

Mail this application to:

The name of the waitlist I'm applying for is: _____

Some waitlists are closed: Before sending this application, check <http://www.housingworks.net/> to see what is open

You **must** answer every question on this application: respond to questions that are not applicable by writing "N/A".
Incomplete applications may be returned or discarded.

Name of HoH: _____

Long-Term Mailing Address _____

City/State/Zip: _____
(this address should ideally work for the next 3-5 years):

Phone(s): _____ - _____ - _____ _____ - _____ - _____

Email: _____

The **SSN** for the head of household is: _____

Does the HoH have a **Social Security Number** (SSN)? ☐ Yes ☐ No *If "Yes" you must provide it above).*

What is your **date of birth**? _____ What is your **gender**? _____

Race (white, black, asian, etc)? _____

What was your **mother's last name** when she was born? *Protects your privacy*) _____

How many people will be living in the unit? _____ people. What **unit size** are you seeking? _____ BR

Describe your **Income Sources** (Job, Food Stamps, SSI, TAFDC, etc.) _____

What is your family's **ANNUAL** income? \$ _____ (do NOT write an hourly, weekly, or monthly amount!)

☐ YES ☐ NO Do you have a **rental voucher** or **some other form of regular rental assistance**?

Specify: ☐ Section 8 ☐ MRVP ☐ AHVP ☐ Homebase ☐ _____

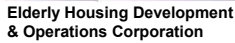
☐ YES ☐ NO Do you need a **wheelchair accessible unit** (or a "no-steps" unit)?

☐ YES ☐ NO Do you need **reasonable accommodations** due to a disability, either during the application period or tenancy? _____

☐ YES ☐ NO Are you or any member of your household subject to a lifetime registration requirement under a **State Sex Offender Registration** program?

☐ YES ☐ NO **Priority/Preference Status:** If there is a section in this application that asks about priorities and preferences, did you claim any?

Office Only: Date/Time Stamp



For Official Use Only	
Date/Time Received	
Received By	
Complete	Yes____ No ____

EHDOD does not discriminate on the basis of handicapped status in the admission to, or treatment or employment in, its federally assisted programs and activities.

Date _____

Name of Applicant _____

First	Initial	Last

Current Address _____

Telephone Number (Area Code) _____

Personal Information

- 1 In the section below, fill out information for each person who will be living in the unit, include yourself as head of household.

Name	Relationship to Head of Household	Date of Birth	Social Security Number	Race	Sex
	HEAD				

Application for Housing

2. Have you or any member of your household ever been convicted of any crime (other than a traffic violation)? Yes _____ No _____

3. Do you, or any member of your household have a criminal record?

Yes _____ No _____

If you answered yes to 2 and/or 3, please list the convictions and criminal record below:

4. Are you or any member of your household a current, illegal drug user?

Yes _____ No _____

5. Are you or any member of your family addicted to a controlled substance?

Yes _____ No _____

If yes, what substance? _____

6. Have you or any member of your household been convicted of illegal manufacture, sale or distribution of a controlled substance? Yes _____ No _____

7. Have you or any other adult member of your household ever used a social security number(s) other than the one you are currently using? Yes _____ No _____

If yes, please list other social security numbers and reasons for use:

8. Do you have personal property insurance for your personal belongings?

Yes _____ No _____ ***PLEASE NOTE THAT YOUR PERSONAL BELONGINGS ARE NOT COVERED BY THE PROPERTY INSURANCE.***

Income Information

1. **Total Household Income:** List all money earned or received by everyone who will be living in the unit. This includes money from Social Security, Social Security Disability, Pensions, VA Benefits, Annuities, Worker's Compensation, employment, child support, AFDC, alimony, or any other income.

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Name	Social Security Number	Monthly Social Security	Monthly SSI	Monthly Pension	Other

2. Cash Contributions from Outside the Household. Does anyone outside your household pay for any of your bills or give you any money? Yes _____ No _____

If yes, please indicate the amount received and frequency received:

\$ _____

3. Rental Income. Do you own any real estate (condo, house, etc.) that you rent out? Yes _____ No _____ If yes, please indicate how much you receive each month, \$ _____ as monthly rental income from the rental of what type of property:

Assets and Credit Information

1. Has any household member disposed of any assets for less than their fair market value during the past two (2) years? Yes _____ No _____ If yes, give date of disposition and describe reasons for disposition: _____

2. Does any household member own any real estate (house, condo, etc)?

Yes _____ No _____ If yes, give value and description of real estate:

3. Does any household member own a boat or mobile home?

Yes _____ No _____ If yes, give value and description:

Application for Housing

4. Have you or any member of your household sold any real estate in the past two years? Yes _____ No _____ If yes, describe real estate sold, date sold and sale price: _____

5. Do you or any member of your household own stocks or bonds?
Yes _____ No _____ If yes, complete the section below:

Stock/Bond	# Shares	Current Market Value	Yearly Dividend

6. Do you or any member of your household have a checking account, savings account, certificates of deposit, money markets or other types of bank accounts?
Yes _____ No _____ If yes, complete the section below:

Account Type	Account No.	Bank Name	Value or Balance	Annual Interest Dividend
Checking				
Savings				
CD				
Money Market				
Other				
Other				

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Housing History

1. **Present Address** _____
Telephone No. _____
Name of Current Landlord _____
Landlord Address _____

Landlord Telephone No. _____
Move In Date _____ Monthly Rent \$ _____
Reason for wanting to move _____

2. **Previous Address** _____
Telephone No. _____
Name of Current Landlord _____
Landlord Address _____

Landlord Telephone No. _____
Move In Date _____ Move Out Date _____
Monthly Rent \$ _____
Reason moving _____

3. **Previous Address** _____
Telephone No. _____
Name of Current Landlord _____
Landlord Address _____

Landlord Telephone No. _____
Move In Date _____ Move Out Date _____
Monthly Rent \$ _____
Reason for moving _____

Note: You must provide a minimum of five (5) years of history. If move space is needed, please use a separate page.

Application for Housing

4. Have you or any member of your household ever been evicted?

Yes _____ No _____ If yes, please complete the following:

Address evicted from: _____

Date of Eviction: _____

Reason for Eviction: _____

5. Do you or any member of your household owe money to any Public Housing Authority, HUD, Apartment Community, or Previous Landlord?

Yes _____ No _____ If yes, who do you owe (name of PHA, HUD, etc).

How much do you owe? _____

For What? _____ Rent _____ Damages _____ Other _____

6. Have you or any member of your household ever lived in public or assisted housing? Yes _____ No _____

If yes, give property address:

7. Have you or any member of your household committed a fraud in a federally assisted housing program or been asked to repay money for knowingly misrepresenting information for such housing programs? Yes _____ No _____
If yes, explain:

PETS

Common household pets are allowed in Elderly Communities when the pet meets the eligibility criteria and a pet deposit is paid.

Application for Housing

1. Do you own a common household pet? Yes _____ No _____

If, yes, describe your household pet:

_____ Dog _____ Breed _____ Weight _____ Height

_____ Cat _____ Breed _____ Weight _____ Height

_____ Fish _____ Gallon Aquarium

_____ Bird Type of Bird _____

2. Do you have a certified Assistance Animal? Yes _____ No _____

If yes, please describe your Assistance Animal:

Type of Animal _____

Height _____ Weight _____

Note: Certified Assistance Animals do not require pet deposits.

3. Has your pet been spayed or neutered? Yes _____ No _____

4. Can you provide proof of required state/local licensing and inoculation records on your pet? Yes _____ No _____

Medical Information

This section of the application requires information concerning your medical expenses. The questions asked are used in determining whether or not the applicant qualifies for medical deductions. Providing the information below is strictly voluntary. Any information provided will be kept confidential and used solely for determining eligibility for medical deductions. *Failure to provide this information may result in the applicant not qualifying for any medical deductions.*

1. Do you have Medicare? Yes _____ No _____

2. Do you have Medicaid? Yes _____ No _____

3. Do you pay any medical insurance other than Medicare? Yes _____ No _____

If yes, please complete the following (next page):

Application for Housing

Name of Insurance Company	Amount Paid	How Often Paid	Annual Deductible

Please provide verification of your medical insurance, invoice, statement, cancelled checks, bank statements for automatic withdrawals, policy.

4. Do you take prescription medications? Yes _____ No _____ If yes, please complete the following:

Medication/Supply	RX #	Cost	Number per package	Number per day used

Please provide verification of prescription medication, pharmacy receipt, cancelled checks, etc.

5. Are you reimbursed for any portion of the amount you pay for your prescriptions?

Yes _____ No _____

If yes, how much are you reimbursed? _____

Application for Housing

6. Please list the name, address and phone numbers of doctors you visit regularly.

Medical Doctor

Name _____

Address _____

Telephone # _____

Dentist

Name _____

Address _____

Telephone # _____

Eye Doctor

Name _____

Address _____

Telephone # _____

Other (Please Identify): _____

Name _____

Address _____

Telephone # _____

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Emergency Notification

In cases of emergency, management requests that you provide an *Emergency Contact*. An emergency is broadly defined as a case where management feels a resident's well being is being threatened and/or where management feels a resident's actions(s)/conduct appear to be a lease violation. Some examples of emergencies are as follows:

- Non-payment of rent or damages.
- Housekeeping violating safe and sanitary rules.
- Behavior violating the quiet enjoyment of other residents.
- Perceived use of an illegal substance.
- Perceived criminal activity against persons/property.
- Ability to live independently.
- Need for housekeeping assistance.

In Case of Emergency, notify:

Name: _____

Relationship _____

Address _____

Telephone # _____

Certification

By signing this application, I/we hereby certify to the accuracy of the following:

- (1) The information submitted is true and correct and I/we authorize management to verify any references I/we have listed;
- (2) I/We authorize management to access any records pertaining to me/us which may be on file with law enforcement and credit bureau authorities;
- (3) I/We authorize my/our present and prior landlords to release information regarding my/our tenancy;
- (4) I/We understand it is a crime to knowingly provide false information for the purpose of obtaining or maintaining occupancy, and/or for the purpose of securing a lower rent in a subsidized housing development;

(continued next page)

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(5) I/We understand that the penalty for knowingly providing false information is up to five years in prison and/or a \$10,000 fine upon conviction. I/we hereby do swear and attest that all of the information above about me/us is true and correct. I/we 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 Community Manager in writing immediately.

Signature - Head of Household Date _____

Signature - Spouse Date _____

Signature - Other family member Date _____

It is the policy of EHDOC to provide housing on an equal opportunity basis. We do not discriminate on the basis of race, religion, color, creed, sex, familial status, national origin, handicap or sexual preference. If you feel have been discriminated against during this application process, please call the EHDOC Central Office at 954-835-9200. You may also contact EHDOC through the Florida Relay Center at 1-800-545-1833, Ex. 248.

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Verifications Complete:

HUD 9887 _____ HUD 9887A _____
Social Security _____ SSI _____ SSD _____
Pension _____ Employment _____
Assets _____ Medical Expenses _____
Verification of Age Citizenship/Eligible Non-Citizen _____

Approval/Disapproval

Application Approved _____ Date _____
Application Disapproved _____ Date _____
Reason for Disapproval _____

Housing History, Page 1

Note: you can often locate landlord information by using the Tax Assessor's website in each town (or by calling the Tax Assessor's phone number in most towns): To determine if there is an online Tax Assessor page for a town search the web like this: "Tax Assessor, Boston MA" or "Property Assessment, Dallas TX".

CURRENT RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to: _____ or present

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

PRIOR RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

Housing History, Page 2

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

Housing History, Page 3

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

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Landlord Tel: _____

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Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A