Four Bedroom Wait List Only



Norton Apartments at Lake Bellevue 1450 South Martin Luther King Jr. Avenue, Clearwater, FL 33756 Phone: (727) 441-9010

Fax: (727) 446-8857

Low Income Public Housing Pre-application

APPLICATION INSTRUCTIONS PLEASE READ CAREFULLY

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

- 1. To be eligible, applicant must:
 - A. Meet the definition of family as defined by Pinellas County Housing Authority's Admissions and Continued Occupancy Policy.
 - B. Applicant must have annual income within the limits established and determined by HUD.
 - C. Must be a U.S. Citizen or possess an eligible immigration status as determined by the INS.
 - D. Must not owe any monies to any Housing Authority or other federally subsidized rental program.
 - E. Must not be engaged in any illicit drug or related criminal activity or violent criminal activity.
- 2. Applications will be entered onto a computerized site-based waiting list in the order in which the applications are received and reviewed for completeness in accordance with local preferences.
- 3. Make sure you provide a Social Security number and date of birth for yourself and each family member. If a member of your household has not been issued a Social Security number, write NONE in the box for Social Security number. Make sure you provide your complete address and phone number. Any changes in family composition, income, or address must be submitted in writing to the property(s) of your choice.
- Make sure that you disclose all income from all family members including assets or bank statements.
- 5. This application may be returned via U.S. Mail to Norton Apartments at Lake Belleview 1450 South Martin Luther King Jr. Ave. Clearwater, FL 33756 for processing. If you are a person with disabilities, you may seek assistance with completion of this application at the property. Applications are date and time stamped of acceptance.

HEAD OF HOUSEH	OLD INFORMATION			
Last Name	Firs	t Name	Middle Initial	
Social Security Num	Firs nber			
Male/Female				
CHECK ONE:	☐ Hispanic or Latino	☐ Non-His	spanic or Latino	
Are you disabled? FOR HUD STATIST.	Yes No ICAL PURPOSES ONLY- (C	Check one of ea	ach)	
CHECK ONE: ☐ White ☐ Black/African Ar ☐ American Indian/ ☐ Asian ☐ Native Hawaiian/				
Date of Birth/_Place of Birth/	/(mm/dd/yyyy))		
Are you a U.S. Citiz				
Occupation	VIII. 200 110			
Full-Time Student	Yes No			
How many in your household?				
INFORMATION ON OTHER FAMILY MEMBERS: (PLEASE USE BACKOF THIS PAGE FOR				
<u>ADDITIONALHOUSEHOLD MEMBERS)</u>				
		Type of Member		

Legal Name	Male / Female	Social Security Number	Type of Member (Spouse, Child)	Student	Disabled	Race	DOB
1							
2							
3							
4							
5							
6							



PINELLAS COUNTY HOUSING AUTHORITY SECTION 8 NEW CONTRUCTION PROGRAM APPLICATION								
	HOUSEHOLD MEMBER	Employment Income (MONTHLY)	TANF /DCF	CHILD SUPPORT (MONTHLY)	SOCIAL SECUITY BENEFITS	UNEMPLOYMENT	ALL OTHER INCOME	
1.								
2.								
3.								
>	CONTACT INFORMATION Mailing Address:	<u> </u>						
	(City)			(State)		(Zip	Code)	
	Telephone number Email Address			Alternate	e Telephone	Number		
>	LOCAL PREFERENCE	<u> </u>						
There are three possible rankings for which you may qualify. Written documentation will have to be provided when you are interviewed and before any offers for housing are made. Please answer the questions as they apply to you and your household members. 1) Working Families Is a member of the applicant family, over the age of 18, working, attending an educational or training institution?								
2)	2) <u>Elderly, Disabled, Handicapped</u> Is head of household, or spouse, 62 years of age or older? □ Yes □ No					□ No		
Is the head of household, or spouse disabled, receiving social security disability, or SSI disability benefits, or other payments based on the individual's inability to work? \Box Yes \Box No								
	Is the head of household, or spouse handicapped? □ Yes □ No				□ No			
3) Natural Disaster/Displacement Is the applicant family displaced by a declared Natural Disaster such as flood, hurricane, earthquake, etc.? □ Yes □ No								
4) No Preference □ None of the above preferences apply to me or members of my household								



PINELL	AS COUNTY HOUSING AUTHORITY SECTION 8 NEW CONTRUCTION PROGRA	AM APPLI	CATION•
1.	Have you or anyone in your household ever been arrested or convicted of a		
	drug related crime or violent criminal activity?	Yes	No
2.	Have you ever been evicted from a public housing program?	Yes	No
3.	Have you ever received assistance from a federally assisted Housing Authority?	Yes	No
	If yes, have you ever committed any fraud in a federally assisted Housing Authority or ever been requested to repay money for knowingly		
	misrepresenting information for such Housing program?	Yes	No
4.	Are any members of the household currently or in the pass been subject to a lifetime sex offender registration program in any state	Yes	No

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE. I understand that submission of false information or misrepresentation may result in loss of eligibility to participate in the Public Housing Program.

Date	Signature of Head of Household
Date	Signature of Spouse
Date	Signature of Other Adult
Date	Signature of Other Adult

Warning: 18. U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years or both.

Chapter 414.39 of Florida Statues makes it a crime, punishable by fine of \$50.00 to \$5,000.00, or imprisonment for up to five (5) years, or both, if a housing applicant or tenant deliberately makes false statements about his or her income, or fails to disclose material fact affecting income and rent

