



HOUSING ASSISTANCE APPLICATION/CONTINUED OCCUPANCY FORM
 412 SW 2nd Street *Deerfield Beach, FL 33441*Phone: 954-428-0678 Fax: 954-428-7133

PART A: HOUSEHOLD COMPOSITION AND CHARACTERISTICS Section 8 _____ Palms/Stansley _____

Legal Name of Head of Household: _____

Address of Residence: _____ City: _____ Zip: _____

Mailing address: _____ City: _____ Zip: _____

Phone: Home _____ Work _____ Cell _____

Personal Declaration

This form must be completed in your own handwriting. You must use the correct legal name for each member of your household as it appears on the Social Security Card. All adult members of the household must sign below certifying the information pertaining to them. Please Print.

LIST ALL HOUSEHOLD MEMBERS WHO WILL BE LIVING IN THE UNIT

Family Members (Everyone in household)	Relation to HEAD	Social Security #	Age	Sex	Date of Birth	Occupation/School
	(HEAD)					

Do you anticipate any change in your family size in the next 12 months? Yes _____ No _____
 If yes, explain changes below: _____

Marital Status of Head of Household: _____ Single _____ Married _____ Separated _____ Divorced.
If married, attach copy of marriage license. Or, attach Divorce Decree/Final Dissolution of Marriage.

GENERAL INFORMATION

- 1) Have you or any other adult members ever used any name(s) or Social Security number(s) other than the one you are currently using? Yes _____ No _____ If yes, explain below: _____
- 2) Does anyone other than an adult who live in the home share custody of any of the children listed? Yes _____ No _____ If yes, who? _____
- 3) Are any family members temporarily absent from the home? Yes _____ No _____ If yes, state the reason they are absent. _____
- 4) **Full Time Students:** List information for any household member age 18 and older who is attending school full-time. **Provide a recent letter from the school verifying enrollment. (Report cards and registration or enrollment forms are not verification. (Letter must indicate full-time status.)**

Household member _____ **Hours per week:** _____
 School Name: _____ Address: _____
 City: _____ Zip: _____ Telephone: _____
 Date First Enrolled: _____ Anticipated Date of Graduation: _____
 Letter from School Attached? Yes _____ No _____

Household member _____ **Hours per week:** _____
 School Name: _____ Address: _____
 City: _____ Zip: _____ Telephone: _____
 Date First Enrolled: _____ Anticipated Date of Graduation: _____
 Letter from School Attached? Yes _____ No _____

PART B: DRUG/CRIMINAL ACTIVITY

Federal regulations require housing agencies to question applicants and participants concerning drug-related or violent criminal activities. Criminal activity not disclosed upon application is grounds for denial or termination of housing assistance.

1. Have you or any household member ever been charged, arrested or convicted for any criminal, other than a minor traffic offense, including drug related activity? Yes ___ No ___
 If yes, Household Member _____ Date: _____ Reason: _____
 Household Member _____ Date: _____ Reason: _____
 Household Member _____ Date: _____ Reason: _____
2. Have you or any household member ever been convicted of the manufacture or production of methamphetamine (speed) on the premises of assisted housing? Yes ___ No ___
3. Are you or any household member subject to lifetime registration as a sex offender? Yes ___ No ___
 If yes, provide the following: Name of Household member _____

PART C: RENTAL/HOUSING HISTORY

1. Has any household member previously received housing assistance or participated in any other Housing Authority? If yes, which Housing Authority? _____
 Dates of participation: _____ Was assistance terminated? Yes ___ No ___
2. Have you or any other household member ever had an eviction filed against them? Yes ___ No ___
3. Do you or any other household member owe money to a Housing Authority or Private Landlord? Yes ___ No ___ If so, how much? _____

PART D: INCOME INFORMATION

1. Are any household members self-employed, work full-time, part-time or seasonally? Yes ___ No ___
 Provide the wages below, including tips, bonuses, and commissions. Attach last 3 paystubs.

Household Member	Amount	Frequency	Employer/Payer Address and Telephone	Payment Method (Cash/Paycheck)

2. Does any household member receive benefits, such as, unemployment, worker compensation, or severance pay? Yes ___ No ___

Household Member	Benefit Type	Amount

3. Does any household member receive child support from the absent parent? Yes ___ No ___

If yes, attach a copy of the Court Order and child support payment history printout. If party pays you directly, please provide a notarized letter from that party. If party pays expenses for your child such as clothing, daycare or food, provide a letter from that party estimating their monthly donation to the child(ren).

Minor's Name	Name of Absent Parent: Case Number:	Child Support Amount: \$ (monthly/weekly/biweekly)
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4. Does any household member receive alimony? Yes _____ No _____

Household Member	Amount	Former Spouse Name

5. Does any household member receive cash, food stamps, or Medicaid assistance? Yes ____ No ____
Attach printout of benefit amount from <http://www.myflorida.com/accessflorida>

Household Member	Amount

6. Does any household member receive Social Security or Supplemental Security Income? Yes ____ No ____
Attach a copy of each most recent award letter to this application and provide the following:

Household Member	Benefit Type (SSA or SSI)	Amount

8. Does any household member receive income from a pension or annuity? Yes ____ No ____
Attach most recent benefit letter from Agency/Company.

Household Member	Amount	Frequency	Agency/Company/Address

9. Does any household member receive regular cash or in-kind contributions from individuals not living in the unit? Yes ____ No ____ **If yes, please attach a notarized statement from the payer.**

Household Member	Amount	Frequency	Payer Name/Address/Phone #

10. Did any household member file a Federal Income Tax return in the past two years? Yes ____ No ____
If yes, attach a copy of past two years the tax return(s) with W-2 (s)
Household members who file Income Tax Returns: _____

PART E: ASSETS

1. Does any household member receive income from assets including interest on checking or savings accounts, interest from certificates of deposits, dividends from stocks or bonds, or income from rental property? Yes ____ No ____
Attach the last 3 months checking account and/or savings account statements and/or the last monthly or quarterly statement of investment earnings.

Household Member	Bank Name / Address	Type of Account	Current Cash Value

2. Do you or any household member own or have any interest in any real estate, mobile home, or personal property held as an investment (such as gems, jewelry, coin collections, antique cars, boats, etc.)?
Yes ____ No ____ **If yes, provide: Household member: _____ Asset: _____**

3. Has any household member sold or disposed of any asset in the past two years for less than fair market value (real estate, mobile home, and/or land)? Yes ___ No ___

If yes, please describe: _____

4. Does any household member have a Whole Life or Universal Life insurance policy with a pre-death cash value? Yes ___ No ___.

Attach a copy of the life insurance policy to include the Cash Value page and provide the following:

Household Member	Insurance Agency / Address	Policy Number	Current Cash Value

PART F: EXPENSES

1. Does any household member have expenses for childcare of a child age 12 or younger? Yes ___ No ___

If yes, attach recent receipts/contract or letter from provider on company letterhead or notarized statement from an individual.

Minor's Name:	Childcare Provider: Address:	Telephone:	Monthly Cost to You: \$
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2. Is any portion of your childcare expenses reimbursed from an outside agency or person?

Yes ___ No ___ if yes, provide name _____

3. Indicate the dollar monthly expenditures for your household. Attach copies of all recent statements/agreements or receipts.

Rent \$	Telephone \$	Medical \$	Credit Card \$
Electric \$	Car Payment \$	Cable \$	Credit Card \$
Gas \$	Car Insurance \$	Insurance \$	Loan \$
Water \$	Fuel \$	Rentals \$	Food \$
Misc \$	Childcare \$	Other (specify)\$	
TOTAL EXPENSES \$		vs.	TOTAL MONTHLY INCOME =

PART G: ELDERLY OR DISABLED FAMILIES ONLY

Complete the following questions if the Head of Household, Spouse, or Co-head is either 62 years of age or older or a person with a disability who is 18 years of age or older.

1. Do you pay for a care attendant or for any equipment for any household member (s) with a disability that is necessary to permit that person or someone in the household to work? Yes ___ No ___

Care Attendant Name	Address / Telephone	Monthly Cost
Medical Equipment	Supplier	Monthly Cost

2. Do you pay for any other kind of medical insurance? Yes _____ No _____

Household Member	Insurance Provider	Policy Number	Monthly Premium

3. Do you have any outstanding medical bills that you are paying? Yes _____ No _____

Attach a statement of amount due and record of past payments from all Providers.

Household Member	Name of Provider	Monthly Amount

4. Do you pay out-of-pocket for prescription drugs? Yes _____ No _____

Attach a printout from each Pharmacy going back one full year from current date.

Household Member	Name of Pharmacy	Monthly Amount

PART H: CERTIFICATIONS

Please let DBHA staff know if you need any assistance in understanding the following notice or Certified Statement:

IMPORTANT NOTICE: Chapter 409.325 of the Florida Statutes makes it a crime, punishable by fine from \$5000 to \$50,000, or by imprisonment for up to five (5) years, or both, if a housing applicant or tenant deliberately makes false statements about his or her income, or fails to disclose a material fact affecting income and rent.

If you as an applicant or program participant, knowingly give the Deerfield Beach Housing Authority false information about your income, or fail to report changes in your family household or income in person **within 10 days of a change** you may be charged with fraud under Chapter 409.325 and/or Section 1001 of Title 18 of the United States Code.

If as a result of committing fraud, withholding information, or making a misrepresentation to the DBHA you receive rental assistance or lower rent to which you are not entitled, you will be responsible for making restitution (repayment) in full to the DBHA and will be subject to local/state and federal prosecution. This could also result in fines, imprisonment or both as well as the loss of your eligibility for any Federal Housing Programs.

CERTIFIED STATEMENT: The information requested on this form is being collected in connection with regulations of the Deerfield Beach Housing Authority, authorized by the United States Department of Housing and Urban Development (HUD) to determine a client's eligibility or continued occupancy; apartment size; and the amount of contribution by the client(s). It will be used to provide the basis for managing the program(s), and for verifying the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies; when relevant, to civil, criminal, or regulatory investigators or prosecutors. Failure to provide any information may result in a delay, or termination of continued housing assistance, or subsequent determination that initially approved eligibility was erroneous. Any attempt to obtain any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime under 18USC1001 / 18USC666 and/or FL 419.39.

Applicant(s) / Tenant(s) Statement:

I/WE do hereby affirm and attest that all of the information above about me and my household are true and correct. I understand that the DBHA requires me/us to report in **WRITING** within ten (10) business days of the date of any changes to my/our (but not limited to) income, marital status, job, and/or family size that occur any time during the year.

Signature of Head of Household

Date

Signature of Spouse or Other Adult

Date

Signature of Other Adult

Date

Signature of Other Adult

Date

DBHA Representative

Date

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the DBHA at 954-428-0678.