Section 8 Housing Choice Voucher \_\_\_\_\_\_\_ **Palatka Housing Authority**

Section 8 Mainstream \_\_\_\_\_\_\_ P.O. Box 1277

 Palatka, FL 32178-1277

**PHA USE ONLY:**

Date / Time of application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRE-APPLICATION FOR SECTION 8 HOUSING CHOICE VOUCHER PROGRAM**

1. Name of Head of Household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name of Adult Co-Head of Household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Current Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Current Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Current Phone # ( \_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please be aware that the Palatka Housing Authority uses Preferences. In order for your application to be considered and placed properly on the Waiting List you **MUST** complete the entire application and do not skip any parts.

**For Statistical Purposes Only**

4. Race of **Head** of Household: \_\_\_\_ African American/Black \_\_\_\_ Asian or Pacific Islander

 \_\_\_\_ Native America/Alaskan Native \_\_\_\_\_ Caucasian/White

5. Ethnicity of Head of Household: \_\_\_\_\_ Hispanic/Latino \_\_\_\_\_ Non-Hispanic/Non-Latino

**FAMILY INFORMATION**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **(Name)****Last, First & Middle Initial** | **Date of Birth (MM/DD/Year)** | **Sex (M/F)** | **Social Security Number** | **Relation to Head of Household** | **Disabled Person (Y/N)** | **Birthplace City & State** | **Full Time Student (Y/N)** | **Military Veteran (Y/N)** |
|  |  |  |  | Head  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
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**(List relation to Head as spouse, co-head, other adult, son, daughter, foster, mother, father, sister, brother, niece, nephew, aunt, uncle, etc.)**

6. Is the applicant family currently displaced by a declared Natural Disaster, such as flood, hurricane,

 earthquake, tornado, other? \_\_\_ Yes \_\_\_\_ No (If yes, circle which Disaster) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Is the applicant family currently displaced by domestic violence? \_\_\_\_ Yes \_\_\_ No (If yes,

 request/complete a Certification Form or provide documentation)

8. Does the applicant family require accessible accommodations to accommodate a disability? \_\_\_ Yes \_\_\_ No

9. Has anyone in the household ever lived in government-subsidized housing or participated in a government-

 subsidized program? \_\_\_\_ Yes \_\_\_\_ No Name of household member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date of participation: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Housing Agency or development site/landlord: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Do you owe money to any government-subsidized agency or management company? \_\_\_ Yes \_\_\_ No

10. Is any member of the household a lifetime registered sex offender? \_\_\_\_\_ Yes \_\_\_\_ No

11. Have you or any member of the household be charged/convicted of a felony offense in the last 7 years?

 \_\_\_\_ Yes \_\_\_\_ No Date/Offense: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. Is any family member employed? \_\_\_ Yes \_\_\_ No

 Start Date: \_\_\_\_\_\_\_\_\_\_\_ Number of hours work in a week? \_\_\_\_\_\_\_\_\_\_\_\_\_ (list wages below)

 Employer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Employer Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FAMILY INCOME INFORMATION:** Please list the source and amount of all current income received by all family members, including yourself. Include all earnings and benefits received from AFDC/TANF, VA, Social Security, Unemployment, Worker’s Compensation, Pension, Child Support, Wages, etc.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Family Member | Income Source | Amount Received | Frequency |
|  |  | $ | \_\_Weekly \_\_Bi-Weekly \_\_Monthly \_\_Yearly |
|  |  | $ | \_\_Weekly \_\_Bi-Weekly \_\_Monthly \_\_Yearly |
|  |  | $ | \_\_Weekly \_\_Bi-Weekly \_\_Monthly \_\_Yearly |
|  |  | $ | \_\_Weekly \_\_Bi-Weekly \_\_Monthly \_\_Yearly |

13. Are you currently homeless? \_\_\_ Yes \_\_\_ No (Check yes if you live in a place not meant for human

 habitation, a safe haven, or in an emergency shelter; or if you lack a fixed, regular and adequate nighttime

 residence; or you are fleeing or attempting to flee domestic violence or other life-threatening conditions)

 Date you became homeless: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. Name of current landlord and phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date family moved to this location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Prior address, street, apartment number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City, State and Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Landlord Name and Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date lived at this address: From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I/we certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified. I/we authorize the release of information to the Housing Authority by my/our employer(s), the Department of Public Assistance, the Social Security Administration, and/or other business or government agencies. I/we understand that any false statements made on this application will cause me/us to be disqualified for admission.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-applicant Signature Date

**Warning**: 18 U.S.C. § 1001 and Florida Statute § 421.101 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 a department or agency of the United States, shall be fined not more than $10,000 or imprisoned for not more than five (5) years, or both.