

PUNTA GORDA HOUSING AUTHORITY
 340 GULF BREEZE AVE.
 PUNTA GORDA, FL 33950
 Telephone: 941-639-4344
 Fax: 941-639-1753



PUNTA GORDA HOUSING AUTHORITY USE ONLY:

Date Received: _____ Time: _____
 Age eligible? _____ Income eligible? _____

PGHA PRE – APPLICATION TO BE COMPLETED BY APPLICANT FOR PGHA’S PUBLIC HOUSING PROGRAM. You must be 18 or older to apply.

Name: _____ Driver’s License/ID: _____

Street Address: _____ Apt. #: _____

City: _____ County: _____ State: _____ Zip: _____

Cell Phone: _____ Other Phone: _____

Email: _____

LIST ALL PERSONS WHO WILL BE LIVING IN THE HOUSEHOLD:

NAME	SOCIAL SECURITY NUMBER	RELATIONSHIP	DATE OF BIRTH	AGE	SEX	PLACE OF BIRTH
ADD YOURSELF HERE		HEAD OF HOUSEHOLD				

INCOME: List all full and/or part-time employment for all household members and **OTHER SOURCES OF INCOME:** (examples: Welfare, social security, SSI, pensions, disability compensation, unemployment, interest, babysitting, alimony, child support, annuities, dividends, income from rental property, Armed Force Reserves, scholarships, and/or grants, etc.) Attach additional page if necessary.

HOUSEHOLD MEMBER	NAME, ADDRESS AND PHONE # of EMPLOYER and/or SOURCE of INCOME	INCOME • INGRESO
		\$ Per <input type="checkbox"/> Weekly/Semanal <input type="checkbox"/> Bi-weekly/Bisemanal <input type="checkbox"/> Monthly/Mensual
		\$ Per <input type="checkbox"/> Weekly/Semanal <input type="checkbox"/> Bi-weekly/Bisemanal <input type="checkbox"/> Monthly/Mensual

		\$	<input type="checkbox"/> Weekly/Semanal <input type="checkbox"/> Bi-weekly/Bisemanal <input type="checkbox"/> Monthly/Mensual Per
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PROGRAM INFORMATION:

- Does Head of Household or Spouse work 20 or more hours per week? Yes No
- Do you receive Social Security, SSI, SSDI or any other disability? Yes No
- Have you ever been arrested? When? _____ Why? _____ Yes No
- _____

WARNING: Section 1001 of Title 18 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. Any false statement(s) made on this application is considered grounds for denial or termination of assistance.

I do hereby swear and attest that all of the information given to Punta Gorda Housing Authority is true and complete. I understand that this is not a contract and does not bind either party. The above information is full, true and complete to the best of my knowledge. I have no objection to inquiries being made for the purpose of verifying the statements made herein.

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

NOTICE: Tenant is responsible for notifying PGHA of all changes in address and phone numbers so they can be reached when their name reaches the top of the wait list. A change form can be downloaded from PGHA's web site at www.puntagordaha.org. ADDITIONALLY, PGHA provides preferences to households working 20 hours or more per week. If you become employed, it is your responsibility to complete a change form and send to PGHA, so you can benefit from the preference. All information will be verified by PGHA.

EQUAL HOUSING OPPORTUNITY

All persons will be treated fairly and equally without regard to race, color, religion, sex, familial status, handicap or national origin in compliance with the Fair Housing Act, Section 504, and the Civil Rights Act Title VI. If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot Line at 1-800-669-9777 or (TDD) 1-800-927-9275 or the Civil Rights Commission at: 1-800-262-4845 or (TDD) 711. The Punta Gorda Housing Authority will endeavor to have bilingual staff or access to people who speak languages other than English at no cost to the client.

