

**APPLICATION FOR HOUSING ADMISSION
AND RENTAL ASSISTANCE
FOR INDIVIDUALS WITH PERSISTENT MENTAL ILLNESS**

COLLIER HOUSING ALTERNATIVES, INC.

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HOUSING ALTERNATIVES OF SW FLORIDA

6075 BATHEY LANE

NAPLES, FL 34116

PHONE: 239-793-0332

FAX: 239-455-6561

PLEASE answer all questions on this application. Enter "none" or N/A for those questions which do not apply to you or which you choose not to answer. Collier Housing Alternatives, Inc. (CHA, Inc.) and Housing Alternatives of SW Florida agrees to comply with Title VI of the Civil Rights Act of 1964, Sections 503-504 of the Rehabilitation Act of 1973, and The Americans with disabilities Act of 1990, the Fair Housing Act and all other applicable requirements pursuant to these acts. Information regarding sex, age, race, national origin, and marital status is collected for statistical reporting purposes only as required by HUD and will not be used for screening purposes. **The head of the household must have a persistent and ongoing mental illness to be eligible for this program.**

CHA, Inc. and Housing Alternatives of SW Florida is an Equal Opportunity Employer and does not discriminate on the basis of sex, age, race, national origin, religious belief, marital status, or disability in the employment process.

APPLICANT NAME _____ DATE _____

CURRENT ADDRESS _____

CITY, STATE, ZIP CODE _____

HOME PHONE _____ WORK PHONE _____

EMAIL ADDRESS _____

EMERGENCY CONTACT NAME _____ PHONE _____

SOCIAL SECURITY # _____ DATE OF BIRTH _____

DRIVERS LICENSE OR STATE ID # _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1. Age _____ Sex _____

2. **Race of Head of Household** (For statistical purposes only): Check one

White Black American Indian/Alaskan Native Asian/Pacific Islander

3. **Ethnicity of Head of Household** (For statistical purposes only):

Hispanic Non-Hispanic

4. Does anyone live with you now who are not listed above? Yes No
5. Do you expect a change in your household composition? Yes No

Explain if you answered yes to either question #4 or #5: _____

6. Does the head of household have a disability? Yes No

If yes, please indicate what mental health and/or physical disability is present: _____

7. Does the household require the use of a wheelchair? Yes No

8. How many automobiles does your household possess?

Please list make, color, license plate number for each: _____

9. Do you have a valid Florida disabled placard for your vehicle? Yes No

10. Have you or any member of your household ever been convicted of a felony? Yes No

If yes, please explain: _____

11. Have you or any member of your household ever been evicted or otherwise involuntarily removed from rental housing to fraud, non-payment of rent, or for any other reason? Yes No

If yes, please explain _____

INCOME AND ASSET INFORMATION

Please answer each of the following questions. For each "yes", provide details in the charts provided.
Does any member of your household:

1. Work full-time, part-time, or seasonally? Yes No
2. Expect to work for any period during the next year? Yes No
3. Work for someone who pays them cash? Yes No
4. Expect a leave of absence from work due to lay-off, medical, maternity, or military leave?
 Yes No
5. Now receive or expect to receive unemployment benefits? Yes No
6. Now receive or expect to receive alimony? Yes No
7. Have an entitlement to receive alimony that is not currently being received? Yes No
8. Now receive or expect to receive public assistance (welfare, AFDC, food stamps)?
 Yes No

9. Now receive or expect to receive Social Security or disability benefits? Yes No

If you are receiving Social Security, please specify which type (SSI, SSDI, and SSA Retirement, etc.) in the chart below.

10. Now receive or expect to receive income from a pension or annuity? Yes No

11. Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit? Yes No

12. Receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds, or income from rental property? Yes No

13. Own real estate or any assets for which you receive no income (checking account, cash)? Yes No

14. Have you sold or given away real property or other assets (including cash) in the past two years? Yes No

HOUSEHOLD MEMBER	SOURCE OF INCOME/TYPE OF INCOME	ANNUAL INCOME

ASSETS

1. List all checking and saving accounts (including IRAs, Keogh accounts, and Certificates of Deposit) of all household members.

MEMBER	BANK NAME	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE

2. List all stocks, bonds, trusts, pensions, or other assets and their value, owned by any household member.

3. List any assets disposed of for less than their fair market value during the past two years:

PREVIOUS RENTAL HISTORY

1. Are you now living in a subsidized housing unit (Section 8, Section 811, etc.)?

Yes No If yes:

Name of Complex: _____

Name of Manager: _____

Manager's telephone number: _____

Why do you wish to move? _____

Name and Address of Your Present Landlord:

Telephone No. _____

How long have you lived there? _____

Reason for leaving? _____

EMPLOYMENT HISTORY

Name and Address of Head's present Employment:

Telephone No. _____

Supervisor's Name _____

How long have you worked there? _____

APPLICANT CERTIFICATION

We certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the Abilities representative to verify information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal law.

Signature of Head _____

Date _____

Signature of Spouse/Co-Head _____

Date _____

Abilities of Florida Representative _____

Date _____

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply) <input type="checkbox"/> emergency <input type="checkbox"/> unable to contact you <input type="checkbox"/> termination of rental assistance <input type="checkbox"/> eviction from unit <input type="checkbox"/> Late payment of rent <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.