



ORLANDO HOUSING AUTHORITY

LOW RENT PUBLIC HOUSING APPLICATION

CLIENT # _____

YOU MUST USE THE CORRECT LEGAL NAME FOR EACH MEMBER OF YOUR HOUSEHOLD AS IT APPEARS ON THEIR SOCIAL SECURITY CARD. ALL ADULT MEMBERS OF THE HOUSEHOLD MUST SIGN CERTIFYING THE INFORMATION PERTAINING TO THEM IS TRUE AND CORRECT.

APPLICANT NAME _____ SOC.SEC.# _____

ADDRESS _____ APT.# _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE (H) _____ (W) _____ How long at this address? _____

Marital Status: Single Married Separated Divorced US CITIZEN: YES NO

1. HOUSEHOLD COMPOSITION: List persons who will be living in your home. List head of household first.

Legal names of household members and maiden name if applicable	Relationship to head of household	Date of Birth	Social Security number	Disabled/handicapped (Y) or (N)	Sex	Marital Status
1.	HEAD					
2.						
3.						
4.						
5.						

2. Race of Head of Household: (Check one-used for statistical purposes only)

White Black American Indian/Alaskan Native Asian Native Hawaiian/Other

3. Ethnicity of Head of Household: (statistical purposes only)

Hispanic / Latino Non Hispanic/Latino

Primary Language of Head of Household: If Other _____

CHILD(REN'S) ABSENT PARENT

CHILD(REN'S) ABSENT PARENT

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

SOCIAL SECURITY NUMBER _____

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____

DATE OF BIRTH _____

CLIENT # _____

4. TOTAL HOUSEHOLD INCOME: List all money earned or received by everyone in your household. This includes money from wages, self-employment, contributions, Social Security, disability payments, Workman's Compensation, retirement benefits, TANF, veteran's benefits, rental property income, stock dividends, income from bank accounts, alimony, child support and all other sources.

HOUSEHOLD MEMBER	EMPLOYER	S.S.I.	SOCIAL SECURITY	CHILD SUPPORT	UNEMPLOYMENT	TANF	OTHER
1.							
2.							
3.							
4.							

5. PREFERENCES

- A. ARE YOU OR YOUR SPOUSE PRESENTLY EMPLOYED? ____ YES ____ NO If so, how many months?
 ____ 0 TO 5 MONTHS ____ 6 MONTHS TO ONE YEAR ____ MORE THAN ONE YEAR
- B. DOES THE HEAD OF HOUSEHOLD OR SPOUSE RECEIVE ONE OF THE FOLLOWING:
 (CHECK ALL THAT APPLY) ____ SSI ____ DISABILITY ____ SSA
- C. ARE YOU PRESENTLY IN A TRANSITIONAL HOUSING PROGRAM? ____ YES ____ NO
 If so, which one? _____
- D. HAVE YOU EVER OWNED A HOME? ____ YES ____ NO
- E. DO YOU HAVE SPECIAL HOUSING NEEDS? ____ YES ____ NO
 If yes, please specify _____
- F. HAVE YOU BEEN INVOLUNTARILY DISPLACED? ____ YES ____ NO

6. BACKGROUND INFORMATION

- A. Have you, or any adult member of your family, ever used any name(s) or Social Security number(s) other than the one you are currently using? ____ YES ____ NO If yes, explain below.

- B. Have you, or any member of your household, lived in Public Housing and/or Section 8 or any assisted housing? ____ YES ____ NO (If yes, where, and when explain below. Do you owe a balance? ____ YES ____ NO)

- C. Have you, or anyone in your household ever been convicted of any crime other than traffic violations? YES ____ NO If yes, explain below.

- D. Have you ever committed any fraud in a Federal assistance housing program or been requested to repay money for misrepresenting information? ____ YES ____ NO If yes, explain below:

- E. Do you own any assets? Real estate Checking Account Savings Account
 Cash Deposits Money market Other _____

AUTHORIZATION OF RELEASE OF INFORMATION-Applicant(s) represents that all the above information and statement on the application for rental assistance are true and complete, and hereby authorizes an investigative consumer report including, but not limited to, residential history (rental or mortgage), employment history, criminal history, court records, and credit records. This application must be signed before it can be processed by management. Applicant (s) acknowledges that false or omitted information herein may constitute grounds for rejection of this application, I hereby swear and attest that all of the information above is true and correct. I also understand that all changes in the income of any member of the household, as well as any changes in the household members, must be reported to the Housing Authority, IN WRITING, IMMEDIATELY.

* _____
 SIGNATURE OF HEAD OF HOUSEHOLD & DATE

* _____
 SIGNATURE OF SPOUSE & DATE

* _____
 SIGNATURE OF OTHER ADULT & DATE

* _____
 SIGNATURE OF OTHER ADULT & DATE

*MUST BE SIGNED PRIOR TO BEING HOUSED.
 WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY MAKING FALSE STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.