

Ocala Housing Authority

Application for Continuing Eligibility

PUBLIC HOUSING

Annual
 Income Adjustment
 Transfer

Head of Household (H of H)		Date of Birth	Social Security Number
Marital Status <input type="checkbox"/> Married Date Married _____ Spouse's name _____ <input type="checkbox"/> Separated Separation Date _____ Spouse's name _____ Is it a legal separation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Widow(er) <input type="checkbox"/> Single <input type="checkbox"/> Divorced Date Divorced _____ Spouse's or Ex Spouse's Name _____ Must provide a copy of divorce decree, marriage license and/or separation agreement			
Home Telephone Number		Work Number	Message Telephone Number
Physical Address		Mailing Address or PO Box	
Name of nearest relative or friend not living with you		Address	Phone Number
Drivers License Number		Email address	
Income <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes type:</i> <input type="checkbox"/> TANF, <input type="checkbox"/> SSI, <input type="checkbox"/> SS, <input type="checkbox"/> Child Support, <input type="checkbox"/> Employment, <input type="checkbox"/> Unemployment <input type="checkbox"/> Family Contribution, <input type="checkbox"/> Other <input type="checkbox"/> Assets <input type="checkbox"/> School Grants			
Amount \$		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi Monthly <input type="checkbox"/> Monthly	
Amount \$		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi Monthly <input type="checkbox"/> Monthly	
Amount \$		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi Monthly <input type="checkbox"/> Monthly	
Do you or anyone in your household receive Food Stamps? <input type="checkbox"/> No <input type="checkbox"/> Yes Amount \$ _____ (Receiving Food Stamps DOES NOT increase your portion of rent)			
Name of Employer or Source of Income		Date Employment Began	
Address of Employer		Phone Number of Employer	
Drivers License Number			
Spouse/Co Head		Social Security Number	
Income <input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$			
Name of Employer			
Address of Employer		Phone Number of Employer	

LIST ALL OTHER FAMILY MEMBERS THAT LIVE IN YOUR HOUSEHOLD*(If additional space is needed please attach all information for additional family members)***1. Name**

Relationship	Sex	Age	Date of Birth	Social Security Number
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Income Yes No *If yes type:* TANF, SSI, SS, Child Support, Employment,
 Unemployment, Family Contribution, Other Assets School Grants

Employer or source of income	Address of Employer	Phone Number
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Is this family member a full time student?

Name of school

Has this child tested positive for elevated blood levels for lead paint poisoning?

Name(s) of non-custodial parent(s)

Child Support Case Number

2. Name

Relationship	Sex	Age	Date of Birth	Social Security Number
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Income Yes No *If yes type:* TANF, SSI, SS, Child Support, Employment,
 Unemployment, Family Contribution, Other Assets School Grants

Employer or source of income	Address of Employer	Phone Number
-------------------------------------	----------------------------	---------------------

Is this family member a full time student?

Name of school

Has this child tested positive for elevated blood levels for lead paint poisoning?

Name(s) of non-custodial parent(s)

Child Support Case Number

3. Name

Relationship	Sex	Age	Date of Birth	Social Security Number
---------------------	------------	------------	----------------------	-------------------------------

Income Yes No *If yes type:* TANF, SSI, SS, Child Support, Employment,
 Unemployment Family Contribution, Other Assets School Grants\

Employer or source of income	Address of Employer	Phone Number
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Is this family member a full time student?

Name of school

Has this child tested positive for elevated blood levels for lead paint poisoning?

Name(s) of non-custodial parent(s)

(If additional space is needed please attach a separate sheet with all information for additional family members)

4. Name

Relationship	Sex	Age	Date of Birth	Social Security Number
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Income Yes No **If yes type:** TANF, SSI, SS, Child Support, Employment, Unemployment, Family Contribution, Other Assets School Grants

Employer or source of income	Address of Employer	Phone Number
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Is this family member a full time student?	Name of school
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Has this child tested positive for elevated blood levels for lead paint poisoning?

Name(s) of non-custodial parent(s)	Child Support Case Number
---	----------------------------------

5. Name

Relationship	Sex	Age	Date of Birth	Social Security Number
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Income Yes No **If yes type:** TANF, SSI, SS, Child Support, Employment, Unemployment, Family Contribution, Other Assets School Grants

Employer or source of income	Address of Employer	Phone Number
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Is this family member a full time student?	Name of school
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Has this child tested positive for elevated blood levels for lead paint poisoning?

Name(s) of non-custodial parent(s)	Child Support Case Number
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6. Name

Relationship	Sex	Age	Date of Birth	Social Security Number
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Income Yes No **If yes type:** TANF, SSI, SS, Child Support, Employment, Unemployment, Family Contribution, Other Assets School Grants

Name of Employer or source of income	Address of Employer	Phone Number
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Is this family member a full time student?	Name of school
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Has this child tested positive for elevated blood levels for lead paint poisoning?

Name(s) of non-custodial parent(s)	Child Support Case Number
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CHILDCARE INFORMATION	
Do you pay for childcare? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Amount paid for childcare \$ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly	
Are you reimbursed childcare expenses from an agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name and address of Daycare facility:	
Telephone #	
CHILD SUPPORT INFORMATION	
Do you receive child support? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the child support court ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of child(ren) you receive child support for:	
Amount of child support \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly	
ALIMONY INFORMATION	
Do you or any of your family members receive alimony? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the alimony court ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ASSET INFORMATION and ADDITIONAL INCOME INFORMATION	
Do you or any household member have a checking or savings account? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Financial Institution	
Address of Financial Institution	
Checking/Savings Account Number	Checking/Savings Account Balance
Life Insurance Policy Yes No	Cash Value
Company Name	
Do you or any of your family members own any of the following:	
Interest in Real Estate, Property or Land <input type="checkbox"/> Yes <input type="checkbox"/> No	
Stocks or Bonds <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dividends or Annuities <input type="checkbox"/> Yes <input type="checkbox"/> No	
Trust Funds or Money Market Accounts <input type="checkbox"/> Yes <input type="checkbox"/> No	
Retirement Account (401, Keogh, IRA) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Inheritance, Lump Sum Payments <input type="checkbox"/> Yes <input type="checkbox"/> No	
Special pay to a family member in the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes explain	
Are you or any of your family members receiving income from your participation in a State or local employment training program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name _____	
Are you or any of your family members receiving any financial assistance paid to you or to an educational institution? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name _____	

Are you or any of your family members receiving income from a HUD funded program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name _____
Are you or any of your family members receiving resident service stipend? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name _____
Are you or any of your family members receiving adoption subsidy or payments for the care of foster children or foster adults? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name _____
Is the Head of Household or any member of the household subject to a lifetime state sex offender registration program? _____ If yes who _____ Where _____ When _____
Have you or any other family member used any other names previously? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list all former names and respective dates used. _____ _____ _____

Warning: Section 1001 of title 18 of the United State code makes it a Criminal offense to make willful false statements or misrepresentation to any department or agency of the United States as to any matters within its jurisdiction.

Signature of Head of Household _____ **Date** _____

Signature of Spouse/Co-Head _____ **Date** _____



Ocala Housing Authority

1629 NW 4th Street
P.O. Box 2468
Ocala, Florida 34478-2468

Telephone: 352-369-2636
Fax: 352-369-2642
TDD 1-800-545-1833 ext.507

AUTHORIZATION TO RELEASE INFORMATION

The Ocala Housing Authority is required by federal regulations to verify the income and credit of all family members applying for admission or participating in our rental programs. To comply with this requirement, we ask your cooperation in providing the information requested regarding the referenced family member(s). This information is used only in determining eligibility status and the family's portion of rent

Your prompt return of the attached Income Verification form is greatly appreciated. For your convenience I have enclosed a self-addressed stamped envelope. Should you have any questions, you may contact our office at the above number.

AUTHORIZED TO RELEASE INFORMATION

I, hereby, authorize the release of the requested information by the following applicable agencies and/or person: Employer, Social Security Administration, Child Support Payer, Department of Children and Families, Child Care Provider, Credit Bureau and utility companies.

I, hereby, authorize the release of a criminal background check to the Ocala Housing Authority on my behalf and for anyone in my household who is 18 years of age or older and who has also signed this release form.

I also authorize the Ocala Housing Authority to request and obtain from the Internal Revenue Services regarding my unearned and earned income (i.e., W-2 wages, interest, social security and dividends). This disclosure is needed to verify the accuracy of the information which I have provided to this agency. This consent form authorizes release of this information for my account for the last three (3) tax years, and will be sufficient to use in lieu of my signature on IRS Form 4506T.

This consent form expires five (5) years after the date of signature.

NAME OF FAMILY MEMBERS

List the name and social security number for each family member.

Head of Household _____, ss# _____ - _____ - _____
Co-Head: _____, ss# _____ - _____ - _____
Other Adult: _____, ss# _____ - _____ - _____
Dependent: _____, ss# _____ - _____ - _____
Dependent: _____, ss# _____ - _____ - _____
Dependent: _____, ss# _____ - _____ - _____
Dependent: _____, ss# _____ - _____ - _____

Signature of Head of Household

Date

Signature of Co-Head

Date

Other Adult

Date

Other Adult

Date

OCALA HOUSING AUTHORITY

FRAUD STATEMENT

Initial

Chapter 414.39 of Florida Statutes makes it a crime, punishable by fine from both \$50.00 to \$5,000.00, or imprisonment for up to five (5) years, or both, if a housing applicant or resident deliberately makes false statements about his/her income or fails to disclose a material fact affecting income and rent.

Section 1001 of Title 18 of the United States Code also makes it a crime punishable by fine up to \$10,000.00, or imprisonment up to five (5) years, or both for making any false, fictitious or fraudulent statement or representation making or using any false writing or document in any matter within the jurisdiction of any department or agency of the United States.

This means that if you, as an applicant or a resident, knowingly gives the Ocala Housing Authority (OHA) false information about your income, or fail to report changes in your family composition (family size) or income, in writing within thirty (30) days of the change, to your Section 8 Housing Counselor (Section 8 Program) or your Public Housing Manager (Public Housing), or failure to report to the Ocala Housing Authority representative for any programs administered by the Ocala Housing Authority you may be charged with fraud under Chapter 414.39 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 OHA, you receive any rental assistance or lower rent to which you are not entitled, you will be subject to local, state, and federal prosecution. THIS COULD RESULT IN FINE IMPRISONMENT OR BOTH AS WELL AS THE LOSS OF YOUR ELIGIBILITY FOR THIS AGENCY'S HOUSING PROGRAM.

I have read the above statement or had it read or explained to me. I also understand the consequences of not correctly reporting my income, household size, or any other requirement of the Ocala Housing Authority.

_____ Signature of Head of Household	_____ Date
_____ Signature of Co-Head	_____ Date
_____ Signature of Other Adult	_____ Date
_____ Signature of OHA Representative	_____ Date

EQUAL OPPORTUNITY EMPLOYER/EQUAL OPPORTUNITY HOUSING