



PLEASE COMPLETE IN FULL

Eagle Ridge Apartments
745 Talon Blvd.
Tarpon Springs, FL 34689
727-935-4903



Eagle Ridge Apartments provides equal opportunity to participate in our housing program. Any disabled person, as outlined by the American with Disabilities Act, requiring a reasonable accommodation to make this process accessible may request such by contacting our office at **(727)935-4903**.

Please note:

You have received this application because you requested an application. Please complete this application and return it to the address provided above either by mail or in person. We must have all the documents in order to process your application. We appreciate your attention to detail with this requirement.

QUALIFICATIONS:

You must be an adult, 18 years of age or older.

- You must pass a criminal history check (if any family member has been arrested or convicted for drug-related, violent criminal activity, or is subject to sexual predator registration with the State Law Enforcement you will be denied).
- You must meet income guidelines.
- You must have good creditable landlord references.

PLEASE PROVIDE THE FOLLOWING REQUIRED DOCUMENTS AT YOUR ELIGIBILITY INTERVIEW:

- Birth certificates for all family members
- Resident Alien Card
- Social Security cards for all family members
- Picture ID for all adult members (such as driver's license or State ID) and or voter's registration card
- Marriage License, Divorce Decree, or affidavit certifying separation
- Income information (wages, social security, SSI, TANF, veterans benefits, child support, unemployment, gifts, workers comp, or other sources where you obtain money to pay your bills)
- Child care expenses (must be employed or a full time student)
- All out of pocket medical expenses (for elderly and disabled only)
- Please provide verification of housing expenses (rent receipts, lease agreement, or a letter from the person or agency you live with at the present time).

IMPORTANT INFORMATION FOR YOU TO KNOW:



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Please keep your mailing address and phone number current in order for our office to reach you. If we are unable to reach you at the necessary time, your file will be withdrawn and you must re-apply.



APPLICATION FOR ASSISTED HOUSING

THE PROPERTY THAT YOU ARE APPLYING FOR:

Date Received:
Time Received:
Received By:

SECTION 8 HOUSING: Eagle Ridge Apartments

<i>For Office Use Only</i>		
<i>Bedroom Size needed:</i> _____	<i>Family / Elderly / Disabled</i>	<i>Preference Verified (Date):</i> _____
<i>Eligibility Date:</i> _____		<i>Adverse Action Date:</i> _____
<i>MGMT Representative:</i> _____		<i>Date:</i> _____



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Head of Household PLEASE COMPLETE FULL APPLICATION

Last Name	First	MI	Sex	SSN	DOB	Age	Monthly Income Income Source
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> Other _____ Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated (Legal) U S Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No Eligible Non-Citizen : <input type="checkbox"/> Yes <input type="checkbox"/> No Alien Registration # _____							
Driver's License / Identification Card number/Exp. Date:				Veteran: <input type="checkbox"/> Elderly / Disabled <input type="checkbox"/>			
How can we contact you?						Emergency Contact Person	
Street Address _____ Street City State Zip						Name: _____	
Mailing Address _____ Street City State Zip						Address: _____	
Email Address: _____						Phone: _____	
Day/Work Phone: _____ Home Phone: _____ Message Phone: _____							

Co Head of Household

Last Name	First	MI	Sex	SSN	DOB	Age	Monthly Income Income Source
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> Other _____ Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated (Legal) U S Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No Eligible Non-Citizen : <input type="checkbox"/> Yes <input type="checkbox"/> No Alien Registration # _____							
Driver's License / Identification Card number:				Veteran: <input type="checkbox"/> Elderly / Disabled <input type="checkbox"/>			
How can we contact you?						Emergency Contact Person	
Street Address _____ Street City State Zip						Name: _____	
Mailing Address _____ Street City State Zip						Address: _____	
Day/Work Phone: _____ Home Phone: _____ Message Phone: _____						Phone: _____	



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Family Member Information:

Children or other Adults other than Spouse or Significant Other who will be living in the household with you once you are approved.

	Name	Relationship	Sex	Age	SS#	DOB	Place of Birth	Citizenship	Race	Ethnicity
1										
2										
3										
4										
5										
6										
7										
8										

Do you or does anyone in your household, require any modifications or accommodations in order to fully utilize the unit or the program and its services? Yes No **If yes explain below;**

Do you expect anyone to move in or out of your household within the next 12 month?	Yes	No	Who?
Does anyone live with you now who is not listed on this application?	Yes	No	Who?
Have you ever lived or currently live in assisted housing? Yes No If Yes, When? _____ Where? _____ Who was the head of household? _____			
Have you ever used a name other than the one you are using now? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: What name?			
Have you ever used a social security number other that the one listed on this application? If yes: What is it?	Yes	No	
Have you or anyone in your household ever been engaged in the use, sale, manufacture or distribution of a controlled substance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Who? _____ What? _____ When? _____			
Have you or anyone in your household ever been evicted from Public or Assisted housing for a violent criminal or drug related activity? Yes No			
Have you or anyone in your household ever violated a family obligation in a HUD assisted housing program? Yes No			
Do you owe any money to any HUD assisted housing program?	Yes	No	



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Are you or anyone in your household subject to a lifetime state sex offender registration program in any state? If so, who? (Note: Failure to respond to the question may jeopardize the approval of this application)	Yes	No	Explain:
Are you a student enrolled in an institution of Higher Learning and under the age of 24?	Yes	No	
Since turning 18 years of age, what other states has the head, co – head or any other adult member lived in other than Florida?			

Landlord References/Personal References

Please provide *Eagle Ridge Apartments* with two (2) rental references, if you do not have rental references list two (2) personal references. These references will be verified in order for *Eagle Ridge Apartments* to rent to the most qualified applicant.

Landlord or Personal Reference

Name: _____
 Address: _____
 Phone: _____

Landlord or Personal Reference

Name: _____
 Address: _____
 Phone: _____

Income Information:

1	Family Member #	Source of Income	Type of Income	Frequency	Annualized Income
					\$
					\$
					\$
					\$
					\$

Did you file Federal income tax return for last year? Yes No (You maybe ask to provide if income can not be verified)

Does anyone outside of your household pay any of your bills or expenses? Yes No If yes, Who? And Why?

Explain:



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Banking Information:

2							
Family Member #	Name of Bank	Account Number	Type	Joint / Individual	Int. Rate%	Balance	
						Current	6-mo. Avg.
					%	\$	\$
					%	\$	\$
					%	\$	\$
					%	\$	\$
					%	\$	\$

Asset Information: (Please include any asset disposed of with in the last two years).

3						
Family Member #	Asset Description	Current / Disposed?	Market Value	Cash Value	Interest Rate	Annual Income
					%	
					%	
					%	
					%	
					%	



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Expenses: Child Care (families with children) **Medical** (Elderly/Disabled Only) not paid by another source.

4	Family Member #	Type of Expense	Name of who expense is paid to	Frequency	Amount paid Annually
					\$
					\$
					\$
					\$
					\$

Current Expenditures: (How much do you currently pay out monthly?)

5	Rent	\$	Home Phone	\$	Auto Payment	\$	Credit Card	\$
	Electric	\$	Cell Phone	\$	Auto Insurance	\$	Credit Card	\$
	Gas	\$	Internet	\$	Loans	\$	Credit Card	\$
	Water	\$	Rentals	\$	Loans	\$	Storage	\$
	Cable	\$	Furniture	\$	Health Insurance	\$	Charity	\$
	Other	\$	Other	\$	Other	\$	Other	\$

Vehicles: How many vehicles does the family own?

6	Owner	Make	Model	Year	Color	Tag #	State



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Pets:

Do you have any pets? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What kind?	Size :	Weight:

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 is 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).

Consent: My signature is the consent that will allow Eagle Ridge Apartments to acquire the necessary records in order to approve me/us for assisted housing.

I give my permission for Eagle Ridge Apartments to gain any information necessary to process my Assisted Housing Application which will allow me to have the potential to become at resident.

Applicant Signature Date

Co - Applicant Signature Date

Family Member over 18 Signature Date

Family Member over 18 Signature Date



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