



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 | | | | |
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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 |
|------------------|---|---|
| | | \$ _____ Per <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly |
| | | \$ _____ Per <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly |
| | | \$ _____ Per <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly |



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.





REASONABLE ACCOMMODATION POLICY AND PROCEDURES

The Punta Gorda Housing Authority complies with the Department of Housing and Urban Development's (HUD) regulations implementing Section 504 (24 CFR Part 8, dated June 2 1988). Any resident with a disability has an opportunity to request a reasonable accommodation, which will ensure the resident's full use and enjoyment of their unit and allow equal opportunity to participate in, and enjoy the benefits of, a program or activity receiving Federal financial assistance.

The Punta Gorda Housing Authority will review each reasonable accommodation request on a case-by-case basis. The Punta Gorda Housing Authority, however, is not required to take any action that would result in a fundamental alteration in the nature of the program or activity or in undue financial and administrative burdens. Requests for reasonable accommodations may be obtained from the Punta Gorda Housing office. The Punta Gorda Housing Authority reserves the right to verify any claimed disability.

POLICY OF NONDISCRIMINATION ON THE BASIS OF HANDICAPPED STATUS

The Punta Gorda Housing Authority does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in its federally assisted programs or activities. If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.

Punta Gorda Housing Authority
340 Gulf Breeze Ave
Punta Gorda, FL 33950
941-639-4344 FAX 941 639-1753

Housing staff has been designated to coordinate compliance with nondiscrimination requirements contained in the Department of Housing and Urban Development's (HUD) regulations implementing 504 (24 CFR Part 8, dated June 2, 1988).

Signature of Head of Household

Date

Signature of Other Adult

Date

Signature of Other Adult

Date



340 Gulf Breeze Ave, Punta Gorda, FL 33950
Phone (941) 639-4344 Fax (941) 639-1753
TTY (800) 955-8771

