



The Housing Authority of the City of Ft. Pierce
 707 North 7th Street, Ft. Pierce, FL 34950
 Telephone (772) 461-7281 - TDD (800) 545-1833 Extension 902
**PRELIMINARY APPLICATION FOR
 PUBLIC HOUSING**

Application Received Date: _____ **Time:** _____ **By:** _____

I. Family Information Applicant / Head of Household:

Legal Name: _____
 First Last Maiden MI

Current Address: _____
 Number Street Apt # City State Zip

Home Telephone Number: _____ **Cell Phone Number:** _____

Social Security Number: _____ **Citizenship:** U.S. Citizen Permanent Resident

Date of Birth: _____ Other – Specify _____
 Month Day Year

Marital Status: Single Married Separated Divorced Widow

Race - For Statistical Purposes Only: White Black Other – Specify _____

Ethnicity of Head of Household: Hispanic Non-Hispanic

Ft. Pierce Housing Authority will take affirmative steps to communicate with people who need services or information in a language other than English.

II. Household Members Information:

*List Head of Household first then all persons who will be living in your home including minors.

Family Member Name	Social Security Number	Date of Birth	Disabled or Handicapped?	Relationship to Head	Occupation or Student Status
Head:				SELF	

- Has any member of the household ever received Public Housing Assistance, Section 8 Assistance or any other rent subsidy? Yes No If yes, where and when: _____
- Has any member of the household ever committed any fraud in a Federal Assisted Housing Program or been requested to repay money for knowingly misrepresenting information for such programs? Yes No If yes, where and when: _____
- Has any member of the household ever been arrested, charged or convicted of any crime?
 Yes No If yes, who, where and when: _____
- Will any member of the household require a Reasonable Accommodation? Yes No
- Will any member of the household be receiving Public Assistance? Yes No
 If yes list: _____

III. Income Information:

*List all income and the source for any family member receiving income for themselves or on behalf of someone else. Include any court ordered child support, wages, unemployment, Food Stamps, benefits, contributions, etc.

Family Member Name	Weekly Wages	AFDC/TANF	Child Support	SS/SSI	Other Income
Head:					

6. Will any member of the household receive income from assets? Yes No If yes, list: _____

7. Will any member of the household dispose of or receive any interest in property including real estate, mobile homes, boats, etc.? Yes No If yes, list _____

8. Does anyone outside of the household help pay bills or contribute money to the household?
 Yes No If yes, list who and the amount _____

IV. Asset Information:

*List any asset, including bank accounts, for each family member

Family Member Name	Checking Account Amount	Savings Account Amount	Stocks, Bonds, Annuities, Ins Policies, etc.	Name of Financial Institution

WARNING!! Title 18, Section 1001 of the United States code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

I do hereby swear and attest that all of the information provided above is true and correct. I also understand that any false representation will deem me ineligible for assistance. I further understand and give permission for Ft. Pierce Housing Authority to verify all information provided to determine eligibility for program assistance.

Further, I understand that based upon the information provided, I will be placed on the waiting list for Public Housing. Should my address change; it is my responsibility to notify Ft. Pierce Housing Authority in writing of the change within ten (10) business days. If I fail to report my change of address, I understand that I will be purged from the waiting list and will need to reapply for assistance when the waiting list is open to new applicants.

Signature of all Adult Members:

 Head of Household

 Date

 Other Adult

 Date

 Other Adult

 Date

Ft. Pierce Housing Authority will comply with all federal, state and local nondiscrimination laws and with the rules and regulations governing fair housing and equal opportunity in housing. If you feel you have been discriminated against, you may contact Fair Housing and Equal Opportunity National Toll-Free Hotline at (800) 424-8590.