



101 EVERGLADES STREET BELLE GLADE, FL. 33430-0577  
TELEPHONE (561) 983-8945 FAX (561)983-8954

# Application

COMPLETED APPLICATION ACCEPTED **ONLY** ON MONDAYS  
FROM 1:00PM – 4:00PM BY APPOINTMENT ONLY

\$25 MONEY ORDER PER ADULT

INFORMATION NEEDED FOR APPLICATION PROCESS

### IDENTIFICATION:

- Social Security Cards and Birth Certificates for each member in the household
  - Photo ID for each family member (18 & older)
    - Permanent Resident Card/H2A Visa

### EMPLOYMENT INFORMATION:

Name, address, zip code of Employer  
Hourly, weekly, or monthly amount earned  
(last 6 weeks of paystubs accepted)

### VERIFICATION OF OTHER SOURCES OF INCOME:

Social Security	SSI
Veteran’s Pension	Retirement Pension
Alimony	Child Support
Unemployment Benefits	Workman’s Compensation
Checking/Savings Interest, Etc.	AFDC (CASH ASSISTANCE)

### RESIDENTIAL HISTORY:

Current Landlord or Mortgage Company:  
Full Name, contact person, street address, city, state & zip code  
Past Landlord(s): Information for the last 12 months



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## APPLICATION PROCESS

Applications are taken on a "first come first serve basis". Applications are completed by the applicant listing information on all income, assets, family composition, etc., necessary to determine eligibility as well as additional information such as mailing address, phone numbers, past participation under the program and how the applicant heard about the program. The application must be signed and dated. The application is time and date stamped when received, and the applicant is interviewed by the appropriate on-site administrative staff personal. Management will look for any discrepancies or inconsistencies and for completeness of information. A complete credit report check, and criminal background check will be performed on all applicants. There will be a \$25 application fee to help cover the cost of screening.

During the interview, the applicant will be informed of the eligibility criteria, income limits, and other factors such as family size and type, which may affect the family's eligibility. General program information is given such as unit size family is eligible for, applicable rents, utility allowance schedules, policy, and the method for determining the family's portion of the rent.

All persons desiring to apply for units will be provided a list of all documentation required. Applications are considered received when the applicant has submitted all forms and information. If additional information is required, the site staff will notify the applicant of specific additional information needed to complete a review of eligibility. The applicant will be notified in writing that he/she has been selected, rejected, or placed on a waiting list. If the family is determined eligible, an appointment is scheduled for the Briefing/Inspection of unit and a Dwelling Leased is signed.

## TENANT SELECTION

An eligible household must include an active domestic tenant or cotenant farm laborer, a retired domestic farm laborer, or a disabled domestic farm laborer.



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Occupancy Guidelines Chart

Bedroom Size	Minimum # Persons	Maximum # Persons
0 BR	1	1
1 BR	1	2
2 BR	2	4
3 BR	3	6
4 BR	4	8

**SCREENING CRITERIA**

Applicants must meet basic requirements; have income that does not exceed income limits and must meet the program definition of an eligible household. In addition, the following factors shall be considered in screening Applicant for occupancy:

1. Demonstrated ability to meet financial obligations and to pay rent on time. In order not to place families in housing which they obviously cannot afford, when no subsidy is involved a maximum rent and utility obligation to income ratio of 50% will be used to determine an applicant's ability to pay rent.
2. Applicant's rental history.
3. History of disturbing neighbors or destroying property.
4. Applicant's credit history regarding the payment of rent and utilities.
5. Ability to maintain (or with assistance would have the ability to maintain) the housing in a decent and safe condition based on living or housekeeping habits and whether such habits adversely affect the health, safety or welfare of the household and other residents in the community.
6. Ability to meet all obligations of residency.
7. Current use or history of using illegal drugs or current use or history of abusing alcohol in a way that may interfere with the health, safety or right to peaceful enjoyment of others.



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8. History of felony or misdemeanor convictions by any household member involving crimes of physical violence against persons or property, fraud, dishonesty, and any other criminal activity including but not limited to Drug Related Criminal Activity.
9. Any household member, including a Live-in Aide, has been evicted from assisted housing within three (3) years because of Drug-Related Criminal Activity.
10. Any household member has registered sex offender status.



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HOW DID YOU HEAR ABOUT US?				DATE: _____
INTERNET _____	NEWSPAPER _____	SIGN _____	DRIVE BY _____	TIME: _____
FRIEND _____	CURRENT RESIDENT _____	OTHER _____		BR SIZE: _____

## Belle Glade Housing Authority-Okeechobee Center

### APPLICATION FOR RESIDENCY

101 Everglades Street

Phone: (561) 983-8945 Fax: (561) 996-9503 TTY: (800) 955-8771

NAME (HEAD OF HOUSEHOLD): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

\_\_\_\_\_ CELL PHONE: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ E-MAIL: \_\_\_\_\_

### FAMILY COMPOSITION

	NAME	HOH, DEPENDENT, OR OTHER	AGE	SEX	RACE	STUDENT Y/N	BIRTH DATE	SSN
1								
2								
3								
4								
5								
6								
7								
8								

Total HH Members to occupy unit: \_\_\_\_\_

### EMPLOYMENT

HH No.	EMPLOYER NAME AND CONTACT INFORMATION	HRS/ WEEK	RATE/ HOUR	WEEKLY AMT.	ANNUAL AMT.	VERIFIED

### OTHER INCOME

HH No.	SOURCE OF INCOME AND CONTACT INFO (SS, SSI, CHILD SUPPORT, GIFTS, PUBLIC ASSISTANCE, UNEMPLOYMENT, ETC.)	CLAIM #	MONTHLY OR WEEKLY AMT	ANNUAL AMT.	VERIFIED

## ASSETS

HH NO.	TYPE OF ASSET AND BANK/FINANCIAL INSTITUTION	CASH VALUE	INTEREST RATE OR INCOME	IMPUTED INCOME	ESTIMATED INCOME	VERIFIED

Do you have a car? \_\_\_\_\_ Year/Model \_\_\_\_\_ License No. \_\_\_\_\_

Have you ever lived in this development or any Housing Authority Property?  Yes  No

If yes, when \_\_\_\_\_ and where? \_\_\_\_\_

Do you have a Section 8 Voucher?  Yes  No From what Agency? \_\_\_\_\_

Have you been involved in any legal actions including arrests, adjudications, criminal, or civil actions?  Yes  No

If yes, please explain what kind of charge and what State: \_\_\_\_\_

Are you a current illegal drug abuser?  Yes  No Are you an addict of any substance?  Yes  No

Have you been convicted of the illegal manufacture or distribution of a controlled substance?  Yes  No

Have you ever been evicted from an apartment or private home during the last five years?  Yes  No

If yes, please give the name of the property management company or landlord: \_\_\_\_\_

Do you have any expected additions to your household composition in the next year?  Yes  No

You must have management approval before adding anyone to your household. Please disclose any expected additions:

### MEDICAL EXPENSES

Do you pay any out-of-pocket medical expenses?  Yes  No

HH NO.	HOSPITAL, DOCTOR, OR PHARMACY

### CHARACTER REFERENCES

If you do not have any previous rental or homeownership history, you must provide references from present or former employers, teachers, or clergy.

NAME	ADDRESS	PHONE NUMBER

### CHILDCARE/DISABLED ADULT CARE PROVIDER

Is childcare or disabled adult care necessary for you to:  work  go to school  look for work?

CHILDCARE/ADULTCARE PROVIDER NAME	ADDRESS	PHONE NUMBER

Is anyone 18 years or older living the unit a student?  Yes  No  Full-time  Part-time  
 If yes, please list name of each student and fill out attached student verification for each person listed:

Name	School	Full-time or Part-time

Do you or a family member require a unit specifically designed for a physical or mental disability?  Yes  No  
 Please list family member and medical professional we can contact for verification below:

HH No.	NAME OF MEDICAL PROFESSIONAL	ADDRESS	PHONE NUMBER

**IN CASE OF EMERGENCY NOTIFY:**

Name	Address	Phone

I/We certify that the information given to Belle Glade on this application is accurate and complete to the best of my knowledge and belief. I/We understand that to give false information for the purpose of receiving housing or housing subsidy from this or any other federally funded program is punishable under federal law and I/We could be fined up to \$10,000 or imprisoned up to five years or both for knowingly providing false information.

I/We authorize Belle Glade to make inquiries necessary for the purpose of verifying the statements made herein. In addition, I/We will notify Belle Glade, in writing, of any changes as they occur in order to maintain up to date information and accuracy.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Hotline at 800-424-8490.

_____ Head of Household	_____ Date	_____ Co-Head/Spouse	_____ Date
_____ Other Adult Household Member	_____ Date	_____ Other Adult Household Member	_____ Date
_____ Site Representative	_____ Date & Time		

## Landlord History

Please provide a **COMPLETE** listing of all landlords and/or residences.

*You must provide a minimum history of three (3) years.*

Present Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Present Landlord Name: \_\_\_\_\_  
Landlord Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone Number : (\_\_\_\_) \_\_\_\_\_ Rented from: \_\_\_\_\_ to: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Present Landlord Name: \_\_\_\_\_  
Landlord Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone Number : (\_\_\_\_) \_\_\_\_\_ Rented from: \_\_\_\_\_ to: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Present Landlord Name: \_\_\_\_\_  
Landlord Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone Number : (\_\_\_\_) \_\_\_\_\_ Rented from: \_\_\_\_\_ to: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Present Landlord Name: \_\_\_\_\_  
Landlord Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone Number : (\_\_\_\_) \_\_\_\_\_ Rented from: \_\_\_\_\_ to: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Present Landlord Name: \_\_\_\_\_  
Landlord Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone Number : (\_\_\_\_) \_\_\_\_\_ Rented from: \_\_\_\_\_ to: \_\_\_\_\_



**Have you ever lived at a residence assisted by a HOUSING AUTHORITY?**

\_\_\_\_\_yes \_\_\_\_\_no

If yes, Name of Housing Authority: \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

Additional:

Housing Authority: \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

**Have you ever lived in a unit managed by Nelson & Associates, Inc.?**

\_\_\_\_\_yes \_\_\_\_\_no

If yes, Address: \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

Additional:

Address: \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

**Have you ever lived at a residence assisted by Section 8, FHA, Tax Credit or any other rent assistance program?**

\_\_\_\_\_yes \_\_\_\_\_no

If yes, Address: \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

Additional:

Address: \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

I/We certify that I/We have read and understand the information given to Nelson & Associates, inc. for the Landlord History. I/We acknowledge that to the best of my/our knowledge we have listed all landlords and residences for **all** adults listed on the application for admission. I/We understand that omission of any Landlord or residence history requested is grounds for rejection of my/our application.

\_\_\_\_\_  
Signature of Head of Household Date

\_\_\_\_\_  
Signature of Co-Household Date

# BELLE GLADE HOUSING AUTHORITY

1204 N.W. Ave. L. Terrace  
Homestead, Florida 33033  
Phone: 561-996-2140  
Fax: 561-996-9503  
TTY: (800) 955-8771

## SEX OFFENDER CERTIFICATION

**HOUSEHOLD MEMBER NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

I do hereby certify that no members of my household are subject to sexual predator, sex offender and/or lifetime sexual predator registration. We acknowledge that this information is needed as per the Department of Housing and Urban Development regulations and the resident selection policy of this complex.

\_\_\_\_\_  
Date: \_\_\_\_\_  
Head of Household Member Signature

\_\_\_\_\_  
Date: \_\_\_\_\_  
Co-Head of Household Signature

\_\_\_\_\_  
Date: \_\_\_\_\_  
Other Adult

\_\_\_\_\_  
Date: \_\_\_\_\_  
Other Adult

### **PENALTIES FOR MISUSING THIS VERIFICATION FORM**

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, the PHA and any owner (or any employee of HUD, the PHA 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 willfully 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, the PHA 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). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).



INC.

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# Supplemental and Optional Contact Information for Applicants

**SUPPLEMENT TO APPLICATION**  
This form is to be provided to each applicant

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other:
<input type="checkbox"/> Late payment of rent	
<p><b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.</p>	
<p><b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.</p>	
<p><b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.</p>	

Check this box if you choose not to provide the contact information.

--	--

**Signature of Applicant**

**Date**

## Consent to Release Information

I/We consent to allow Belle Glade Housing Authority to request and verify the information I provided for my Application for Admission or Recertification. The verifications include, but are not limited to:

- Income Verifications, i.e. employment wages, Social security, SSI, unemployment, child support, Public Assistance.
- Landlord references, for a minimum of three years. This will include entire rental history if you have ever resided at the complex you are re-applying at or other subsidized housing.
- Police Reports, i.e. obtaining criminal information and reports from all local, county, state, and federal law enforcement agencies.
- Credit Reports, i.e. review credit report for eviction history, places of residence and outstanding balance for utility companies that may prohibit you from having service activated in your name at a new residence.

**RELEASE: I have read this information on the purposes and uses of information that is verified and/or it has been explained to me and I consent to the release of information for these purposes and uses.**

---

Signature of Head of Household                      Date

---

Signature of other Adult Applicant                      Date

**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).

### Applicant \ Tenant Summary of Family

Member No.	Last Name of Family Member	First Name of Family Member	Relationship To Head of Household	Sex	Date of Birth	SSN	Alien Registration #	Admission #	Nationality	SAVE Verification #	Citizenship (Initial and select 1 or 2 1 - Citizen 2- Other Non-Citizen	Date Verified
Head												
2												
3												
4												
5												
6												
7												
8												
9												
10												

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Instructions to Owners/Management Agents on the requirements of the following Declaration of Citizenship forms. Refer to HUD Occupancy Handbook Chapter 3 Section 3-12 B. Key Requirements of Restriction on Assistance to Non-citizens for further guidance.

1. Assistance in subsidized housing is restricted to the following:
  - U.S. Citizens or nationals; and
  - Non-citizens who have eligible immigration status.
2. All applicants for assistance must be given notice of the requirement to submit evidence of citizenship or eligible immigrations status at the time of application. The entity responsible for receiving the documentation, where possible, must arrange to provide the notice in a language that is understood by the individual if the person is not proficient in English. (See the letter to applicant and the Family Summary Sheet)
3. All family members, regardless of age, must declare their citizenship or immigration status. (See the Sample Citizenship Declaration Format)
4. *Non-citizens* (except those age 62 and older) must sign a Verification Consent Form (See Sample Verification Consent Form) and submit documentation of their status or sign a declaration that they do not claim to have eligible status. Non-citizens age 62 and older must sign a declaration of eligible immigrations status and provide a proof of age document. U.S. Citizens must sign a declaration of citizenship. Owners may establish a policy of requiring additional proof of citizenship for those declaring to be U.S. citizens or nationals.
5. A mixed family – a family with one or more ineligible family members and one or more eligible family members – may receive prorated assistance, continued assistance, or a temporary deferral of termination of assistance. (Refer to the HUD Occupancy Handbook Chapter 3 Section 3-12 O, P, and Q for the requirement that must be met for a mixed family to be eligible for assistance.)
6. Applicants who hold a non-citizen student visa are ineligible for assistance, as are any non-citizen family members living with the student. (For non-citizen students with a citizen spouse or citizen children, see HUD Occupancy Handbook Chapter 3 Section 3-12 R. 2)

**INSTRUCTIONS:** Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

\_\_\_\_\_ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this line is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below. Do not sign the child's name.

\_\_\_\_\_ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

**NOTE:** If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

a. Verification Consent Format (form is attached).

AND

b. One of the following documents:

- (1) Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens).
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
  - (a) "Admitted as Refugee Pursuant to section 207";
  - (b) "Section 208" or "Asylum";
  - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
  - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
  - (a) A final court decision granting asylum (but only if no appeal is taken);
  - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
  - (c) A court decision granting withholding or deportation; or
  - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) Form I-688, *Temporary Resident Card*, which must be annotated "Section 245A" or "Section 210."
- (5) Form I-688B, *Employment Authorization Card*, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."
- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (7) Form I-151 Alien Registration Receipt Card.



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If this line is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below. If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of other Adult Applicant

\_\_\_\_\_  
Date

**REQUEST FOR EXTENSION**

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check if adult signed for a child: \_\_\_\_\_

\_\_\_\_\_ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of other Adult Applicant

\_\_\_\_\_  
Date



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## Verification Consent Form

INSTRUCTIONS: Complete this format for each non-citizen family member who declared eligible immigration status on the Citizenship Declaration Format. If this format is being completed on behalf of a child, it must be signed by the adult responsible for the child.

### CONSENT

I, \_\_\_\_\_ hereby consent to the following:  
(print or type first name, middle initial, last name)

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it to the following:
  - a. HUD, as required by HUD; and
  - b. The DHS for purposes of verification of the immigration status of the individual.

### NOTIFICATION TO FAMILY:

Evidence of eligible immigration status shall be released only to the DHS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the DHS.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of other Adult Applicant

\_\_\_\_\_  
Date



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Applicant/Resident Name \_\_\_\_\_  
 Development Name \_\_\_\_\_  
 Unit Number/Identification \_\_\_\_\_

*Child support payments that are received shall be included as income whether or not there is yet a court order awarding payment.*

*Child support amounts awarded by the courts but not received can be excluded only when the applicant/resident certifies that payments are not being made and further documents that all reasonable legal actions to collect amounts due, including filing with the appropriate courts or agencies responsible for enforcing payment, have been taken.*

*As part of the qualification process required by federal and/or state housing programs with jurisdiction over this development the following information is needed:*

<p><b>A. Do you receive child support?</b></p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Go to B	Go to C.1
<p><b>B. I receive:</b></p> <p>1. Payment amount \$ _____</p> <p>2. Frequency _____</p> <p>3. Children's names _____</p> <p>4. Name of source _____</p> <p style="text-align: center;"><i>Complete multiple affidavit forms if there are multiple sources.</i></p> <p>5. Go to C.1</p>		
<p><b>C. 1. Have you been awarded child support by court order?</b></p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Go to C.2	Sign Form
<p>2. Provide copy of entire document, enter amount of award \$ _____, and frequency _____; go to C.3.</p>		
<p><b>3. Is payment being received as awarded?</b></p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Go to 3.a	Go to 3.b
<p><b>a. Indicate the manner by which payment is received and sign form.</b></p> <p>i. _____ Enforcement agency <span style="margin-left: 20px;">Name agency _____</span>  <i>and provide agency print out</i></p> <p>ii. _____ Court of Law <span style="margin-left: 20px;">Name court _____</span></p> <p>iii. _____ Direct from responsible party <span style="margin-left: 20px;">Name source _____</span>  <i>and provide affidavit or statement from the source.</i></p> <p>iv. _____ Other (Explain) _____</p>		
<p><b>b. If payment not received or if amount received is less than amount awarded provide details and documentation of collection efforts.</b></p>		
<p>Under penalty of perjury, I certify that the information presented in this affidavit is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.</p>		
Applicant/Resident Signature	Date	

**ATTACHMENT 6-I**

**ELIGIBILITY, INCOME, AND DEDUCTION CHECKLIST**

Head of household and/or the co-head should complete.

**LIST ALL HOUSEHOLD MEMBERS:**

<u>Name (Last, First, M.I.)</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Sex</u>	<u>Social Security #</u>
_____	_____	__/__/__	___	_____
_____	_____	__/__/__	___	_____
_____	_____	__/__/__	___	_____
_____	_____	__/__/__	___	_____
_____	_____	__/__/__	___	_____
_____	_____	__/__/__	___	_____
_____	_____	__/__/__	___	_____
_____	_____	__/__/__	___	_____

<b>ELIGIBILITY:</b>	<b>YES</b>	<b>NO</b>
1. I have a household member who is absent from the home due to:		
Employment		
Military service		
Placement in foster care		
Temporarily in nursing home or hospital		
Permanently confined to nursing home		
Away at school		
Other		
2. I have a live-in attendant		
3. Expected changes in household:		
Baby due on _____		
Adopting a child(ren) on _____		
Obtaining custody of a child(ren) on _____		
Obtaining joint custody of a child(ren) on _____		
Receiving a foster child(ren) on _____		

**INCOME, ASSET, AND DEDUCTIONS**

A. Income:	YES	NO
1. Are you or any other members of the household currently receiving income from any of the following sources?		
Wages/salaries		
Wages earned through a government program such as Senior Aides, Older American Community Service Employment Program, AmeriCorps If yes, which program:		
Tips, bonuses, or commissions		
Overtime pay		
Income from operation of a business		
Social Security		
Disability / SSI		
Death Benefits		
Pension / retirement funds		
Annuities or non-revocable trust		
Unemployment		
Military pay		
Workman's Compensation		
Public assistance / TANF		
Alimony		
Child Support		
Income from rent or sale of property		
Periodic payment from lottery winnings		
Regular recurring contributions from persons or agencies outside of household		
Insurance policies		
Severance pay		
Other		
2. Are there any adult members of the household (18 years of age or older) receiving income not listed above?		
If yes, specify the source of the income		

B. Assets:	YES	NO
1. Do you or any other members of the household have any of		
The following:		
Checking accounts – average balance last 6 months		
Savings accounts –current balance		
Certificates of deposit		
Money market funds		
IRA/Keogh account		
Stocks		
Bonds		
Treasury bills		
Trust funds (do you have access to the funds?)		
If yes, is the trust irrevocable?		
Real estate		
Whole life or universal life insurance policy (term not included)		
Cash held in safety deposit boxes or home		
Assets held in another state or foreign country		
Other		
2. Have you or any other members of the household received any		
lump sum payments, such as:		
Inheritance		
Lottery winnings		
Insurance settlements		
Other		
3. Have you or any other household members disposed of any asset(s)		
for less than fair market value in the past two (2) years?		
4. Do you or any other household members have any assets that are		
held jointly with another person?		

C. Deductions:	YES	NO
1. Are there any fulltime students 18 years of age or older in the household?		
2. Does any household member qualify for elderly deduction (age 62 or older or a person with disabilities)?		
3. Do you have medical expenses that are not paid for by an outside source such as insurance (applicable to elderly/disabled)?		
4. Do you have disability expenses that are not paid for by an outside source?		
If yes, is this service necessary to enable a household member (including the member with a disability) to be employed?		
5. Do you have attendant care expenses?		
If yes, is this service necessary to enable a household member (including the member with a disability) to be employed?		
6. Do you currently pay for childcare services for any children under the age of 13 residing in your household?		
If yes, is this service necessary in order for you to be employed or to attend school?		
If yes, are any of these expenses reimbursed by an outside source?		

# DISPOSAL OF ASSETS VERIFICATION

Client \_\_\_\_\_

SSN \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

1. Has any member of your household sold or otherwise disposed of any asset during the past two (2) years?  Yes  No

2. If no, do not complete this form.

If yes, was this asset disposed of due to foreclosure, bankruptcy, divorce or separation settlement?

Yes  No

3. If the answer to No.2 is yes, do not complete this form.

If the answer to No.1 is yes, and the answer to No.2 is no, please continue:

a. Describe the asset: \_\_\_\_\_

b. The fair market value of this asset was: \$ \_\_\_\_\_  
(attach copy of most recent tax bill and/or real estate comparability study)

c. The fair market value of this asset was determined by: \_\_\_\_\_

d. This asset was sold or disposed of for: \$ \_\_\_\_\_

e. The documentation providing proof of the amount of sale is: \_\_\_\_\_  
(attach support documentation)

\*\*\*\*\*

*For office use only:*

Calculation of disposed asset:

A. Enter the amount of line 3b here: \$ \_\_\_\_\_

B. Enter the amount of line 3d here: \$ \_\_\_\_\_

C. Total disposed asset "x" 2% "x" \_\_\_\_\_  
(Current HUD passbook rate)

Total of line C equals the total income from the asset disposed of for less than fair market value.

Applicant/Resident Signature \_\_\_\_\_

Date \_\_\_\_\_

### PENALTIES FOR MISUSING THIS VERIFICATION FORM

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, the PHA and any owner (or any employee of HUD, the PHA 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 willfully 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, the PHA 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). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

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**Acknowledgement of Non Section 8 Residency at Move In**

By signing below I acknowledge that I have provided accurate landlord history at the time of application. I also acknowledge that I am currently not a resident of any other Section 8 property at the time of my move in at Belle Glade Housing Authority.

I also acknowledge that if I have submitted any false information regarding my residency or move-out date, and I am found to be in double subsidy at the time of my move in, I am responsible for paying market rent until such time as my move out has been confirmed and released in TRACS by my former residence. This has been explained to me by a representative of Belle Glade Housing Authority.

\_\_\_\_\_ Date: \_\_\_\_\_  
Head of Household Member Signature

\_\_\_\_\_ Date: \_\_\_\_\_  
Co-Head of Household Signature

\_\_\_\_\_ Date: \_\_\_\_\_  
Other Adult

\_\_\_\_\_ Date: \_\_\_\_\_  
Other Adult

**PENALTIES FOR MISUSING THIS VERIFICATION FORM**

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United States Department of Agriculture  
Rural Housing Service

EMPLOYMENT AND ASSET CERTIFICATION

EMPLOYMENT CERTIFICATION

Check the appropriate blocks and account for all adult household members by listing their or your name under the applicable statement:

I hereby certify that the following adult household members are not presently employed and do not intend to resume employment in the foreseeable future:

\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the following adult household members are not presently employed but are actively seeking employment. I agree to notify RHS immediately when they become reemployed:

\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the following adult household members are currently employed. I agree to notify RHS should their employment status change:

\_\_\_\_\_  
\_\_\_\_\_

ASSET CERTIFICATION

Check the appropriate blocks and account for all household member's (adults and children) assets, which include but are not limited to savings accounts, stocks, bonds, Treasury bills, savings certifications, money market funds, investment accounts, equity in real property, revocable trust funds that are available to the household, lump-sum receipts, personal property held as an investment, cash value of life insurance policies, and amounts in voluntary retirement plans that can be withdrawn:

I hereby certify that our household's combined net assets  do or  do not exceed \$5,000 and that all assets were listed on Form RD 410-4, "Uniform Residential Loan Application."

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0172. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

I hereby certify that within the past two years, I  have or  have not disposed of assets for less than the fair market value through a sale or a gift. If "have" is marked, provide the following pertinent information.

Asset	Disposition Date	Value of Asset	Amount Received
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_  
 APPLICANT

\_\_\_\_\_  
 Date:

\_\_\_\_\_  
 APPLICANT

\_\_\_\_\_  
 Date:

\_\_\_\_\_  
 APPLICANT

\_\_\_\_\_  
 Date:

SECTION 1001 OF TITLE 18, UNITED STATES CODE PROVIDES: "WHOEVER, IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES KNOWINGLY AND WILLFULLY FALSIFIES, CONCEALS OR COVERS UP BY ANY TRICK, SCHEME, OR DEVICE A MATERIAL FACT, OR MAKES ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENTS OR REPRESENTATIONS, OR MAKES OR USES ANY FALSE WRITING OR DOCUMENT KNOWING THE SAME TO CONTAIN ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENT OR ENTRY, SHALL BE FINED UNDER THIS TITLE OR IMPRISONED NOT MORE THAN FIVE YEARS, OR BOTH."

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1204 N W AVENUE L TERRACE BELLE GLADE, FL. 33430-0577
TELEPHONE (561) 996-2140 FAX (561) 996-9503

Credit/Background History Certification

PURPOSE: A form must be completed by all households applying for admission into any housing program administered by NELSON & ASSOCIATES, INC., MANAGEMENT AGENT. Each member must be 18 years or older and must complete a separate form.

I UNDERSTAND THAT GIVING FALSE STATEMENT CAN LEAD TO DISAPPROVAL OF ADMISSION TO A FEDERALLY FUNDED HOUSING ASSISTANCE PROGRAM. FURTHERMORE, I UNDERSTAND GIVING FALSE STATEMENT IS PUNISHABLED UNDER SECTION 1001 OF TITLE 18 OF THE U.S. CODE WHICH MAKES IT A CRIMINAL OFFENSE TO MAKE FALSE STATEMENTS OR MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE U.S. AND TO ANY MATTER WITHIN ITS JURISDICTION.

I, \_\_\_\_\_, certify that I am a ( ) Male/ ( ) Female, 18 years or older and that I reside at:

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Race: (Circle one) African American Asian Caucasian American Indian Hispanic

Have you ever been arrested or convicted of a felony? Yes No

Have you ever been arrested or convicted of a drug sale? Yes No

Have you ever been a registered sex offender? Yes No

If you answer "Yes" to any of the above questions, please provide the following:

Charged: \_\_\_\_\_

Date of Charge: \_\_\_\_\_

Are you currently on probation? Yes No

I HAVE READ AND UNDERSTAND ALL OF THE ABOVE STATEMENTS AND THAT ALL INFORMATION AND STATEMENTS PROVIDED ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I HEREBY AUTHORIZED NELSON & ASSOCIATES, INC., MANAGEMENT AGENT TO DO A CRIMINAL AND CREDIT CHECK. IF THE REPORT SHOWS THAT I HAVE A FELONY ON RECORD AND/OR I HAVE A POOR CREDIT HISTORY, NELSON & ASSOCIATES, INC., MANAGEMENT AGENT CAN REJECT MY ADMISSION TO THE PROGRAM.

Signature \_\_\_\_\_

Date \_\_\_\_\_



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