



HOUSING AND NEIGHBORHOOD DEVELOPMENT SERVICES

120 Malabar Rd S.E.
PALM BAY , FL 32907
321-733-3042 (OFFICE) 321-953-8920 (FAX)

APPLICATION FOR HOUSING ASSISTANCE

Type of Assistance: _____ Annual Income: \$ _____
Income Category (ELI, VL, LI, MI): _____

Applicant/Co-Applicant General Information	Applicant	Co-Applicant
Full Name:		
Social Security:		
Date of Birth/Age:		
Street Address:		Home Phone:
City:		State/Zip:
Mailing Address:		Work/Cell Phone
City:		State/Zip:

Other Household Members:

Name(s)	Social Security #	Date of Birth	Relationship to Applicant

Is Applicant, Co-Applicant, or any other household member, age 18 or older, a full-time student?

If yes, please list: _____

Must provide enrollment schedule or proof of full-time status.

Does Applicant/Co-Applicant own a home Yes _____ No _____ Monthly rent/mortgage: \$ _____

If No, type of unit to be purchased? _____ existing unit _____ newly constructed unit

Applicant/Co-Applicant Employment information:

Employee Name:	Employer Name:
Position:	Supervisor:
Address/Phone:	Time Employed:
Pay Rate:	Pay Frequency:
Annual Income (gross salary, overtime, tips, bonuses, etc...): \$ _____	

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Position:	Supervisor:
Address/Phone:	Time Employed:
Pay Rate:	Pay Frequency:
Annual Income (gross salary, overtime, tips, bonuses, etc...): \$ _____	

NOTE: Attach additional sheets as necessary for all household members 18 years and over

Other sources of Income (For ALL Household Members 18 and Over, List Business or Rental Net Income, Child Support, Alimony, Social Security, Pensions, Unemployment or Workers Compensation, Welfare Payments etc.)

Name	Type of Income	Gross Annual Amount
1.		
2.		
3.		
4.		
		Total: \$

Assets and Assets Income (For ALL Household Members, Including Minors, List Checking and Savings Accounts, IRA, Bonds., Stocks, Equity in Properties, etc)

Type of Asset	Asset Value	Bank/Account	Annual Asset Income
1.			
2.			
3.			
4.			
			Total: \$

Liabilities (For ALL Household Members 18 and over, List Credit Card Debt, and Auto, Real Estate and Mortgage Loans, etc.)

Type Credit/Loan	Creditors Name	Balance Owed	Monthly Payment
1.			
2.			
3.			
4.			
			Total Annual Payments: \$

Ethnicity/Special Needs (For reporting purposes only, please check all that apply for Head of Household Only): White____ Black____ Hispanic____ Asian/Pacific Islander____ Native American____ Farm worker____ Disabled or Disabled Minor____ Elderly____ Homeless____ Other_____

I/we understand that Florida Statute 817 provides that willful false statements or misrepresentation concerning income; asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 and 775.083.

I/we further understand that any willful misstatement of information will be grounds for disqualification. I/we consent to the disclosure of information for the purpose of income verification related to making a determination of my/our eligibility for program assistance. I/we agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided are a matter of public record.

Applicant's Signature

Date

Co-Applicant's Signature

Date



APPLICANT/TENANT RELEASE OF INFORMATION FORM

I/We _____, the undersigned hereby authorize _____ to release without liability, information regarding my/our employment, income and/or assets to the **City of Palm Bay** for purposes of verifying information provided as part of the owners assistance under the CDBG, SHIP and/or HOME programs

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but not limited to: personal identity, employment, income, and assets, medical or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for the SHIP program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers	Welfare Agencies	Veterans Administration
Previous Landlords	State Unemployment Agencies	Retirement Systems
Public Housing Agencies	Social Security Administration	Banks/Financial Institutions
Support and Alimony Providers		

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purpose stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/We have a right to review this file and correct any information that I/We can provide is incorrect.

SIGNATURE/S

_____ HEAD OF HOUSEHOLD	_____ PRINT NAME	_____ DATE
_____ CO-APPLICANT	_____ PRINT NAME	_____ DATE
_____ ADULT MEMBER	_____ PRINT NAME	_____ DATE
_____ ADULT MEMBER	_____ PRINT NAME	_____ DATE

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR A COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPERATELY

ROAP LIST OF DOCUMENTS TO BE SUBMITTED AT INTAKE

PHOTO ID (DRIVER'S LICENSE, STATE ID CARD, PASSPORT, MILITARY ID)

SOCIAL SECURITY CARD (FOR ALL HOUSEHOLD MEMBERS)

BIRTH CERTIFICATE (FOR ALL HOUSEHOLD MEMBERS UNDER THE AGE OF 18)

BANK STATEMENTS (6 MONTHS IN A SEALED ENVELOPE FROM BANKING INSTITUTION)

RETIREMENT ACCOUNTS/401K/IRA/CD'S (MOST RECENT STATEMENT)

LAST YEARS TAX RETURN

PAY STUB (3 MONTHS)

SOCIAL SECURITY/SSI (AWARD LETTER IN A SEALED ENVELOPE FROM SOCIAL SECURITY)

UNEMPLOYMENT AWARD LETTER

COPY OF DIVORCE PAPERS

COPY OF CHILD SUPPORT ORDER

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Section 8 CLIENTS

COPY OF SECTION 8 VOUCHER INDICATING AMOUNT PAID BY SECTION 8 & CLIENT RESPONSIBILITY

COPY OF SECTION 8 INSPECTION REPORT

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ALL CLIENTS

LEASE AGREEMENT INDICATING RENT AMOUNT & SECURITY DEPOSIT AMOUNT

FPL 10 DIGIT ACCOUNT NUMBER IF WE ARE PAYING FPL DEPOSIT

COPY OF PALM BAY UTILITIES DEPOSIT WORK SHEET IF WE ARE PAYING DEPOSIT FOR WATER/SEWER