



PUBLIC HOUSING APPLICATION

Sunset Oaks Apartments (A Non-Smoking development)

Completed applications will be accepted by **U.S. Mail, ONLY**. Mail the completed application along with all required documentation to: **St. Petersburg Housing Authority; Attn: Sunset Oaks Wait List; 2001 Gandy Blvd N; St. Petersburg, FL 33702**

SPHA use only: <input type="checkbox"/> Veteran <input type="checkbox"/> Upward Mobility (Working Family)/Elderly/Disabled <input type="checkbox"/> Victim of Domestic Violence; Date of application: _____ Time of Application: _____ <input type="checkbox"/> Tier I <input type="checkbox"/> Tier II First Floor only <input type="checkbox"/>
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ALL household members must be 50 years of age or older and I am applying for Sunset Oaks Apartments, 4888 21st Avenue North, St. Petersburg, FL 33713, a Non Smoking Development:

Bedroom size applying for **Two Bedroom*:**

- If you are not qualified for a Two Bedroom your application will be denied.

NOTE: Some apartments are on the second floor or are 2 story townhome units (with stairs). Do you or any member of your household require a first floor apartment only due to a disability or medical condition: Yes: No:

- Name of head of household:** _____
- Name of adult co-head of household:** _____
 Current Address, Street, Apt. #: _____
 Current City, State and Zip: _____
 Current Area Code, Home & Work Phone #s: _____
- Current Landlord's name and phone #: _____
 Current Landlord's Address: _____
 Date Family moved to this location: _____
- Previous Address, Street, Apt. #: _____
 Most recent former City, State and Zip: _____
 Previous Landlord name & Phone #: _____
 Date family moved in: _____; Date vacated: _____

For Statistical Purposes Only Race of Head: <input type="checkbox"/> Caucasian/White <input type="checkbox"/> African American/Black <input type="checkbox"/> Asian or Pacific <input type="checkbox"/> Native American/Alaskan Native; Ethnicity of Head: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino
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FAMILY INFORMATION – DO NOT SKIP THIS SECTION, OR YOUR APPLICATION MAY BE REJECTED!

Beginning with yourself, list all persons who will live in the apartment, including live-in aid (if needed for the care of a family member), etc. **Each box must be completed for each family member, INCLUDING the members listed above.**

	First & Last Name	Date Of Birth	Sex M/F	Social Security Number	Relation to Head	Disabled Person? Yes/No	Birthplace: Country
H					Head		
2							
3							
4							

If your application is approved, no one except those listed above may live in the unit.

5. Are you or any family member a United States armed forces Veteran who has been honorably discharged (Including medical release)? Yes No **If yes**, include discharge documentation with this application.

6. Is any adult family member employed? Yes No If yes, name, address & phone # of employer:

7. Is any adult family member enrolled in a job training program, including one required under the TANF program? Yes No If yes, who can verify this? Please give name, address & phone #:

8. Is any adult family member enrolled in an education program full-time? Yes No If yes, who can verify this? Please give name, address and phone #: _____

9. Are you or any family member 62 years of age or older? Yes No Are you or any family member disabled per the Social Security definition? Yes No If yes, Name(s): _____

10. Are you a victim of domestic violence, and have you participated in a residential program through a state licensed domestic violence shelter/program? Yes No If yes, please give name, address, & phone # of state licensed domestic violence shelter/program you participated in:

11. **Family Income Information:** Please list the source and amount of all income expected for the coming 12 months for **all family members, including yourself**. Include all earnings and benefits received from wages, TANF, VA, Social Security, SSI, SSID, Unemployment, Worker's Compensation, Pension, Alimony, etc.

Family Member Name	Income Source	Amount \$	Frequency
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly

12. Do you have a checking or savings account or own any Certificates of Deposit, stocks, bonds, etc with a value of \$5,000 or more?

Yes No If yes, describe the type of asset(s): _____

What is the market value of all assets? _____

13. Do you own any real estate? Yes No If yes, what is the address? _____

14. Do you own an automobile: Yes No If yes, Year: _____ Make: _____
Model: _____ License tag #: _____; State: _____

Screening Questions: A "yes" answer will not necessarily disqualify you for admission.

15. Have you ever been evicted from housing? Yes No If yes, why? _____

16. Have you ever lived in public housing or Section 8? Yes No
If yes, where? _____; From (date) _____ to (date) _____
_____; Name on lease: _____; Do you owe any money to
another housing authority or private landlord: Yes No

17. Have you, or any member of the applicant household ever been arrested or convicted of a crime
other than a traffic violation? Yes No; if yes, please explain:

18. Are you or anyone in your household on parole or probation? Yes No, if yes, please explain:

Qualifying for Deductions in Calculating Rent:

19. Is the head of household or spouse age 62 or older **or** a person with a disability? Yes No
If yes, please answer the following questions.

20. Does your household have any medical expenses (include insurance, Medicare deduction, doctor
visits, hospital, clinic costs, medicine, therapy, supplies, medical transportation, etc.)? Yes No
If yes, please describe the type of expense (not your medical condition) and the unreimbursed amount
you spend per month on all medical expenses: Type of expense: _____

Monthly medical expense: \$ _____ Please give us the name, address & phone# of doctor or
pharmacy to contact to verify the expense: _____

21. Do you have any expenses on behalf of a household member with disabilities so an adult in the
family can work? Yes No; If yes, describe the nature of the expense and the monthly amount:

Please give us the name, address & phone # of the source of the expense: _____

**I/we certify that I/we are 50 years of age or older, and that the statements on this application are true to the
best of my/our knowledge. I/we understand that all information will be verified. My signature below is my
acknowledgement that Sunset Oaks is a non-smoking development and no smoking will be allowed inside the
apartment. I/we authorize the release of information to the St. Petersburg Housing Authority by my/our
employer(s), the Social Security Administration, and/or other business or government agencies. I/we
understand that ANY FALSE STATEMENT 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 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 years or both.

PLEASE SUBMIT COPIES OF ALL REQUIRED DOCUMENTS LISTED BELOW WITH YOUR COMPLETED APPLICATION THAT APPLY TO YOU OR A HOUSEHOLD MEMBER.

1. Social Security Card for each family member
2. Picture ID for Head of Household and other adult family members

YOU MUST BE PREPARED TO PROVIDE THE FOLLOWING ITEMS WHEN YOU ARE CONTACTED FOR A SCREENING APPOINTMENT:

1. Social Security, Social Security Supplemental (SSI), Social Security Survivor's Widow Benefit Income – A Computer Printout from the Social Security Office
 2. AFDC – Aid to families with Dependent Children – Cash issuance history Report
 3. Court-ordered Alimony
 4. Retirement/Pension Income Verification
 5. Most current six (6) to eight (8) employee pay stubs
 6. Unemployment Compensation Award Letter
 7. Disability Income from the source
- *ALL VERIFICATIONS MUST BE CURRENT (WITHIN 60 DAYS)***
8. Birth Certificates for all family members
 9. Social Security Card for each family member
 10. Picture ID for Head of Household and other adult family members
 11. **6 months** checking account statements (if the balance is \$5,000 or more)
 12. Saving account statement, CD's, and proof of any other assets you may have (if applicable)

IF YOU ARE OFFERED AN APARTMENT, YOU MUST BE PREPARED TO:

- PAY A SECURITY DEPOSIT OF \$300 FOR A ONE-BEDROOM APARTMENT OR \$325 FOR A TWO-BEDROOM APARTMENT
- PAY FIRST MONTH'S RENT BASED ON AN ESTIMATE OF 30% OF YOUR MONTHLY INCOME.
- ESTABLISH A DUKE ENERGY ACCOUNT FOR THE APARTMENT.

PLEASE COMPLETE ALL LINES ON THE APPLICATION. CHECK TO ENSURE THAT YOU HAVE INCLUDED ALL REQUIRED DOCUMENTS. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. You must report any changes in family composition or address/telephone number to SPHA by mail.

All information and applications must be mailed to:

**St. Petersburg Housing Authority
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