

Landlord Name and Telephone Number

Landlord Address	City, State, Zip
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Yes No Is any household member subject to a lifetime registration under a state sex offender law?

Yes No Has any household member violated a condition of probation or parole or is fleeing to avoid prosecution, or custody or confinement after conviction, for a felony? If yes, please explain.

Personal Certification and Notice

Warning: Title 18, section 1001 of the U.S. Codes 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.

I/We hereby certify under penalty perjury under the laws of the United States of America and the State of Florida that all of the information contained in this document is true and complete. 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 businesses or government agencies. I/We understand that making false statements on this documentation is a crime under state and federal law, which may result in termination from the program and criminal prosecution.

Head of Household Signature	Printed Name	Date
Spouse or Co-Head Signature	Printed Name	Date
Other Adult Member Signature	Printed Name	Date
Other Adult Member Signature	Printed Name	Date

PCHA Fair Housing and Equal Opportunity Statement

It is the policy of Pasco County Housing Authority (PCHA) to provide equal employment and fair housing opportunity to all persons. PCHA does not discriminate on the basis of age, race, color, sex, religion, national or ethnic origin, familial status, disability, sexual orientation, gender identity, or marital status in admission or access to its assisted housing programs and activities.

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Terrie V. Staubs
Executive Director

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Limited English Proficiency Intake Form

Date: _____

Tenant Name: _____

Is English your Primary Language? Yes _____ No _____

If not, indicate which language you would like to communicate in to staff: _____

Do you require oral language translation assistance? Yes _____ No _____

Do you require vital documents translated in writing? Yes _____ No _____

Are you hearing impaired and require assistive services? Yes _____ No _____

If so, please indicate which service(s): _____

Tenant Signature: _____ Date: _____

Notes:

Rev. 05/18



"This institution is an equal opportunity provider and employer."

