

FORT WALTON BEACH HOUSING AUTHORITY

27 Robinwood Drive SW ~ Fort Walton Beach, Florida 32548
(850)243-3224 Fax (850)244-6533 TTY (850)243-2445
Website: fwbha.com Email: fwbha@fwbha.org



*Gail Sansbury
Executive Director*

Section 8 Application

Dear Applicant:

A FWBHA Public Housing resident must have two (2) years of continuous tenancy to receive a Section 8 Housing Choice Voucher. The FWBHA system of local preferences must be based on local housing needs and priorities, as determined by the FWBHA and are as follows: Victims of a Federally Declared Disaster, Homeless, Working Families and those unable to work because of age or disability.

Families may obtain applications from the FWBHA's office during normal business hours or print one from the HA website.

All completed applications must be returned to the FWBHA by mail or submitted in person during normal business hours. If an application is incomplete, the FWBHA will notify the family of the additional information required and you will have 10 days to complete.

You will be placed on the waiting list based on the information you provide to us on the attached application. The selection process is based on the date and time of your application; therefore, there may be other applicants ahead of you on the waiting list. The selection process is also based on current local preferences. Preferences must be verified and must be present *at the time you apply*. You will be contacted by mail when your name comes to the top of the waiting list.

*****Requests by applicants to add a member over the age of 18 to the household must be submitted in writing at least 45 days prior to a scheduled intake appointment.***

If you should have a change of address, telephone number and /or family size, that must be put in writing and turned into the office. Failure to report a change of address may result in our correspondence being returned and you being unable to contact us within the designated time specified on a letter. If you do not respond to us within the designated time, your application will be placed in the inactive files. Once your file is designated inactive, you will be required to reapply.

Prior to issuing any vouchers, the FWBHA will determine whether it has sufficient funding in accordance with the policies.

If the FWBHA determines that there is insufficient funding after a voucher has been issued, the FWBHA may rescind the voucher and place the affected family back on the waiting list.

If you have any questions, please contact this office at (850) 243-3224.

Thank you for your application and please make sure you understand the following:

1. **Do not** fax this application or put it in the drop box! (It will be shredded)
2. **Must have original documents.** Copies will be made at our office
3. **Print clearly** and make sure to *fill out, sign and date every page* where needed.
4. You must provide **ALL** the information listed on the checklist that pertains to everyone in the household before your application is considered complete. If your application is missing any documentation you will have **10 days** from the date of your application to bring in all support documentation, if you fail to provide the required documentation within the time frame, your application will be **removed, and you will be required to reapply.**
5. You will be placed on the waiting list in order of local preference and then date and time your application is turned in.
6. The FWBHA **does not** have emergency housing.
7. You must immediately report in writing any change of contact information to the FWBHA. These changes include: Contact information, Mailing Address and Telephone number. The changes **must be submitted in writing.** FWBHA letters returned with no forwarding address will result in removal from the waiting list.
8. It is the responsibility of the applicants who are on the waiting list to keep their application current. When an applicant's circumstances change, it shall be reported to the FWBHA. If the information affects the applicants claim for preference, once verified, the application will be re-prioritized using the time and date of acceptance of the original application. If the applicant reports a change in the family size from the size stated on the application form, it will not affect the applicant's placement on the waiting list.
9. Requests by applicants to add a member over the age of 18 to the household **must be submitted in writing at least 45 days prior to a scheduled intake appointment.** An applicant may request in writing that a member of the household age 18 or older be removed as a member of the household at any time.
10. If you have lived in Public Housing or if you have had Section 8, you must tell us when and where. Failure to tell us is fraud and your application will be removed from the waiting list.

The following is a list of documentation you must provide to apply for the FWBHA Section 8 Program:

1. **Original** Valid picture I.D. for any member 18 years or older
2. **Original** Social Security card for **all family members**
3. **Original** Birth Certificates for all family members
4. Proof of **all income** for family members (*must be current*)
 - Last **6 weeks' paystubs** in consecutive order
 - Social Security Benefits, SSI, Pension and/or V.A. **award letter**
 - Unemployment statement
 - If you receive money for financial assistance, you will need to provide a **notarized statement** stating how much you receive weekly/monthly and from whom
5. Previous year's income tax return (tax form 1040, typically 2 pages)
6. Proof of child support; court order, 12-month court history or notarized statement from other parent
7. If you receive alimony, we need a copy of the court order
8. Cash Assistance or Food Stamp **award letter** with *amount and list of family members associated with your case*
9. **Current checking** and/or **savings** account statement
10. Proof of childcare: **statement from the Childcare Center** on their letterhead with the exact amount of expenses you pay week/monthly
If a relative (mother, sister, grandmother, etc.) watches your child we need a **notarized** statement with how much you pay them weekly/monthly
11. School-aged children: Need proof of school enrollment for the current year...
NO report cards/progress report
12. College Students are required to bring proof of enrollment along with proof of financial support and expenses
13. **Proof of medical bills only** if you are **elderly, disabled or handicapped**
14. Copy of divorce decree (with financial arrangements), if applicable
15. Information on any property you may own or have sold within the past 2 years

Fort Walton Beach Housing Authority

27 Robinwood Drive SW ~ Fort Walton Beach, Florida 32548

850-243-3224 ~ Fax 850-244-6533 ~ TTY 850-243-2445

Website: fwbha.com Email: fwbha@fwbha.org

Applicant Name: _____

Thank you, for completing the Section 8 Program Application through the Fort Walton Beach Housing Authority. The Section 8 program helps assist low income families in the private rental market. Section 8 is a program where the FWBHA pays a portion of your rent based on income.

The FWBHA services Okaloosa County except the city limits of Crestview. FWBHA's jurisdiction includes Mary Esther, Destin, FWB, Wright, Ocean City, Valparaiso, Niceville, Baker, Laurel Hill, Holt and units at least 10 miles outside the city limits of Crestview.

Once you have met all eligibility requirements and your name reaches the top of the waiting list, the Housing Authority will notify you by mail. Prior to your appointment, we will not be able to give you a price range of what you qualify for or what you can afford; but after your group meeting we will meet with you individually to give you your range and answer any questions.

Please keep in mind following:

- Once you receive your letter for an appointment, make sure to bring ALL documents with you and make sure they are current within 30 days.
- You must keep your mailing address updated always. If we can't contact you by mail, your name will be removed from the waiting list.
- If you want to add an additional person to the application, the request must be in writing 45 days' prior voucher issuance. Subject to all eligibility requirements
- You must be able to have all utilities on in your name prior to the inspection
- You will need a Security Deposit. (deposits are determined by the Landlord)

I have received page 1, 2, 3 and copy of page 4 of this application. I'm aware of the process to be placed on waiting list; I'm also aware of all changes in income and in family composition must be reported to this office in writing within 10 days of occurrence.

If you should have a change of address, please bring changes to the office in writing.

Applicant Name & Date

HA Representative & Date

Again, thank you for completing an application and we look forward to assisting you with your housing needs.

Section 8 HCV Application

PART A: FAMILY COMPOSITION AND CHARACTERISTICS (Print Clearly)

- 1. Legal Name of **Head of Household**: _____
- 2. Social Security # _____
- 3. Alien Registration # _____
- 4. Date of Birth: _____ 5. Sex: M F
- 6. Citizenship: Are you a citizen of the United States? YES or NO
- 7. Race: 1 = Caucasian 5 = Native Hawaiian/Other Pacific Islander
2 = Black/African American 6 = Other and explain
3 = American/Indian
4 = Asian

Select as many codes from # 7 to best indicate your Race: _____

- 8. Ethnicity: Hispanic or Latino YES or NO
- 9. Current Address: _____

10. Mailing Address **if different** from above: _____

11. Home # _____ 12. Cell # _____

13. Do you or any member of your family **claim any type of disability** for the purpose of qualifying for a reasonable accommodation in PHA rules or policies, modification of the housing unit or specific housing needs? YES or NO
If yes, please describe:

14. Marital Status: Married _____ Single _____ Widower _____ Divorced _____

15. Current Spouse Name: _____

16. List names, addresses and telephone numbers of two relatives or friends who generally know how to contact you:

| | |
|-------------------------|-------------------------|
| 1. Contact Name: | 2. Contact Name: |
| Address: | Address: |
| Telephone #: | Telephone #: |

17. Have you or any family member ever received any type of housing assistance? YES or NO

If Yes, provide: Family Member Name: _____

Public/Assisted Housing Agency Name: _____

Agency Address: _____

What year(s)? _____ Name of Head of Household? _____

18. Do you currently owe any money to any Public or Assisted Housing agency? YES or NO

If yes, how much: \$ _____

Name of Public/Assisted Housing Agency: _____

Address of Agency: _____

19. Have you ever used a name other than the one you are using now? YES or NO

If yes, please explain: _____

20. Have you ever used a social security number other the one you listed on page 1 of this form?

If yes, what is the other number? _____

19. LIST ALL OTHER MEMBERS WHO WILL BE LIVING IN THE UNIT

| Member's Full Legal Name | Relation to Head | Birth Date | Age | Sex M/F | Social Security Number | Occupation or School Name | U.S. Citizen Yes/No |
|--------------------------|------------------|------------|-----|---------|------------------------|---------------------------|---------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

If there are any additional Family members check here _____ and attach a separate page with application.

19. Are any family members temporarily absent from the home? YES or NO

If yes, state the reason they are absent: _____

20. Full Time Students: List the family member name, school name, address and telephone # of all Family members who are attending school full-time:

| | |
|----------------------------------|--|
| 1. Name of Family Member: | |
| School Name: | |
| School Address: | |
| School Telephone #: | |
| 2. Name of Family Member: | |
| School Name: | |
| School Address: | |
| School Telephone #: | |
| 3 Name of Family Member: | |
| School Name: | |
| School Address: | |
| School Telephone #: | |
| 4. Name of Family Member: | |
| School Name: | |
| School Address: | |

21. For all Family members that are not United States citizens, provide the following information:

| | |
|----------------------------------|--|
| 1. Name of Family Member: | |
| Alien Registration #: | |
| 2. Name of Family Member: | |
| Alien Registration #: | |
| 3. Name of Family Member: | |
| Alien Registration #: | |

PART B: DRUG/CRIMINAL ACTIVITY

Federal regulations require housing agencies to question applicants and participants concerning drug-related or violent criminal activities.

1. Have you or any Family member ever been evicted from Public or Assisted Housing for violent criminal or drug related activity? YES or NO
If yes, provide following information:

When: _____ For what reason: _____

Name of the Family Member: _____

Name of Public/Assisted Housing: _____

2. Have you or any Family member ever been convicted of the manufacture or production of methamphetamine (speed) on the premises of Public or Assisted Housing? YES or NO
If yes, provide the following information.

Name of Family Member: _____

Name of Public/Assisted Housing: _____

3. Are you or any Family member subject to lifetime registration as a sex offender? YES or NO

If yes, provide the following information:

Name of Family Member: _____

4. Are you or any Family member persons who abuse or show a pattern of abuse of alcohol? YES or NO

If yes, family member: _____

Is the family member currently in a treatment program? YES or NO

PART C: INCOME INFORMATION

This part applies to all family members (including minors)

1. **Work full time, part-time or seasonally: including wages, fees, tips, bonuses, money for service? YES or NO** If yes, provide the following information:

| Name of Family Member | Employer name/ Address | Employer Telephone Number |
|-----------------------|------------------------|---------------------------|
| | | |
| | | |
| | | |
| | | |

2. **Any Family member work for someone who pays cash? YES or NO**
If yes, provide the following information:

| Name of Family Member | Employer Name/Address | Employer Telephone Number |
|-----------------------|-----------------------|---------------------------|
| | | |
| | | |
| | | |

3. **Does any family member receive unemployment benefits, worker's compensation or severance pay? YES or NO** If yes, provide:

Family Members Name: _____ Type of Benefit: _____
Amount: \$ _____

4. **Does any family member receive child support? YES or NO** If yes, provide:

| Minor's Name | Name of Absent Parent | Child Support Amount |
|--------------|-----------------------|----------------------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |

5. **Does any family member receive child support directly from the absent parent? YES or NO** If yes, provide:

| Minor's Name | Name of Absent Parent | Child Support Amount |
|--------------|-----------------------|----------------------|
| | | \$ |
| | | \$ |
| | | \$ |

6. Does any family member receive alimony? YES or NO

If yes, Family member name: _____ Amount: \$ _____

Former Spouse Name: _____

7. Does any family member receive cash assistance (TANF)? YES or NO

If yes, Family member name: _____ Amount: \$ _____

8. Does any family member receive Social Security or SSI benefits? YES or NO

If yes, attach a copy of the award letter to this application and provide:

Family member name: _____ Amount: \$ _____

Social Security number benefits are received under: _____

9. Does any family member receive income from a pension or annuity? YES or NO

Family member name: _____ Amount: _____

Type of Pension/Annuity _____ Claim _____

Address of Pension/Annuity _____

10. Does any family member receive regular contributions from organizations or from individuals not living in the unit? YES or NO

If yes: Family Member Name: _____ Amount: \$ _____

Name of Contributing Organization or Individual: _____

11. Did any family member file a Federal Income Tax Return last year? YES or NO

If yes, the HA needs a copy of your current 1040.

12. Does any family member receive income from assets including interest on checking or savings account, interest and dividends from certificates of deposit, stocks or bonds, or income from rental property? YES or NO

If yes, family member name: _____

Type of Asset: _____ Amount of Income/Interest Received: \$ _____

13. Do any family members own a business or are self-employed? YES or NO

If yes, family member name: _____

Business Name and address: _____

14. Does any family member receive any type of military pay/allotment (including the Coast Guard, National Guard, and Reserve Units)? YES or NO

If yes, family member name: _____ Amount: _____

Source of Pay/Allotment: _____

15. Does any family member receive money to pay bills from someone outside of your family? YES or NO If yes provide:

Family Member Name: _____ Amount: \$ _____

Name and address of party paying the bills: _____

PART D: ASSETS

1. Does any family member own or have an interest in any property (real estate, mobile home and/or land) YES or NO If yes, provide documents _____
2. Has any family member sold or given away any property (real estate, mobile home, and/or land) in the last two years? YES or NO If yes describe below: _____
3. Does any family member own any stocks or bonds? YES or NO If yes, describe below: _____
4. Where do all family members bank? Provide all information below:

| Name of Family Member | Bank Name/ Address | Type of Account | Account Number |
|-----------------------|--------------------|-----------------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |

5. Does any family member have any savings certificates, money market funds, or trust funds? YES or NO
If yes, please describe: _____
6. Does any family member have any type of retirement account (Company, IRA)? YES or NO If yes, please describe: _____
7. Does any family member have any inheritances, lottery winnings, or lump sum payments? YES or NO
If yes, describe: _____
8. Does any family member have any life insurance policies? YES or NO (List Below)

| Name of Family Member | Insurance Agency Name/Address | Policy Number | Amount/Value |
|-----------------------|-------------------------------|---------------|--------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

PART E: EXPENSES

1. Does any family member have expenses for child care of a child aged 12 or younger? YES or NO If yes, provide below:

| Minor's Name | Childcare Provider Name and Address | Provider Telephone Number | Monthly Cost to You for Childcare |
|--------------|-------------------------------------|---------------------------|-----------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Is any portion of your childcare expenses reimbursed from an outside agency or person? YES or NO If so, whom? _____

2. Indicate the dollar monthly expenditures for your family below:

| | | | |
|---|-----------------|--------------|----------------------|
| Rent \$ | Phone \$ | Medical \$ | Credit Card(s) \$ |
| Electric \$ | Car Payment \$ | Cable \$ | |
| Gas \$ | Car Insurance\$ | Insurance \$ | Loan \$ |
| Water \$ | Child care \$ | Rentals \$ | Loan \$ |
| Other (Specify) | | | \$ |
| Indicate in this space any of the above that are delinquent or not paid current: | | | |
| | | | |

3. Do you pay a care attendant or for any equipment for any family member(s) with disabilities that is necessary to permit that person or someone else in the family to work? YES or NO If you do pay a care attendant, provide:

| Care Attendant Name | Care Attendant Address | Care Attendant Telephone # |
|---------------------|------------------------|----------------------------|
| | | |
| | | |

What is the monthly cost to you for the care attendant and/or equipment? \$ _____

ELDERLY OR DISABLED FAMILIES ONLY

Complete the following questions in this part (Part E) only if the head of household or spouse is 62 years of age or older, or if the head or spouse is a person with disability.

4. Do you have Medicare? YES or NO
If yes, what is the monthly premium? \$ _____
5. Do you pay any other kind of medical insurance? YES or NO (List below)

| | | |
|----------------------------|---------------|---------------|
| Insurance Agent's Name: | Policy Number | Policy Number |
| Name of Insurance Company: | | |
| Address: | | |
| Telephone Number: | | |
| Monthly Premium Amount: | \$ | \$ |

6. Do you have any outstanding medical bills that you are paying? YES or NO
If yes, list below:

| Name of Provider | Address of Provider | Telephone Number |
|------------------|---------------------|------------------|
| | | |
| | | |

Part F: Unit information

1. Name, address and telephone number of your current landlord: _____

2. What is the total monthly rent of your unit? \$ _____
What amount do you pay monthly for rent? \$ _____
3. Indicate the type of housing you currently occupy:
House _____ Apartment _____ Mobile home _____ Other (specify) _____
4. In your opinion is your present home decent, safe and sanitary? YES or NO
If no, why not? _____
5. Do you intend to remain in this unit if your Section 8 rental assistance is approved? YES or NO If no, why not? _____

Part G: Preferences

Your response to the following statements will determine if you are entitled to a preference when placed on the waiting list. Preferences will be verified when you reach the top of the waiting list. Circle the appropriate response for each question below.

- Yes No Victims of a Federally Declared Disaster
Victims requiring housing that live in the jurisdiction of a federally declared disaster will take priority over new admissions.
- Yes No Is the Head of Household, co-head or spouse homeless? (These individuals must meet the HUD definition of homeless and be referred to the FWBHA by the Okaloosa Walton Homeless Continuum of Care DBA the Homelessness and Housing Alliance of Okaloosa and Walton Counties.) Homeless is defined as lacking a fixed, regular and adequate nighttime residence and has a primary nighttime residence where the family is: (1) Living outside (i.e. no fixed roof, in a park, in a tent, etc. (2) Living in a temporary publicly or privately owned shelter (3) Living in a car or recreational vehicle.
- Yes No Families that are currently employed and those that are unable to secure work, either from their age or disability will take priority over new admissions, except federally disaster victims. Working Families and those unable to work because of age or disability
“Currently employed” means that the applicant must work at least 20 hours per week at the current minimum wage level or greater and the applicant must have been employed and Working at these levels (wage and hours) for the past (3) three months.) To further clarify the rule, FWBHA will classify “self-employed” individuals who may or may not be working a specific schedule or specific hours

APPLICATION/PARTICIPANT CERTIFICATION

I certify that the information given to the Fort Walton Beach Housing Authority on family composition and characteristics, drug and criminal activity, income, assets, and expenses, is accurate and complete. I understand that false statements or information are punishable under Federal Law and grounds for denial or termination of housing assistance. *I understand that I am required to report in writing all changes in family composition, income, assets, and expenses of any family member(s) to the Fort Walton Beach Housing Authority within ten (10) days of the change. I understand that all changes in family composition due to birth, adoption, or court awarded custody must be reported in writing to the Fort Walton Beach Housing Authority within ten (10) days of the change.* Further that no one is permitted to move into my unit without prior written approval of the Fort Walton Beach Housing Authority and my Landlord. I understand that any attempt to obtain Public Housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime under Federal Law.

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENT TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

Signature of Head of Household: _____ Date: _____

Signature of Spouse: _____ Date: _____

Signature of other adults: _____

For PHA Only

I have reviewed this application in its entirety with the above Household /Spouse and verify by my signature that this application is complete and any items that were not complete on the date this application was originally submitted have now been entered, dated and initialed by the Head of Household/Spouse and myself.

HA Representative: _____ Date: _____

Consent Form

Consent

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to the Fort Walton Beach Housing Authority any information or materials needed to complete and verify my specification for participation, and/or to maintain my continued assistance under the Section 8 Rental Rehabilitation, low income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

Information Covered

I understand that, depending on program policies and requirements previous or current information regarding me or my household may be needed. Verification and inquiries that may be requested include but are not limited to:

Identification and Marital Status Employment, Income and Assets

Residence and Rental History

Medical or Child Care allowances Credit and Criminal Activity

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

Group or Individual that may be asked

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

Previous landlord (including Public Housing Agency), Past and Present employers, Veterans Administration, Welfare Agency, Retirement Systems, Court and Post offices, State Unemployment Agencies, Banks and other Financial Institutions, Schools and Colleges, Social Security Administration, Credit providers and Credit Bureaus, Law Enforcement Agencies, Medical and Child Care Providers, Utility Companies, Support and Alimony Providers.

Computer Matching Notices and Consent

I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or Re-certification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. HUD may during its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to State Employment, Security Agencies, Department of Defense, Office of Personnel Management, The U.S. Postal Service, The Social Security Agency and State Welfare and Food Stamp Agencies.

Conditions

I agree that a photocopy of this authorization may be used for the purposes listed above. This authorization will stay in effect for a year and one month from the date signed.

| | | | |
|-----------------------------|------|---------------------|------|
| Signature Head of Household | Date | Signature of Spouse | Date |
|-----------------------------|------|---------------------|------|

APPLICANT/TENANT'S CERTIFICATION

Giving True and Complete Information

I certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge.

Reporting Changes in Income or Household Composition

I know I am required to report changes in income and any changes in the bedroom size prior to moving a person in or out of the unit. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me.

Reporting on Prior Housing Assistance

I certify that I have disclosed where I received any previous Federal housing assistance and whether any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misinterpret any information, or vacate the unit in violation of the lease.

No Duplicate Residence or Assistance

I certify that the house or apartment will be my principal residence and I will not obtain duplicate Federal housing assistance while I am in this current program.

Cooperation

I know I am required to cooperate and supply all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays, termination or assistance or eviction.

Criminal and Administrative Actions for False Information

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance and/or termination of tenancy.

Signature and Date of ALL Adults in the Household

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____



**REASONABLE ACCOMMODATION
NOTICE OF RIGHT TO REASONABLE ACCOMMODATION**

If you have a disability and you need:

1. A change in the rules or policies or how we do things that would make it easier for you to live and use the facilities or take part in programs on site;
2. A change or repair in your unit or special type of unit that would make it easier for you to live and use the facilities or take part in programs on site;
3. A change or repair to some other part of the housing site that would make it easier for you to live and use the facilities or take part in programs on site.
4. A change in the way we communicate with you or give you information, you can ask for this kind of change, which is called a REASONABLE ACCOMMODATION.

If you can show that you have a disability and if your request is reasonable (DOES NOT POSE "AN UNDUE FINANCIAL or ADMINISTRATIVE BURDEN" The HA will try to make the changes you request. The HA will give you an answer in a reasonable time. The HA will let you know if we need to talk with you about other ways to meet your needs. If the HA turns down a request, we will explain the reasons and you can provide more information if you think that will help.

We will give you an answer within 14 days of your request unless there is a problem getting the information we need or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to know you about other ways to meet your needs.

If we turn down your request, we will explain the reasons and you can give us more information if you think that will help. If you need help in filling out a Reasonable Accommodation Request form, or if you want to give us your request in some other way, we will help you.

If you make such a request, you will need some evidence that the problem was caused by the disability and that the plan is likely to work. If it involves someone else, you need evidence that they will provide the assistance.

You will need your doctor, health care provider or other qualified individual to verify that your request:

(1) is related to your disability; and (2) would provide you with an equal opportunity to enjoy our housing programs or that your disability restricts you from performing task.

WARNING TITLE 18 SECTIONS 101 OF THE UNITED STATES CODE, STATES THAT PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

I have read the above statement, or had it read to me and do fully understand it.

Name: _____ Date: _____



REASONABLE ACCOMMODATION REQUEST FORM



Ft. Walton Beach Housing Authority is committed to the letter and spirit of the Fair Housing Act, which, among other things, prohibits discrimination against persons with disabilities. In accordance with our statutory responsibilities and management policies, we will make reasonable accommodations in our rules, policies, practices, or services, when such opportunity to use and enjoy their housing communities. If you are requesting such an accommodation, please fill out this form.

DATE OF REQUEST: _____

NAME OF HEAD OF HOUSEHOLD: _____

STREET ADDRESS: _____

TELEPHONE NUMBER: _____

Please describe the accommodation (exception to our usual rule or policy) that you are requesting. _____

1. Do you consider yourself to be disabled?

The Fair Housing Act defines disability as a physical or mental impairment that substantially limits one or more major life activities. The Supreme Court has determined that to meet this definition a person must have an impairment that prevents or severely restricts the person from doing activities that are of central importance in most peoples' daily lives.

Please circle one YES NO

2. Please describe how the requested accommodation is necessary for your use and enjoyment of your apartment community. _____

Tenant Statement:

I certify that the information that I have provided is true and correct and, that failure to provide truthful or correct information is subject to my termination of continued residency of this housing program.

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

| | |
|--|--|
| Applicant Name: | |
| Mailing Address: | |
| Telephone No: | Cell Phone No: |
| Name of Additional Contact Person or Organization: | |
| Address: | |
| Telephone No: | Cell Phone No: |
| E-Mail Address (if applicable): | |
| Relationship to Applicant: | |
| Reason for Contact: (Check all that apply) | |
| <input type="checkbox"/> Emergency | <input type="checkbox"/> Assist with Recertification Process |
| <input type="checkbox"/> Unable to contact you | <input type="checkbox"/> Change in lease terms |
| <input type="checkbox"/> Termination of rental assistance | <input type="checkbox"/> Change in house rules |
| <input type="checkbox"/> Eviction from unit | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Late payment of rent | |
| Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you. | |
| Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law. | |
| Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975. | |

Check this box if you choose not to provide the contact information.

| | |
|--|--|
| | |
|--|--|

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Authorization for Criminal Records/Background Release

PLEASE PRINT

Adult #1

| | |
|-------------------------|---|
| Name | Date of Birth |
| Street Address | Soc. Sec. # |
| City, State, Zip | Race Sex |

Adult #2

| | |
|-------------------------|---|
| Name | Date of Birth |
| Street Address | Soc. Sec. # |
| City, State, Zip | Race Sex |

| | |
|-------------------------|---|
| Name | Date of Birth |
| Street Address | Soc. Sec. # |
| City, State, Zip | Race Sex |

To Whom It May Concern:

The above-named client(s) has applied for Housing Assistance. To verify Admissions Eligibility, we are required to perform routine Criminal Background Checks (One Strike You're Out). Below please acknowledge signed Authorization/ Release of Information. The information you provide will be strictly confidential and will be used solely for determining eligibility or continued program participation. Any additional assistance that you can provide will be most appreciated.

I do hereby authorize the Fort Walton Beach Housing Authority to conduct routine Criminal Background Checks for determining admissions or continued participation eligibility.

Signature Date

Signature Date

Signature Date