

Public Housing Application

Dear Applicant:

Thank you for completing an application for Public Housing through the Fort Walton Beach Housing Authority.

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.

Based on our current policy, current Public Housing residents are required to fulfill a two-year lease before they are eligible for the Section 8 program.

FWBHA is a smoke free campus. (to include Electronic Smoking Devices, meaning any product containing or delivering nicotine or any other substance intended for human consumption that can be used by a person in any manner for the purpose of inhaling vapor or aerosol from the product, including any such device, whether manufactured, distributed, marketed, or sold as an e-cigarette, e-cigar, e-pipe, e-hookah, or vape pen or under any other product name or descriptor), shall not be permitted. Use of tobacco products shall also be prohibited outdoors on all FWBHA property, including, but not limited to, parking lots, paths, fields and sport/recreational areas, as well as in all personal vehicles while on FWBHA property. This policy applies to all residents, faculty, staff, and other persons on FWBHA property, regardless of the purpose for their visit.

****** We DO NOT have Emergency Housing ******

If you should have a change of address, telephone number and /or family size, please bring the changes to the office in writing. 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.

Your signature(s) herein indicates your understanding and agreement to the process of completing this application and being placed on the Public Housing Waiting List.

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

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

We thank you for your application and need to make sure you understand the following:

1. Do not fax this application.
2. **Must be original documents. Copies will be made at our office.**
3. Print your name & address clearly.
4. You must provide **ALL** the information listed on the checklist before your application is considered complete. If your application is missing support documentation you will have **10 days** from the date of your application to bring all support documentation if you failed to provide 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 according to the date and time your application is turned in, and whether or not you meet any verifiable local preferences.
6. We do not have emergency housing.
7. While you are on the waiting list, you must report changes in your income or family composition.
8. You must keep your mailing address updated at all times. If we can't contact you by mail, your name may be removed from the waiting list.
9. 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.
10. In the event you want to add an additional person to the application, the request must be in writing no less than 30 days before an offer of housing is made. The additional person is subject to all eligibility requirements.
11. In the event you request that a member of the household age 18 or older be removed, that member will be required to request removal in writing and provide proof of residency elsewhere.

The following is a list of documentation you must provide in order to apply for Public Housing:

1. Original Valid picture I.D. for any member 18 years or older.
2. Original Social Security cards for all family members.
3. Original Birth Certificates for all family members.
4. Most recent checking & savings account statements.
5. Information on any property you may own or have sold within the past 2 years.
6. Proof of medical bills if you are elderly, disabled or handicapped.
7. If you pay childcare we need a statement from the Childcare Facility on their letterhead with the exact amount of expenses you pay each week.
8. If your relative (mother, sister, grandmother) watches your child we need a notarized statement of how much you pay them.
9. Verification of all income for every family member. (must be current)
 - If you are paid weekly we need 6 pay stubs, if you are paid bi-weekly we need 3 pay stubs.
 - Social Security Benefits, SSI, Pension, V.A. etc
 - Unemployment
 - If your relative (mother, sister, grandmother, etc) gives you money for assistance we need a notarized statement of much they give you.
10. Previous year's income tax return (tax form 1040).
11. Proof of child support; either a court order or court history.
12. If you receive alimony, we need a copy of the court order.
13. If you receive AFDC (cash assistance) or Food Stamps we need a copy of the letter.
14. If you have school-aged children, we need a proof of enrollment for the current year. (no report cards/progress report)
15. Copy of divorce decree (with financial arrangements), if applicable.

Name _____

Date _____

You have just placed an application with the Fort Walton Beach Housing Authority. The HA currently only has 124 units which are located behind the office. Rent is based on income.

Once your application is approved and there is a unit available, the HA will notify you by mail. You will have 5 days from the date of your notice to respond to the HA if you are interested in the unit. At that time, you will need the following.

1. You must be able to have power (electric) turned on in your name here in this local area prior to moving in.
2. You will need a Security Deposit. (deposit is determent by your income)
3. First month's rent is pro-rated if your move-in date is after the 1st. of the month.
4. Once the case manager determines rent you can offer Flat rent or Income based depending on your income and what is most beneficial for you at time of move in.
5. Community Services Hours. Everybody over the age 18 is required to do 8 hours a month on community service if you are not working a minimum of 30 hours a week, enrolled in school full time or receiving cash assistance. The only person exempt from community hours are elderly or disable.

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 am also aware all changes in income and in family composition must be reported to this office in writing **within 10 business days of occurrence.**

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

Applicant Name & Date

PHA Representative & Date



**Fort Walton Beach Housing Authority
Public Housing Application**



You must use the correct legal name for each member of your household as it appears on their Social Security Card. All adult members of the household must sign certifying the information pertaining to them is true and correct.

Applicant Name _____ SS# _____
 Address _____ Apt. _____
 City _____ State _____ Zip Code _____
 Telephone (H) _____ (W) _____ how long at this address? _____
 Marital Status single Married Separated Divorced US Citizen: Yes No

1. Household Composition: List all persons who will be living in your home. List head of household first.

Legal names of household members and maiden name if applicable	Relationship to head of household	Date of Birth	SS#	Disable/ Handicapped (Y) or (N)	Sex	Marital Status

2. Race of Head of Household: (Check one - used for statistical purposes only)
 White Black America Indian/Alaskan Native Asian Native Hawaiian/other
3. Ethnicity of Head of Household: (Check one – used for statistical purposes only)
 Hispanic/Latino Non Hispanic

Child(ren)'s absent parent

 Name

 Address

 Social Security #

 Date of Birth

Child(ren)'s absent parent

 Name

 Address

 Social Security #

 Date of Birth

4. BACKGROUND INFORMATION

a. Current Landlord:

Name: _____ Phone # _____
Date your family moved into this location _____ Are you the Leaseholder or is your name on the lease? Yes _____ No _____ If your name is NOT on the lease, explain your living arrangements

b. Have you or any adult member of your household ever been evicted? Yes _____ No _____

If yes, when and why _____
Was this: ___ Public Housing ___ Section 8 ___ Other Federally assisted housing ___ Private Housing

c. Have you or anyone in your household every been convicted of a crime other than traffic violations?

Yes _____ No _____ If yes, please explain _____

d. Is anyone in your household on probation or parole? Yes ___ No ___ If yes, please explain

e. Do you have any unpaid utility bills? Yes _____ No _____ If yes, please describe and give amount owed: _____

f. Are you currently in a Transitional Housing Program? Yes _____ No _____ If yes, which one?

g. Have you been Involuntarily Displaced? Yes _____ No _____ If yes, please answer the following:

* Are you displaced by a natural disaster (such as flood, hurricane, earthquake, etc)? Yes _____ No _____
* Are you displaced by domestic violence? Yes _____ No _____ If yes, please give the name, address and phone number of the person who can verify this _____

h. Do you have Special Housing Needs? Yes _____ No _____ If yes, please explain _____

i. Do you need a Handicap Accessible Unit? Yes _____ No _____ If yes, please explain _____

******* If you answered yes to this question, YOU MUST FULLY COMPLETE THE REASONABLE ACCOMMODATION FORM *******

j. Do you currently own a pet that you will be bringing to Public Housing with you? Yes _____ No _____
If you answer yes to this question, YOU MUST REQUEST A COPY OF THE CURRENT PET POLICY

k. Do you currently use tobacco or electronic smoking devices? Yes ___ No ___ if you answer yes to this question, YOU MUST REQUEST A COPY OF THE CURRENT SMOKE FREE POLICY.

5. PERSONAL DECLARATION

THIS FORM MUST BE COMPLETED IN YOUR OWN HANDWRITING. YOU MUST USE THE CORRECT LEGAL NAME FOR EACH MEMBER OF YOUR HOUSEHOLD. ALL ADULT MEMBERS OF THE HOUSEHOLD MUST SIGN BELOW CERTIFYING THE INFORMATION PERTAINING TO THEM. PLEASE PRINT.

I. HOUSEHOLD COMPOSITION: list all persons who will be living in your home. List the head of household first.

Adults (Legal Name)	Date of Birth	Relation to Head of Household	SS#	Married (M), Widowed (W), Separated (S), Divorced

Children	Date of Birth	Relationship to Head of Household	School Name	Absent Parent's Name	Absent Parent's Address

If separated or divorced, list name and address of spouse/ex-spouse as follows:

Name _____ Name _____
 Street Address _____ Street Address _____
 City, State, Zip _____ City, State, Zip _____

PERSONAL DECLARATION FORM (cont'd)

II. ALL HOUSEHOLD INCOME: list all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, social security, disability payments, worker's compensation, retirement benefit, AFDC/TANF/TCA, Veterans benefits, rental property income, stock dividends, income from bank accounts, alimony, and all other sources.

Household Member	Employer	Total Weekly Wages	AFDC	Child Support Monthly	Social Security Benefits	Unemployment Benefits	All Other Income

III. ASSETS: if yes to any, list below.

Do you or any household member own or have an interest in any real estate, boat, and/or mobile home? Y/N _____

Have you sold any real estate in the last two years? Y/N _____ Do you own any stocks or bonds? Y/N _____

Do you have a savings or checking account? _____ If yes, name of bank, accounts numbers and amounts _____

Do you own a car? _____ Model/Year _____ Tag # _____

Do you own a 2nd car? _____ Model/Year _____ Tag # _____

1. Does anyone outside your household pay for any of your bills or give you money? Y/N _____

If yes, explain: _____

2. Have you or any other adult members ever used any name(s) or social security number(s) other than the one you are currently listing? Y/N _____. If yes, list where/when _____

3. Have you or any member lived in any assisted housing? This includes Public Housing, Section 8 or any other Federally assisted housing. Y/N _____. If yes, list where and when _____

4. Have you or anyone in your household ever been convicted of any crime other than traffic violation(s)? Y/N ____

If yes, explain _____

5. Have you ever committed fraud in any federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? Y/N _____. If yes, please explain _____

I do hereby swear and attest that all of the information above is true and correct. I 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 Housing Authority in *writing* immediately.

Signature of Head of Household and Date

Signature of Co-Head and Date

Signature of Other Adult and Date

Warning! Title 18, Section 1001 of the Unites States Codes, 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.

6. QUESTIONNAIRE OF INCOME/ASSETS

DOES YOUR HOUSEHOLD HAVE ANY OF THE FOLLOWING INCOME/ ASSETS/ EXPENSES:

1. Do you have any of the following:

Checking Accounts	YES	NO
Savings Accounts.....	YES	NO
Money Market Funds.....	YES	NO
Trusts	YES	NO
If yes, is the trust irrevocable?	YES	NO
IRA/Keogh Accounts or Other Company Retirement Accounts.....	YES	NO
Stocks/Bonds	YES	NO
Certificates of Deposits	YES	NO
Equity in Rental Property or Other Capital Investments	YES	NO
Personal property held as an investment	YES	NO
Other Accounts	YES	NO
Cash Held (Safety deposit boxes, etc)	YES	NO
Life Insurance Policies.....	YES	NO

2. Have you received any lump sum payments such as:

Inheritance	YES	NO
Lottery Winnings	YES	NO
Insurances Settlements (health, accident, workers comp)	YES	NO
Capital Gains.....	YES	NO
Social Security Benefits, Unemployment.....	YES	NO
Other _____	YES	NO

3. Have you disposed of any assets for less then Fair Market Value in the past two years?

.....	YES	NO
Are any assets held jointly with another person?	YES	NO
Have you ever owned any real estate?.....	YES	NO
When? _____		
Do you still own it	YES	NO

4. Do you receive periodic income such as:

Retirement Funds	YES	NO
Social Security	YES	NO
Pension.....	YES	NO
Annuities.....	YES	NO
Insurance Policies	YES	NO
Disability.....	YES	NO
Other _____	YES	NO

5. Do you regularly receive monetary gifts or contributions from person outside the household.

Rent.....	YES	NO
Utilities.....	YES	NO
Clothing	YES	NO
Miscellaneous household supplies.....	YES	NO
Other _____	YES	NO

QUESTIONNAIRE OF INCOME/ASSETS (cont'd)

6. Does anyone in your household receive an educational grant, scholarship, or Student loan YES NO
 If yes, describe _____
7. Do you receive any exclusionary income? YES NO
 RSVP or Foster Grandparent program or Title 5..... YES NO
 JTPA, PASS, or CIAP YES NO
8. Are any household members absent YES NO
 If yes, temporarily or permanently _____
9. Are you receiving or will you receive in the future Earned Income Tax credit from your IRS tax return?..... YES NO
10. Do you pay child care expenses:
 To work..... YES NO
 To go to school YES NO
11. If anyone in your household is disabled do you pay a care attendant or pay for any auxiliary apparatus in order for an adult member of the household to work? YES NO
12. Do you have any medical expenses? YES NO
13. Are you employed? YES NO
 Employed Name and Address _____
 Wages per hour _____ Hours Per Week _____
 Salary _____
14. Do you receive Child Support?..... YES NO
15. Do you receive TANF (AFDC)? YES NO
16. Do you receive Food Stamps/Food Assistance/SNAP? YES NO
17. Do you receive any other income which may not be listed elsewhere? YES NO
 If yes, from what source _____
 How often _____



**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 disability and if your request is reasonable; if it is not too expensive; and if it is not too difficult to arrange, we will try to make the changes for your request.

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 SECTION 1001 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
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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
 Form HUD- 92006 (05/09)

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 in the course of 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

Signature of Other Adult

Date

Signature of Other Adult

Date

RENTAL HISTORY

Please provide complete street address of EVERY place you have lived within the past five (5) years, must have telephone numbers and dates when you lived there.

If you have ever lived in Public Housing or if you have ever 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.

- Name of previous Housing Authority (if applicable) _____ Phone # _____
Your previous Public Housing /Section 8 Address _____
Dates you live there _____ Do you owe money there? _____ Were you Evicted? _____ if yes, Why? _____

- Name of you current Landlord & Phone # _____
Your previous Address _____ Dates you live there _____
Did you pay rent? _____ If yes, how much? _____

- Name of your previous Landlord & Phone # _____
Your previous Address _____ Dates you live there _____
Did you pay rent? _____ If yes, how much _____

- Name of your previous Landlord & Phone # _____
Your previous Address _____ Dates you live there _____
Did you pay rent? _____ If yes, how much _____

- Name of your previous Landlord & Phone # _____
Your previous Address _____ Dates you live there _____
Did you pay rent? _____ If yes, how much _____

FWBHA will be contacting all former landlords for the last five years from the date of application.

Authorization of Release of Information- Applicants acknowledged that all the above information and statement on the application for rental assistance are true and complete. Applicant(s) acknowledges that false or omitted information herein may constitute grounds for rejection of this application; I hereby swear and attest that all of the information above is true and correct. I 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 Housing Authority IN WRITING, WITHIN 10 BUSINESS DAYS.

Signature of Head of Household and Date

Signature of CO. Head and Date

Signature of Other Adult and Date

Signature of Other Adult and 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 an department or agency of the United States shall be fine no more than \$10,000 or imprisoned for no more than five (5) years of both.

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 when a person moves 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 or not 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 will not obtain duplicate Federal housing assistance while I am in this current program.

Cooperation

I know I am required to cooperate in 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 Household

_____ Date _____

_____ Date _____



Fort Walton Beach
Housing Authority
 One Family at a Time

O: 850.243.3224
 F: 850.244.6533
 TTY: 850.243.2445

27 Robinwood Dr. SW
 Fort Walton Beach, FL 32548
 fwbha@fwbha.org

Gail Sansbury
 Executive Director

FWBHA.com

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

Adult #3

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. In order 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 the purpose of determining admissions or continued participation eligibility.

 Signature Date

 Signature Date

 Signature Date

 Signature Date