



PLEASE RETURN THIS APPLICATION BY: AUGUST 29, 2008

Dear Applicant:

Thank you for your interest in our Public Housing Program, attached is an application and checklist(s). Below are the steps you must follow in order to submit this application for consideration:

- Read and complete each question carefully.
- Sign in the areas indicating signature.
- Bring in supporting documents indicated below:
 - Family Information:
 - Birth Certificates and Voter's Registration Cards
 - Social Security Cards
 - Marriage License or Divorce Decree
 - Student Verification
 - Verification of ALL income:
 - Employment
 - Unemployment Compensation
 - Social Security/SSI
 - Child Support and/or Alimony
 - Welfare/TANF
 - Scholarships from any College or Universities
 - Gifts from family and/or friends, etc.
 - Verification of ALL assets:
 - Bank Statements
 - Real Estate/Property
 - Stocks, Bonds, Trust, etc.
- Obtain a Juvenile Record for all persons listed on the application **ages seven (7) to twenty-seven (27) years old** from your County's courthouse. This must be obtained even if there's no record.

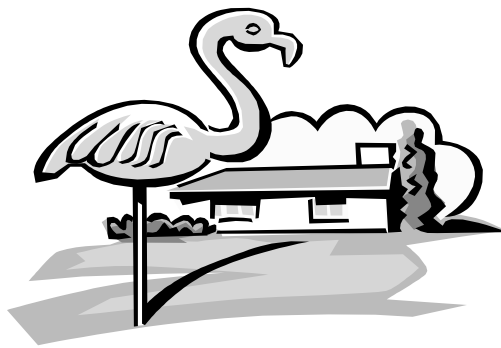
Please Note: Polk County residents MUST obtain the Juvenile Record(s) from the following location:

**Bartow Courthouse
Juvenile Division, 10th Floor
255 N. Broadway Avenue
(863) 534-4000**

Once we receive your completed application with **ALL** the supporting documents, Lakeland Housing Authority will determine your eligibility. **Any incomplete areas of the application and/or missing documents will result in the denial of your application.** Background investigation and verification will include criminal background, verification of income qualifications, asset income and verification of student status. The Lakeland Housing Authority will contact you by mail to let you know if you are eligible or ineligible (*this may take up to six (6) to eight (8) weeks*). Instructions regarding grievance/hearing procedures will be included with an ineligibility notification. **Please note that the security deposit for our Public Housing units is \$300.00.**

Again, thank you for applying with Lakeland Housing Authority.
Resident Services Occupancy/Intake Department

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Lakeland Housing Authority

PO Box 1009

Lakeland, FL 33802-1009

(863) 687-2911 p

(863) 413-2977 f

www.LakelandHousing.org

PUBLIC HOUSING APPLICATION

Applicant Information

Applicant's Name: _____ Social Security Number: _____
 Physical Address: _____ Daytime Phone Number: _____
 City, State, Zipcode: _____ Alternate Phone Number: _____
 Mailing Address: _____ Emergency Contact: _____
 City, State, Zipcode: _____ Telephone Number: _____

List the name of each household member that will continue to reside with you.

Last name, First name	Social Security No	Date of Birth	M/F	Relationship to you
1.				(YOU)
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

1. Does anyone live with you whom is not listed above? Yes No
 If yes, whom: _____
2. Does anyone plan to live with you whom is not listed above? Yes No
 If yes, whom: _____

Marital Status

- Single
 Married
 Separated
 Divorced
 Widowed

Race of Household

- White
 Black
 American Indian/Alaskan
 Asian
 Hawaiian/Pacific Islander
 Mixed

Ethnicity of Household

- Hispanic or Latino
 Not-Hispanic or Latino

Household Information Checklist

Household Information

(√) Check all that apply to your household and bring supporting documents.

- | | |
|---|---|
| <input type="checkbox"/> Person with disabilities | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Full-time Student | <input type="checkbox"/> Child(ren) enrolled in school |
| <input type="checkbox"/> Enrolled in Training Program | <input type="checkbox"/> Registered Voter |
| <input type="checkbox"/> Employed | <input type="checkbox"/> Victim of Domestic Violence |
|
 | |
| <input type="checkbox"/> Adult (over 27 yrs old)
Bring Birth Certificate
Social Security Card
Photo Identification
Criminal Release form | <input type="checkbox"/> Adult (under 28 yrs old)
Bring Birth Certificate
Social Security Card
Photo ID
Criminal Release Form
Juvenile Record* |
|
 | |
| <input type="checkbox"/> Children (under 7 yrs old)
Bring Birth Certificate
Social Security Card
Court custody agreement
Adoption papers | <input type="checkbox"/> Children (over 6 yrs old)
Bring Birth Certificate
Social Security Card
Court custody agreement
Adoption papers
Juvenile Record* |

* **Juvenile Record must be obtained from the Bartow Courthouse, 10th floor ONLY, unless you reside in another county, then go to that county's courthouse.**

Definitions:

Disability. If any member of your family has a disability, bring information about any income the member received because of his/her disability.

Full-Time Students (over 17 yrs old). If any family members are 18 years of age or older and still attending school full time, bring information about where they go to school.

Unemployed. If any family members are 18 years of age or older, and are not currently employed, they are required to sign a Certification of Unemployed form.

Preference Checklist

Preference Information

1. Do you currently live in Polk County?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is your child (ren) enrolled in school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are you or your spouse registered to vote?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are you a victim of Domestic Violence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Was any member of your household a public housing resident of Washington Park or Lake Ridge Homes after August 1999?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. Was any member of your household a public housing resident of Dakota Park after January 2002?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Are you or your spouse working at least 30 hours per week?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, did you or your spouse work for the past 3 months consecutively?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, did you or your spouse work at least 9 months in the past year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, bring name, address and phone number of employer.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Are you or your spouse enrolled in a vocational training program that is considered full-time and will last at least 3 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. Are you or your spouse participating in an on-the-job training program that is considered full-time and will last at least 3 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are you or your spouse enrolled in remedial education program that is considered full-time and will last at least 3 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are you or your spouse enrolled in any other self-sufficiency training program that is considered full-time and will last at least 3 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to 7a, b, or c, bring name, address, of education/training program.		
8. Are you or your spouse 62 years old or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Are you or your spouse considered a person with disabilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please identify any special housing needs that you or your family may require.		
10. Do you wish to move?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain why:		

Preference Checklist

Preference Information

- | | | |
|---|------------------------------|-----------------------------|
| 11. Do you participate in a home ownership program?
If yes, where: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Are you or any of your household, living in federally subsidized housing now?
If yes, where: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Have you or any of your household lived or currently living in Public Housing?
If yes, where and when: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Have you or any of your household participated in a Certificate or voucher program?
If yes, where and when: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Have you, or any of your household, ever been evicted from Public Housing, Indian Housing, a Section 23 program or Housing Choice (Section 8) Voucher Program?
If yes, where and when: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. Have you or any of your household, ever been convicted of a non-violent crime?
If yes, where and when: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. Have you or any of your household, ever been arrested for the illegal use of a controlled substance?
If yes, where and when: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. Have you or any of your household, ever been arrested for activities related to an abuse of alcohol?
If yes, where and when: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19. Have you or any of your household, ever been convicted of a violent crime?
If yes, where and when: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Definition

Violent Crime - Any household member who has been convicted of a **violent** crime involving crimes of physical violence against person or property and any other criminal activity including drug-related criminal activity will be ineligible for admission for ten (10) years from the date of conviction.

Non-Violent Crime - Any household member who has been convicted of **a non-violent** crime involving crimes of retail theft, theft by check, welfare fraud or any other non-violent act considered as criminal will be ineligible for admission for five (5) years from the date of conviction.

Certification of Asset Disposition

TO BE COMPLETED BY CLIENT

CLIENT NAME: _____ SOCIAL SECURITY NO: _____
STREET ADDRESS: _____ TELEPHONE NUMBER: _____
CITY, STATE, ZIPCODE: _____ ALTERNATE NUMBER: _____

Read each statement and check the box that is true regarding your household situation.

- I hereby certify that I **HAVE NOT** sold, or given away items* worth more than \$1,000 in the past two years.
- I hereby certify that I **HAVE** sold, or given away any items* worth more than \$1,000 in the past two years

Fair Market Value of Property: \$ _____

Amount Received: \$ _____

Client's Certification

Under penalty of perjury, I hereby certify that the statements I have provided regarding our household situation are true and accurate. I further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the denial and termination of your assistance.

Head of Household's Signature

Date

Head of Household's Name

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Certification of Accuracy and Completeness

TO BE COMPLETED BY CLIENT

Read each statement and initial in the space provided.

1. I certify that I am 18 years of age, or older, and I am eligible to apply for the using assistance.

2. I understand that I must report within 10 business days, ALL of following:
 Family size changes
 Income changes
 Asset changes
 Allowance changes

3. I understand that I will be required to repay all overpaid assistance my family may receive.

4. I understand that if commit fraud, I may be subject to the following:
 I may be Fined up to \$10,000 and imprisoned for up to 5 years.
 I may lose my family's housing assistance.
 I may be evicted from the apartment.
 I may be prohibited from receiving future assistance.

Client's Certification

Under penalty of perjury, I hereby certify that I have read each statement above. The information I have provided regarding our household composition, income, assets and allowances are true and accurate. I further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the denial and termination of your assistance.

Head of Household's Signature

Date

Head of Household's Name

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DECLARATION OF SECTION 214 STATUS

Notice to Applicants and Tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read this Declaration Statement carefully, sign it and return to the Lakeland Housing Authority. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing if you have questions.

I _____ certify, under penalty of perjury¹, that to the best of my knowledge I am lawfully within the United States of America because (please check the appropriate box):

- I am a citizen by birth, a naturalized citizen, or a national of the U.S.; or
- I have eligible immigration status and I am 62 years of age² or older. (Attach proof of age evidence); or
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
 - Immigration status under §1001(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA)³; or
 - Permanent residence under §249 of Immigration and Nationality Act (INA)⁴; or
 - Refugee, asylum, or conditional entry status under §207, 208, and/or 203 of the Immigration and Nationality Act (INA)⁵; or
 - Parole status under §212(d)(f) of the Immigration and Nationality Act (INA)⁶; or
 - Threat to life or freedom under §243(h) of the Immigration and Nationality Act (INA)⁷; or
 - Amnesty under §245 of the Immigration and Nationality Act (INA)⁸.

Head of Household

Date

- Check this box if signature is of adult residing in the unit is responsible for child named on statement above.

LHA: Enter INS/Save Primary Verification # _____ Date _____

VERIFICATION CONSENT FORM

CONSENT: I consent to allow the LAKELAND HOUSING AUTHORITY (LHA) to request and to obtain information from the Immigration and Naturalization Service (INS) for the purpose of verifying my/our eligibility and level of benefits under HUD's assisted housing programs. I understand that LHA cannot use it to delay, deny or terminate housing assistance because of the immigration status of a family member, except as provided in HUD regulations. In addition, I understand that I must be given an opportunity to contest the determination with the INS or LHA, or both.

This consent form expires 15 months after signed.

Signatures:

ADULTS (Ages 18 or Older):

_____	A- _____	_____
Head of Household	Alien Number	Date
_____	A- _____	_____
Spouse	Alien Number	Date
_____	A- _____	_____
Family Member	Alien Number	Date
_____	A- _____	_____
Family Member	Alien Number	Date
_____	A- _____	_____
Family Member	Alien Number	Date

Children (18 or Younger):

_____	A- _____	_____
Family Member (18 or Younger)	Alien Number ⁹	Date
_____	A- _____	_____
Family Member (18 or Younger)	Alien Number ⁹	Date
_____	A- _____	_____
Family Member (18 or Younger)	Alien Number ⁹	Date
_____	A- _____	_____
Family Member (18 or Younger)	Alien Number ⁹	Date
_____	A- _____	_____
Family Member (18 or Younger)	Alien Number ⁹	Date

Authorization for Release of Criminal Information

TO BE COMPLETED BY CLIENT

To consider an application for one of our affordable housing programs, it is the Lakeland Housing Authority's policy and HUD's "Screening and Eviction" regulation permits us to obtain a Criminal History Record on Applicants and members of their household. Every adult household member (18 years or older), ***MUST SIGN THIS FORM.***

This Record Check will be obtained from law enforcement agencies and/or other official entities which maintain criminal history information, whether currently providing, or which may provide such information in the future. Information returned by the law enforcement agencies and/or other official entities is not privileged or confidential information and not covered by any privacy statutes.

AUTHORIZATION:

The undersigned individuals authorize the Lakeland Housing Authority to obtain from any law enforcement agency or official entities which maintain criminal history information. Whether currently providing, or which may provide such information in the future of any and all criminal information available concerning myself and household.

I/We understand that the information obtained shall be used in the Lakeland Housing Authority's assessment of my eligibility to participate in its programs.

I/We further understand and agree that if I am selected for one of the affordable housing programs, **THIS AUTHORIZATION SHALL BE USED CONTINUOUSLY TO UPDATE MY TENANT FILES** at any recertification by Lakeland Housing Authority.

HAS ANY MEMBER OF THE HOUSEHOLD EVER BEEN ARRESTED UNDER ANY NAME? YES _____ NO _____
IF YES, PLEASE DESCRIBE THE DETAILS:

HAS ANY MEMBER OF THE HOUSEHOLD EVER BEEN CONVICTED OF ANY CRIME UNDER ANY NAME? YES _____ NO _____
IF YES, PLEASE DESCRIBE THE DETAILS:

WARNING:

Section 1001 of Title XVII of the United States Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction. I certify that the above information is correct and I understand that any misrepresentation will be grounds for denial or termination with the Section 8 Housing Choice Voucher Program or Public Housing Program.

TO BE SIGNED BY EACH HOUSEHOLD MEMBER (18 YEARS OR OLDER)

FULL LEGAL NAME	SSN	DOB	SEX	RACE	SIGNATURE

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Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

PHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date) Lakeland Housing Authority

IHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(I)(7)(A) of the Internal Revenue Code.)




U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

			
Head of Household		Date	
_____		_____	
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____		_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

Authorization for Release of Information Form

TO BE COMPLETED BY ALL ADULT HOUSEHOLD MEMBERS

TO WHOM IT MAY CONCERN:

Public Housing Authorities are required by Federal Law to verify the income, assets and allowances of all individuals applying for admission to or living in federally assisted housing. We ask your cooperation by supplying the information on the enclosed form. Note that the person referenced has authorized your release of the information. We will use any information you provide only to determine the family's eligibility and rent, and pledge to keep the data in strict confidence.

We would greatly appreciate your prompt return of this letter. A self-addressed, stamped return envelope is enclosed. If you have any questions, please call (863) 687-2911.

AUTHORIZATION:

I understand that depending on program policies and requirements, previous or current information may be needed in order to determine my family's eligibility and rent. Verification and inquires that may be requested include; but are not limited to:

Child Care Provider; Child Support and Alimony Providers; Clerk of the Court; Credit Bureaus; Education Institutions; Employers; Financial Institutions; Housing Agencies; Landlords; Medical Professionals, Pharmacies; Post Offices; Retirement System; Veterans Administration; and Welfare Agencies.

I hereby authorize release of any information request by the Lakeland Housing Authority regarding my income, assets, and allowances. I understand and agree that photocopies of this authorization may be used for the purpose stated above. The original of this authorization is on file at the Lakeland Housing Authority and will remain in effect for twelve (12) months from the date signed. I understand that I have the right to review my file and correct any information that I can prove is incorrect.

Head of Household Signature

Social Security Number

Adult Member Signature

Social Security Number

Head of Household Name

Date

Adult Member Name

Date

Adult Member Signature

Social Security Number

Adult Member Signature

Social Security Number

Adult Member Name

Date

Adult Member Name

Date

