



**UPDATE FOR PUBLIC HOUSING WAITING LIST**

**Name of Head of Household:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Name of Co-head:** \_\_\_\_\_

COMPLETE SIGN AND RETRUN

**PART 1**

**ADDRESS AND PHONE NUMBER**

**Physical Address:**

\_\_\_\_\_

Address	City	State	Zip
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Home Phone #: \_\_\_\_\_ Message# \_\_\_\_\_

**Mailing Address if different from above:**

\_\_\_\_\_

Address	City	State	Zip
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**Part 2**

**HOUSEHOLD INCOME**

Head of Household:                      Weekly \$ \_\_\_\_\_ Monthly \$ \_\_\_\_\_

Co-Head:                                      Weekly \$ \_\_\_\_\_ Monthly \$ \_\_\_\_\_

Other: Name \_\_\_\_\_ Weekly \$ \_\_\_\_\_ Monthly \$ \_\_\_\_\_

**Total Household Income from all Sources:**

**Weekly \$ \_\_\_\_\_ Monthly \$ \_\_\_\_\_**

**Part 3**

**HOUSEHOLD MEMBERS**

1) _____	SS# _____	DOB _____
2) _____	SS# _____	DOB _____
3) _____	SS# _____	DOB _____
4) _____	SS# _____	DOB _____
5) _____	SS# _____	DOB _____
6) _____	SS# _____	DOB _____
7) _____	SS# _____	DOB _____
8) _____	SS# _____	DOB _____

**Part 4**

**ADMISSION PREFERENCES**

**CHECK THE APPROPRIATE BOX IF YOU QUALIFY FOR ONE OF THE FOLLOWING PREFERENCES**

You will be required to provide specific documentation as proof that you qualify for any preference marked.

- Literally Homeless (10 pts)** - Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.
  
- Reentry into Marion County from a Correctional Institution (10 pts)** - Must meet the screening criteria under the OHA's Criminal/Drug/Alcohol Abuse Policy and reentering Marion County from a correctional institution.
  
- Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking (15pts)** - A record from Federal, State or local law enforcement agency, court or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, injunctions, restraining orders or a current resident of the Domestic Violence Shelter.

- Natural Disaster (15 pts.)** - Existing public housing or voucher participants displaced by a declared natural disaster.
  
- Families Purchasing a Home from Ocala Housing Authority (20 pts)** - in order to qualify for this admission preference applicant must provide a credit report less than 90 days old with a minimum credit score of 620, two years stable work history, and sustainable household. Applicant must meet the three (3) bedroom occupancy guidelines.

**I, hereby certify that the above information is true and complete to the best of my knowledge. I understand that provisions of Section 1001 of Title 18 of the United States Codes make it a criminal offense, punishable by \$10,000.00 fine or ten (10) years of imprisonment or both, to make a willful statement of misrepresentation to any department or agency of the United State as to any matters within its jurisdiction.**

_____	_____
<b>Signature of Head of Household</b>	<b>Date</b>
_____	_____
<b>Signature of Co-Head</b>	<b>Date</b>

**(Phwlupdate11/2018)**

**EQUAL OPPORTUNITY EMPLOYER/ EQUAL OPPORTUNITY HOUSING**