

APPLICATION FOR ASSISTANCE
Macclenny Housing Authority (Public Housing)

Application Process:

Complete the online application **AND** gather all documents that pertain to any statement in your application prior to scheduling your appointment. This information is required by HUD to determine your eligibility. **Once you have completed the application and gathered your documents, CALL 904-259-6881 to schedule your application interview. If this information is not provided during your interview or if the information is fraudulent or unverifiable your application will be denied.** The application date will be the date that the application is complete.

PLEASE PROVIDE ORIGINALS OF ALL DOCUMENTATION. We will make copies and return the originals to you.

Provide verification of each source of income that applies to you

- A print out of child support you receive from Domestic Relations or Dept of Revenue.
- Your current entitlement letter from Social Security or a current bank statement if your check is directly deposited.
- A letter from DCF stating your monthly cash/food stamp assistance.
- A letter indicating amount of pension/retirement or current bank statement.
- Divorce papers indicating alimony and/or child support.
- Check stubs for current employment for 4 pay periods
- Notarized statements of contributions.
- Social Security Cards for all household members.
- Birth Certificates for all household members.
- Marriage Certificate, if applicable.
- Driver's License or Picture I.D. (CURRENT) for all household members 18 years of age or older. Any household member 18 years of age or older must come into the office to sign additional forms required to process your application.
- Proof of pregnancy (if applicable).
- Case Plans (if applicable).

PRELIMINARY APPLICATION

THE OFFICE HOURS ARE 9:00 A.M. AND 5:00 P.M. (OFFICE IS CLOSED BETWEEN 12:00 NOON AND 1:00 P.M. FOR LUNCH.) **If you have a hearing impairment, all calls are directed to the TDD number at the Baker County Board of Commissions Office. That number is (904) 259-1443.** That Office will relay any necessary information to our Office. Appropriate assistance will be provided in a confidential manner and setting.

Please answer all questions truthfully. We will verify your answers. Any misrepresentation of information related to eligibility, preference for admission, allowances, rent, family composition, or prior rental history is grounds for rejection.

Answers to questions concerning handicap or disability status **are optional.** However, without this information we may not be able to: (1) determine your eligibility or need for special housing features; or (2) calculate your rent correctly. Families with members who have a handicap or disability may be entitled to certain deductions from income that affects rent.

If you answer these questions, we will need to verify that you or a family member has a handicap or disability. We do not need to know the nature, extent, or current conditions of the handicap or disability. We will need to know that you meet the federal definitions that apply to these terms and that you can abide by the terms of our lease.

Information you provide on handicap or disability status will be treated as confidential by Management. In accordance with program regulations, information may be released to appropriate federal, state, or local agencies.

Please complete the special needs questionnaire attached to the application form. The information is needed so that we may help you locate a unit appropriate to any needs that exist for your family. Your answers will be verified. Please note that completing this questionnaire is completely voluntary. We are asking you to complete it solely to meet your housing needs, and that any information obtained will be used solely for this purpose and will be kept completely confidential.

Application for Rental Housing: Macclenny Housing Authority (MHA) PROJECT BASED.

INSTRUCTIONS FOR HEAD OF HOUSEHOLD

1. Print all sections in ink. Do not leave any sections blank. If they do not apply, indicate N/A.
2. As head of household, you will complete this application form. Each adult who will live in your unit must sign the application.
3. All information on this form must be complete and correct. False, incomplete or misleading information will cause your household's application to be rejected.
4. As long as your application is on file with us, you must contact us if your address, telephone number, income status or family size changes.
5. After we accept your application, we will make a preliminary determination of eligibility. If eligible, you will be placed on a Waiting List; if rejected, we will follow standard procedures and notify you in writing.

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements or misrepresentation of any material fact involving the use of or obtaining federal funds.

Head of Household and Spouse: PLEASE PRINT

Head of Household – Full Legal Name

Spouse – Full Legal Name

First Name	Last Name	First Name	Last Name

Street Address	Street Address

City	State	Zip Code	City	State	Zip Code

Hm. Phone	Cell Phone	Hm. Phone	Cell Phone

*Have you or your spouse ever used different names other than indicated above, such as maiden names?

Yes:	No:
Indicate:	

*Have you or your spouse or ever received rental assistance from a HUD Program?

Yes	No
If Yes, indicate:	

Household Composition: (Include self, spouse & dependents legally in your custody) - PLEASE PRINT

#	Full Name of Household Members- Begin With Head	Relationship To Head of Household	Sex	Age	Birth Date	Occupation	Social Security #	Race

Income from Employment

#	Member Name	Employer Name	Mailing Address	Telephone #	Gross Income	Wkly, Bi-Wkly or Monthly

Income from Other Sources: (SS, SSI, Pensions, Public Asst., Unemployment, Alimony, Child Support, etc.)

Member #	Type of Income	Address for Verification	Gross Monthly Income

Assets:

Member #	Description	Estimate of Current Value	Gross Monthly Amount

Race and Ethnicity of Head of Household:

HUD requires us to report the race and ethnicity of the Head of Household for all applicants. This response is optional and your entry will have no bearing on your eligibility for housing.

Race of Household Head: Check appropriate box

White	Black	Native American/Alaskan/ Hawaiian	Asian/Pacific Islander	Hispanic	Non-Hispanic

HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD EVER BEEN ARRESTED OR CONVICTED OF ANY CRIMINAL ACTIVITY. CHECK APPROPRIATE BOX. IF YES, PLEASE EXPLAIN IN BLOCKS BELOW.

YES	
NO	

Allowances

Dependent Deductions: Enter the names of all household members other than head or spouse who are under the age 18 years old

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Names of full time students 18 or older

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18 or older and disabled or handicapped

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Each family member verified above = \$480 deduction from Annual Income for computing rent.

Childcare Expenses: List the names of children under age of 13 whom childcare is provided and name of adult household family member/s who are able to work or go to school because childcare is provided.

<u>Name of Child</u>	<u>Name of Adult</u>	<u>Amt. of Childcare Paid</u>	<u>How Often Paid</u>

Handicapped Care/Expenses: List amounts you pay for care of a handicapped/disabled family member to permit an adult family member to work:

<u>Name of Handicapped</u>	<u>Name of Adult</u>	<u>Amt. of Care</u>	<u>How Often Paid</u>

Elderly Household Allowances: An elderly household is one in which the head, spouse, or sole member is 62 or older, disabled or handicapped. Such households qualify for a \$400 deduction in computing rent. Please indicate below to claim the deduction:

Name of Head/Spouse or Sole Member	Disabled/Handicapped	Yes/No

Special Needs Questionnaire:

Do you, or does any member of your family need any of the following as a direct result of a disability?
Please Check all that apply.

A separate bedroom	A barrier-free unit	One Level Unit	
Unit for Vision Impaired	Unit for Hearing Impaired	BR/Bath on 1 st Floor	

If you checked any of the previous listed categories of units, please explain exactly what you need to accommodate your disability:

What is the name of the family member who needs the feature or live-in- aide?

Name of family Member	Name of live-in-aide

Who should be contacted to verify that the individual in your family who you have indicated as needing the feature(s) or live-in-aide has a disability and needs the reasonable accommodation requested as a direct result of his/her disability? Indicate name, address & phone number:

Physician Name	Street Address	City	State	Phone #

Statements by All Adult Household Members

We certify that all information given in this application is true, complete and accurate. We understand that if any of this information is false, misleading or incomplete, management may decline our application; or, if move-in has occurred, terminate our Rental Agreement.

We authorize the Baker County Housing Assistance Program and the Macclenny Housing Authority to make any and all inquires to verify this information either directly or through information exchanged now or later with rental and to contact previous and current landlords or other sources for verification confirmation which may be released to appropriate federal, state or local agencies.

If our application is approved and move-in occurs, we certify that only those persons listed in this application will occupy the unit. We also certify that we do not maintain any other place of residence and that there is no person, for whom we have or expect to have, responsibility to provide housing.

We agree to notify the Baker County Housing Assistance Program and the Macclenny Housing Authority in writing of any changes in household address, telephone numbers, income and household composition.

We have read and understand the information in this application, in particular the information contained in the instructions for Head of Household and we agree to comply with such information.

We understand that if this application is placed on a Waiting List, we may request sample copies of the Rental Agreement. If this application is approved, and move-in occurs, we certify that we will accept and comply with all conditions of occupancy as set forth therein, including specifically all conditions regarding pets, rent, damages and Security Deposits.

If this application is for a household of more than one person, we consider ourselves a stable household and all of our income is available for its needs.

Date	Signature of Head	Date	Signature of Co-Head

Acceptance of completed application by the Baker County Housing Assistance Program and the Macclenny Housing Authority.

Date	Time	Signature of Person Accept. Appl.

EMERGENCY CONTACT SHEET

Name of Nearest Relative	Address	Phone	Relationship
Emergency Contact	Address	Phone	Relationship

Other Relative/Friend	Address	Phone	Relationship
Other Relative/Friend	Address	Phone	Relationship

LANDLORD HISTORY FROM PRESENT TO PAST THREE YEARS

Present Landlord	Address	Rental Address	Phone	Time There
Previous Landlord	Address	Rental Address	Phone	Time There
Previous Landlord	Address	Rental Address	Phone	Time There
Previous Landlord	Address	Rental Address	Phone	Time There

AUTHORIZATION FOR RELEASE OF INFORMATION TO PROSPECTIVE LANDORDS

I/we give any prospective Landlord permission to check with my/our previous Landlords or persons that I/we have resided with at present or in the past three years.

I/we understand that this information is needed so the Landlord can screen the family to determine whether we will be suitable tenants for his/her unit.

Applicant Signature	Spouse/Co-Head Signature
Date	Date

APPLICANT / TENANT CERTIFICATION

APPLICANT(S)'S / TENANT(S)'S STATEMENT

I/WE CERTIFY THAT THE INFORMATION GIVEN TO THE MACCLENNY HOUSING AUTHORITY ON HOUSEHOLD COMPOSITION, INCOME, NET FAMILY ASSETS, AND ALLOWANCES AND DEDUCTIONS IS ACCURATE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I/WE UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE UNDER FEDERAL LAW. I/WE ALSO UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE GROUNDS FOR TERMINATION OF HOUSING ASSISTANCE AND TERMINATION OF TENANCY.

Signature of Head of Household	Signature of Spouse/Co-Head
Date	Date

IF YOU BELIEVE YOU HAVE BEEN DISCRIMINATED AGAINST, YOU MAY CALL THE FAIR HOUSING AND EQUAL OPPORTUNITY NATIONAL TOLL-FREE HOT LINE AT 800-424-8590. (WITHIN THE WASHINGTON D.C. METROPOLITAN AREA, CALL 426-3500.)

*AFTER VERIFICATION BY THIS HOUSING AGENCY, THE INFORMATION WILL BE SUBMITTED TO THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT ON FORM HUD-50058 (TENANT DATA SUMMARY), A COMPUTER-GENERATED FACSIMILE OF THE FORM OR ON MAGNETIC TAPE. SEE THE FEDERAL PRIVACY ACT STATEMENT FOR MORE INFORMATION ABOUT ITS USE.

**BAKER COUNTY HOUSING ASSISTANCE PROGRAM
MACCLENNY HOUSING AUTHORITY**

**PO BOX 977
MACCLENNY, FL 32063**

DISPOSITION OF PROPERTY CERTIFICATION

<p>I hereby certify that I have/have not made a disposition of property in a transaction other than arm's length arrangement in the previous two years:</p> <p>YES _____</p> <p>NO _____</p>

If property was disposed of for less than market value:

Fair Market Value of Property	
Value of Consideration Received	

<p>I/We understand that the above statements are true and complete to the best of my/our knowledge. I/We understand that false statements or information are punishable under Federal Law.</p>	
Signature of Tenant/Applicant	Signature of Spouse/Applicant
Date _____	Date _____