



**PREFERENCES: Check all that apply**

\_\_\_\_\_ **Residency** - Does your household whose head, spouse or sole member currently reside or work in Charlotte County, FL or the City of North Port, FL?

\_\_\_\_\_ **Displacement** – Have you and your household been displaced by no fault of your own? By any of the following: 1.) By government action, or 2.) Your home was extensively damaged or destroyed as a result of a natural disaster (for example, hurricane, local flooding and wildfire)

\_\_\_\_\_ **Working Family**- Does your household whose head, spouse or sole member have verifiable employment at a minimum of 20 hours per week?

\_\_\_\_\_ **Disabled Family** - Does your household whose head, spouse or sole member receive social security disability benefits, supplemental security income, or any other payment based on the individuals' inability to work?

\_\_\_\_\_ **Elderly Family**- Does your household whose head, spouse or sole member age 62 or older?

**BACKGROUND:**

**Have you ever received or are you now receiving housing assistance?** YES \_\_\_\_ NO \_\_\_\_

If so, When and Where? \_\_\_\_\_

**Have you or any household member(s) of this application ever been arrested?** YES \_\_\_\_ NO \_\_\_\_ If yes, When? \_\_\_\_\_ What County/State? \_\_\_\_\_

\_\_\_\_\_ Why? \_\_\_\_\_

**Are you or any household member(s) subject to a lifetime sex offender's registration requirement?** YES \_\_\_\_ NO \_\_\_\_ If yes, list when, where and give a brief explanation:

\_\_\_\_\_

**REASONABLE ACCOMMODATIONS – OPTIONAL QUESTION(S):**

Answering the following questions is optional. However, if you decline to answer, we may be unable to determine if you qualify for a Reasonable Accommodation.

**1. Do you or any member of your household have a disability?** *(A physical or mental impairment that substantially limits one or more life activities or a record of having or being regarded as having such an impairment)* YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, check all that apply and answer question number two.

\_\_\_\_\_ Communication in a specially requested format

\_\_\_\_\_ Separate Bedroom

\_\_\_\_\_ Live in Care Giver

\_\_\_\_\_ Other: Explain \_\_\_\_\_

**2. The following member of my household has a disability:** Name of Household Member: \_\_\_\_\_

**WARNING -PENALTIES FOR MISUSING THIS CONSENT:** 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 and any owner (or any employee of HUD 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 willingly 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 or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7) and (8).

**I do hereby certify all information is complete and true.**

In order to process this application, a signature from the Head and Co-Head (if applicable) and all members 18 years and older are required. If signatures are missing, the application will be considered incomplete and will not be considered.

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Head of Household Client Signature

Print Name

Date

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Co-Head or other Adult Family Member Signature

Print Name

Date

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Other Adult Family Member Signature

Print Name

Date

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Signature of any person who assisted in filling out this application

**NOTICE:** Applicant(s) is responsible for notifying PGHA of any and all changes, to include address, telephone number and income. A change form can be downloaded from PGHA's web site at [www.puntagordaha.org](http://www.puntagordaha.org). All information will be verified by PGHA.



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