

# PRELIMINARY APPLICATION



**Tarpon Springs Housing Authority**  
**500 S. Walton Ave.**  
**Tarpon Springs, Florida 34689**  
**727-937-4411 Fax 727-279-2814**

Dear Applicant:

Thank you for your interest in applying for public housing with the Tarpon Springs Housing Authority (TSHA). Attached are the Preliminary Application and Authorization for Release of Information forms to complete in order to apply for housing. If you are determined eligible and selected for an apartment, you will pay approximately 30% of your income for rent, or you could choose to pay a flat rent.

Once we receive your Preliminary Application and Authorization for Release of Information form, your name will be placed on the waiting list for the size of apartment appropriate for you and/or your family. We currently have a waiting list for each bedroom size apartment. When your name reaches near the top of the waiting list we will contact you. It is at this time that you will need to have all the documents required to determine your eligibility.

TSHA is permitted to establish local preferences and to give priority to serving families that meet those criteria. **TSHA** uses the following local preferences:

**Working Preference:**

In order to bring higher income families into public housing, **TSHA** will establish a preference for “working” families, where the head, spouse, co-head, or sole member is employed at least twenty (20) hours per week. As required by HUD, families where the head and spouse, or sole member is a person age 62 or older, is a person with disabilities or are receiving social security disability, supplemental security income disability benefits will also be given the benefit of the working preference.

**Homeless Preference:**

This preference is extended to families and individuals that upon offer of an apartment can verify their homelessness by presenting a Pinellas County Homeless Verification form from a homeless shelter, transitional shelter or other approved provider of homeless services to homeless families.

**Displaced by Natural Disaster:**

This preference is extended to families and individuals that upon offer of an apartment can verify their displacement pursuant third party verification from an agency such as, but not limited to, FEMA, the Red Cross, Salvation Army, etc., **AND**, can present a **TSHA** Homeless Verification form from a homeless shelter, transitional shelter or other approved provider of homeless services to homeless families.

**Public Housing/Federal Rental Assistance Interruption:**

This preference is extended to families and individuals that upon offer of an apartment can verify pursuant third party verification that their Public Housing/Federal Rental Assistance has been interrupted as a result of a Natural Disaster, **AND**, can present a **TSHA** Homeless Verification form from a homeless shelter, transitional shelter or other approved provider of homeless services to homeless families.

**Tarpon Springs Resident Preference:** Applicant will be given preference if applicant has been a resident of Tarpon Springs continuously for one (1) year prior to the time of unit offer.

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Elderly and Disabled/Handicapped applicants will be given equal selection priority over all other single applicants. All families with children, elderly families and disabled families will have an admission preference over "Other Singles." An applicant will not be granted any preference if any member of the family has been evicted from any federally assisted housing during the past three (3) years because of drug-related criminal activity. TSHA may grant an exception to such a family if the responsible member has successfully completed a rehabilitation program.

Any admission mandated by court order related to desegregation or Fair Housing and Equal Opportunity will take precedence over the Preference System. Other admissions required by court order will also take precedence over the Preference System.

Please understand that we have a very long waiting list, most likely a year or more. It is very important for you to keep us informed of your current telephone number and address. If we can't locate you when you come to the top of the list, your name will be taken off the list.

During our screening process we check each applicant's credit background and criminal history. TSHA strives to make our housing properties decent and enjoyable places to live. Anyone found to have a drug or alcohol related criminal arrest or conviction within the past five years will not be admitted. Further, applicant's patterns of illegal drug or alcohol abuse which may possibly interfere with residents' rights to health, safety, and peaceful enjoyment of the premises will also not be allowed.

TSHA has adopted a gender-neutral Violence Against Women Act (VAWA) Policy. Its protections are available to males as well as female victims of domestic violence, dating violence, or stalking. Additional information will be provided to you when your name reaches near the top of the waiting list and you are contacted to determine your eligibility.

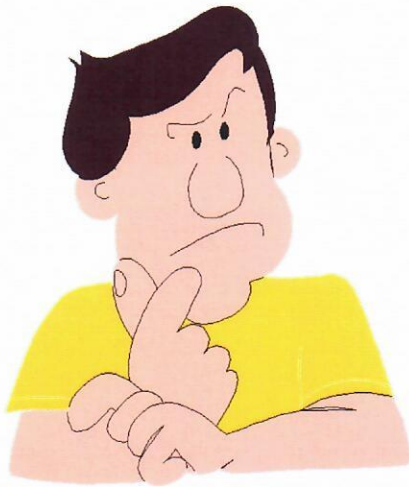
We urge you to complete the Preliminary Application and Authorization for Release of Information forms and mail them to our office as soon as possible.

If you have any questions please call us at 727-937-4411. We look forward to meeting you soon.

Sincerely,

Robbin Sotelo Redd  
Executive Director

Enclosures – Preliminary Application  
Authorization for Release of Information  
Form HUD-1141  
Form HUD-92006



# APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...  
IS FRAUD WORTH IT?**

## Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- Fined up to \$10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

## Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

## So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

**(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees:** HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

## Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

## Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

## Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov). You can write the Hotline at:



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410

THIS SECTION FOR OFFICE USE ONLY  
 Date: \_\_\_\_\_ Received By: \_\_\_\_\_  
 Time: \_\_\_\_\_ Bedroom Size: \_\_\_\_\_

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Last Name of Head of Household	First Name	Sex	SSN	DOB	Age	Monthly Income (all sources) \$
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian or Pacific Islander Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic						
						Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No

PRESENT ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
 CITY/ STATE/ ZIP \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
 MAILING ADDRESS (IF DIFFERENT FROM PRESENT ADDRESS): \_\_\_\_\_  
 HOW LONG AT PRESENT ADDRESS? \_\_\_\_\_ OWN OR RENT? \_\_\_\_\_ EMERGENCY CONTACT PERSON:  
 LANDLORD'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ NAME: \_\_\_\_\_  
 AMOUNT OF MONTHLY RENT/MORTGAGE: \_\_\_\_\_ UTILITIES: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 REASON FOR MOVING: \_\_\_\_\_ CITY, TOWN, ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

### GENERAL INFORMATION

#### HOUSEHOLD COMPOSITION:

LIST ALL PEOPLE TO OCCUPY APT. LAST NAME FIRST MI	SEX	RELATIONSHIP To Head	SSN	DOB	AGE	FULL-TIME STUDENT? INCLUDING GRADE SCHOOL (Y/N)	MONTHLY INCOME
Head							\$
2							\$
3							\$
4							\$
5							\$
6							\$
7							\$
8							\$

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HAVE YOU OR ANYONE IN YOUR HOUSEHOLD EVER BEEN EVICTED? <input type="checkbox"/> Yes <input type="checkbox"/> No	HAVE YOU OR ANYONE IN YOUR HOUSEHOLD BEEN EVICTED FROM PUBLIC OR ASSISTED HOUSING FOR DRUG RELATED ACTIVITY OR ANY OTHER ACTIVITY WITHIN THE PAST 5 YEARS? <input type="checkbox"/> Yes <input type="checkbox"/> No
HAVE YOU OR A MEMBER OF YOUR HOUSEHOLD EVER BEEN ARRESTED? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, PLEASE EXPLAIN: _____	ARE YOU OR ANY MEMBER OF YOUR HOUSEHOLD SUBJECT TO A LIFETIME REGISTERED SEX OFFENDER REGISTRATION IN ANY STATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
DO YOU CLAIM ANY OF THE FOLLOWING LOCAL PREFERENCES? <input type="checkbox"/> HOMELESS (LIVING IN A SHELTER) <input type="checkbox"/> LOCAL (LIVING IN TARPON SPRINGS FOR 1 YR) <input type="checkbox"/> WORKING	WOULD YOU OR ANY MEMBERS OF YOUR HOUSEHOLD BENEFIT FROM A HANDICAPPED-ACCESSIBLE UNIT? <input type="checkbox"/> Yes <input type="checkbox"/> No IF SO, EXPLAIN: _____

**ANNUAL INCOME INFORMATION:**

HOUSEHOLD	SALARY-WAGES	PUBLIC ASSISTANCE	SOCIAL SECURITY	PENSION	CHILD SUPPORT	TOTAL
Head						
2						
3						
4						
5						
6						
7						
8						
Total						

Do you receive Court Ordered Child Support? Yes  No  Do you receive other Child Support? Yes  No

**PLEASE NOTE:** All applicants 18 years of age or older that are listed on this application **MUST** submit a legible copy of a valid Driver's License or State Issued Picture ID  
**THIS APPLICATION MUST BE SIGNED BY ALL MEMBERS OF THE HOUSEHOLD 18 YEARS OF AGE AND OLDER**

BY SIGNING BELOW APPLICANT AUTHORIZES THE HOUSING AUTHORITY AND ITS STAFF TO CONTACT ANY AGENCIES, LOCAL POLICE DEPARTMENTS, CREDIT BUREAUS, REFERENCES AND GROUPS OR ORGANIZATIONS TO OBTAIN ANY INFORMATION OR MATERIALS, WHICH ARE DEEMED NECESSARY TO COMPLETE THIS APPLICATION. APPLICANT FURTHER CERTIFIES THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT AND UNDERSTANDS THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE BY LAW AND WILL LEAD TO CANCELLATION OF THIS APPLICATION OR TERMINATION OF TENANCY AFTER OCCUPANCY.

SIGNATURE: \_\_\_\_\_ (APPLICANT)      DATE: \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_ (CO-APPLICANT)      DATE: \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_ (CO-APPLICANT)      DATE: \_\_\_\_\_

**Notice:** You are required to notify the Housing Authority (in writing) of any change of address. If we cannot contact you at the above address, your name will be removed from the waiting list and you will have to re-apply.

Optional and Supplemental 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.

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

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.	

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**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.



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**PURPOSE:** Tarpon Springs Housing Authority (TSHA) uses this authorization and the information obtained with it to administer and enforce housing program rules and policies.

## INDIVIDUALS OR ORGANIZATIONS REQUESTED TO RELEASE INFORMATION

Any of the following individual organizations including any governmental organization may be asked to release information:

- Employers, Past & Present
- Banks and Other Financial Institutions
- State Agencies (i.e. Welfare & Social Services)
- County Agencies
- Providers of: Alimony, Child Care, Child Support, Handicapped Assistance, Medical Care
- Providers of: Pensions/Annuities/Insurance
- U.S. Social Security Administration
- U. S. Department of Veterans Affairs
- Schools and Colleges/Universities
- Courts & Law Enforcement Agencies
- Post Offices
- Utility Companies
- Credit Bureaus
- Current & Previous Landlords (including Public Hsg Authorities)
- Payees/Trustees
- Professional Personal References
- Medical Providers and Mental Health Agencies
- Other (i.e. Referral Agency) \_\_\_\_\_
- Department of Health and Social Services

**INFORMATION COVERED** – Verifications and inquiries that may be requested include, but are not limited to:

- Child Care Expenses/Allowances
- Credit History, Financial Concerns
- Police Records/Criminal History/Legal Issues
- Family Composition
- Employment Income/Pensions/Assets
- Federal, State, Tribal or Local Benefits
- Income from any source
- Medical Expenses/Allowances
- Handicapped Assistance Expenses
- Medical/Psychological/Psychiatric
- Identity and Marital Status
- Social Security Numbers and Income
- Residences and Rental History
- Utility Usage
- Disposed of assets within the last two (2) years
- Insurance Policies

## AUTHORIZATION

- I authorize and direct any federal, state or local agency and any organization, business, or individual to release to the Tarpon Springs Housing Authority (TSHA) any information or materials needed to complete and verify my application for, or participation in any TSHA assisted housing program.
- I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for, and continued participation in, a housing assistance program.
- I agree that a photocopy of this authorization may be used for the purposes stated above.
- This authorization will stay in effect for fifteen (15) months from the date signed.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date