

# Eagle Ridge Apartments

500 S WALTON AVENUE  
TARPON SPRINGS, FL 34689  
(727)935-4903

**For Office Use Only:**  
Date Received: \_\_\_\_\_  
Time: \_\_\_\_\_  
Received By: \_\_\_\_\_



## PRE-APPLICATION

Applicant Name: \_\_\_\_\_

Total number of people who will be living in the unit? \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Day Phone #: \_\_\_\_\_

**(CIRCLE all that apply) RACE:** 1. White 2. Black 3. American Indian/Alaska Native 4. Asian 5. Native Hawaiian/Pacific Islander

**Hispanic: Yes or No**

Does head of household, spouse or co-head have legal immigration status? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever received or are you now receiving housing assistance? YES \_\_\_\_\_ NO \_\_\_\_\_

**List the Names of ALL household members that will occupy the unit. Indicate head of household first:**

Household Member (and relationship)	Sex	Social Security Number	Date of Birth	Marital Status	Monthly Gross Income	Source of Income (Indicate Soc Sec, employment, VA)
<i>(Head)</i>						

## PREFERENCE: VETERAN OR OTHER STATUS

Yes  No

Have you been discharged or released from active duty in the Armed Forces under Honorable conditions?

Yes  No

Are you a Veteran, spouse of a deceased Veteran and remain unmarried or related to a deceased Veteran who was an immediate family member at the time of death (children, dependent)?

Yes  No

Is the Veteran permanently absent from the household, but legally responsible for the support of one or more family member and the spouse is not remarried?

Yes  No

Does your household include a person with a disability?

Yes  No

Does your household include a victim of Domestic Violence?

- Yes  No Does your household participate in Self Sufficiency, Training programs or do you qualify as a working family by working 30 hours or more for at least 180days)?
- Yes  No Does your household consist of a family that is considered to be homeless?
- Yes  No Does your household consist of a Youth Aging Out of Foster Care?
- Yes  No Are you federally or Involuntary Displaced Person (s)? (Have you been displaced due to natural disaster or government action?)
- Yes  No Have you or household members ever been arrested, convicted of any crimes or been made subject to a lifetime sex offerneders registration requirement? If yes, list when, where and give a brief explanation below.
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**REASONABLE ACCOMODATIONS - OPTIONAL QUESTIONS:**

Answering the following questions is optional. However, if you decline to answer, we may be unable to determine if you qualify for a Reasonable Accommodation or if you are eligible for a special unit for a person with mobility impairment or other impairment.

- 1: Do you or any member of your household have a condition that requires: **(circle all that apply)**  
 Communication in a specially requested formant because of a disability  
 Separate bedroom  
 unit for hearing impaired  
 Other physical modification  
 Unit for vision impaired  
 Wheelchair accessible unit  
 Name of household member requiring the items circled above: \_\_\_\_\_  
 If you circled any of the above, please explain exactly what you will need in the unit, other services of type of communications (example: send all mail in audible format, large print or email).
- 2: Do you or any household member need assistance to go up or down stairs?  
 Yes  No If yes, explain: \_\_\_\_\_  
 Name of household member requiring assistance: \_\_\_\_\_
- 3: Will you or any household member require a Live-in-Aide to assist you?  
 Yes  No If yes, explain: \_\_\_\_\_  
 Name of household member requiring assistance: \_\_\_\_\_
- 4: Are there any other accommodations which you or anyone in the household will need to fully utilize our community programs and services?  
 If yes, explain: \_\_\_\_\_
- 5: If on a current lease in another community, please provide expiration date: \_\_\_\_\_

***SEE NEXT PAGE FOR APPLICANT SIGNATURES AND PENALTIES FOR MISUSING THIS CONSENT***

**PENALTIES FOR MISUSING THIS CONSENT:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7) and (8).

I do hereby certify all information is complete and true.

In order to process this application, a signature from the Head and Co-Head (if applicable) and all members 18 years and older are required. If signatures are missing, the application will be considered incomplete and will not be considered.

Head of Household Client Signature	Print Name	Date
Co-Head or other Adult Family Member Signature	Print Name	Date
Other Adult Family Member Signature	Print Name	Date
Signature of any person who assisted in filling out this application		



We Do Business in Accordance to the Federal Fair Housing Law



**PLEASE MAIL APPLICATION TO:**  
**THE VILLAGES A TARPON**  
**C/O EAGLE RIDGE APARTMENTS**  
**500 S WALTON AVENUE**  
**TARPON SPRINGS, FL 34689**

**APPLICATION NEEDS TO BE MAILED IN. HAND DELIVERED IS NOT ACCEPTED**