

# APPLICATION FOR HOUSING ADMISSION AND RENTAL ASSISTANCE

FOR INDIVIDUALS WITH SEVERE PHYSICAL DISABILITIES

**ABILITIES, Inc. of FLORIDA**  
2735 Whitney Road  
Clearwater, FL 33760

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. Abilities agrees to comply with Title VI of the Civil Rights Act of 1964, Sections 503-504 of the Rehabilitation Act of 1973, 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.

Please note that the head of the household or co-head of the household must have a severe and permanent physical disability and be able to benefit from the features of the accessible unit to be eligible for this program.

APPLICANT NAME \_\_\_\_\_ DATE \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

- On the following chart, please list the Head of Household and all individuals who will be living in the unit -- including yourself. Please give the relationship of each household member to the head.

MEMBER	MEMBER'S FULL NAME	RELATIONSHIP	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NUMBER
#1						
#2						
#3						
#4						
#5						
#6						
#7						
#8						

THIS DOCUMENT IS AVAILABLE IN ALTERNATE FORMATS (LARGE PRINT, BRAILLE, ETC.) UPON REQUEST.

For office use only  
Florida Locations:  
North Carolina:  
Bedroom Size: 1 or 2

Application Number: \_\_\_\_\_  
Pinellas County \_\_\_\_ Brevard County \_\_\_\_ Polk County \_\_\_\_  
Cumberland County \_\_\_\_

2. Does anyone live with you now who is not listed above?     Yes     No
3. Do you expect a change in your household composition?     Yes     No
4. Have you or any member of your household ever been convicted of a felony?     Yes     No

If yes, please explain \_\_\_\_\_

5. Have you or any member of your household ever been convicted of the illegal possession, distribution, or manufacture of an illegal drug or other illegal controlled substance?     Yes     No

If yes, please explain \_\_\_\_\_

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

If yes, please explain \_\_\_\_\_

The apartments owned by Abilities have been purchased with funds from the US Department of Housing and Urban Development for the purpose of providing affordable housing for individuals with physical disabilities. The apartments have been modified to provide accessible features such as roll-in showers, wider doors, lower cabinets, wheelchair ramps, and other items to improve access.

7. Does the head of the household or co-head have a disability?     Yes     No

If yes, what accessible features can he or she benefit from? \_\_\_\_\_

\_\_\_\_\_

8. Please identify any other special housing needs your household has: \_\_\_\_\_

\_\_\_\_\_

9. How many automobiles does your household possess? \_\_\_\_\_

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

Is any occupying resident a veteran? Yes \_\_\_\_\_ No \_\_\_\_\_ Number of Residents \_\_\_\_\_

How did you hear about us \_\_\_\_\_ website    \_\_\_\_\_ tenant referral ( \_\_\_\_\_ )

Name of tenant

\_\_\_\_\_ County Agency    \_\_\_\_\_ Other



**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

\_\_\_\_\_

**EXPENSES**

- Yes  No Do you have expenses for child care of a child aged 12 or younger?  
If yes, provide the name, address, and telephone number of the care provider:

\_\_\_\_\_  
\_\_\_\_\_

- Yes  No Do you pay a personal care attendant or for any equipment for any household members(s) who is disabled? If yes, is the attendant or equipment necessary to permit that person, or someone else in the household to work? If you pay an attendant, provide his/her name, address and telephone number:

\_\_\_\_\_  
\_\_\_\_\_

- Yes  No Do you have Medicare? If yes, what is your monthly premium? \_\_\_\_\_

- Yes  No Do you have any other kind of medical insurance? If yes, provide name and address of carrier, policy number, and premium amount:

\_\_\_\_\_  
\_\_\_\_\_

- Yes  No Do you have outstanding medical bills? If yes, list them below:

\_\_\_\_\_  
\_\_\_\_\_

What medical expense do you expect to incur in the next twelve months:

\_\_\_\_\_  
\_\_\_\_\_

If you use the same pharmacy regularly, please provide the name and address:

\_\_\_\_\_  
\_\_\_\_\_

## PREVIOUS RENTAL HISTORY

1. Are you now living in a subsidized housing unit (Section 8, Section 811, etc.)?  Yes  No
2. Name of Complex: \_\_\_\_\_
3. Name of Manager: \_\_\_\_\_
4. Manager's Telephone Number: \_\_\_\_\_
5. Why do you wish to move? \_\_\_\_\_

Name and address of your present landlord:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone number \_\_\_\_\_  
How long have you lived here? \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_

Name and address of your previous landlord:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone number \_\_\_\_\_  
How long have you lived here? \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_

## EMPLOYMENT HISTORY

Name and address of head's present employment

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone number \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_  
How long have you worked there? \_\_\_\_\_

Name and address of spouse's or co-head's employer

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone number \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_  
How long have you worked there? \_\_\_\_\_

## APPLICANT CERTIFICATION

I/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 all 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 \_\_\_\_\_

### **PENALTIES FOR MISUSING THIS FORM**

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, the PHA, and any owner (or any employee of HUD, the PHA, 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 willfully 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, the PHA, or the owner responsible for the unauthorized disclosure or improper use. Penalty provision for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208 (f) (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 f, g, and h.

# Tenant Verification Bureau, Inc. (fees waived)

Applicant:

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

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

SS# \_\_\_\_\_ DOB: \_\_\_\_\_

Income: \_\_\_\_\_ Yearly Monthly Weekly

Landlord's Name: \_\_\_\_\_

Landlord's Phone#: \_\_\_\_\_

Lease Start : \_\_\_\_\_ Rent: \_\_\_\_\_

LIST PREVIOUS ADDRESS:

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Leased From: \_\_\_\_\_ to \_\_\_\_\_

Landlord Name: \_\_\_\_\_

Landlord Phone: \_\_\_\_\_

CURRENT EMPLOYMENT

Employer: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_

How Long? \_\_\_\_\_ Pay: \_\_\_\_\_

Co-Applicant:

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

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

SS# \_\_\_\_\_ DOB: \_\_\_\_\_

Income: \_\_\_\_\_ Yearly Monthly Weekly

Landlord's Name: \_\_\_\_\_

Landlord's Phone#: \_\_\_\_\_

Lease Start : \_\_\_\_\_ Rent: \_\_\_\_\_

LIST PREVIOUS ADDRESS:

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Leased From: \_\_\_\_\_ to \_\_\_\_\_

Landlord Name: \_\_\_\_\_

Landlord Phone: \_\_\_\_\_

CURRENT EMPLOYMENT

Employer: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_

How Long? \_\_\_\_\_ Pay: \_\_\_\_\_

**APPLICANT/ TENANT CONSENT**

I hereby consent to allow Abilities Inc. of Florida, through its designated agent and its employees, to obtain and verify my credit information, criminal information, and/or eviction information for the purpose of determining whether or not to lease an apartment to me. I understand that should I lease an apartment, Abilities Inc. of Florida, and its agent shall have the continuing right to review my credit and criminal information, rental application, payment history, and occupancy history for account review purposes and for improving application review methods.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date