



PART A: HOUSEHOLD COMPOSITION AND CHARACTERISTIC Housing Choice Voucher Program

Legal Name of Head of Household: _____

Address of Residence: _____ City: _____ Zip: _____

Mailing address: _____ City: _____ Zip: _____

Phone: Home _____ Work _____ Cell _____

(APPLICANTS ONLY)

Current Landlord’s Name: _____ Phone: _____

Landlord’s Address _____

Monthly Rent \$ _____ # of Bedrooms _____ # of Persons in Household _____

(APPLICANTS ONLY)

Previous Address _____

Landlord’s Name: _____ Phone: _____

Landlord’s Address _____

Reason for Leaving _____

Personal Declaration
This form must be completed in your own handwriting. You must use the correct legal name for each member of your household as it appears on the Social Security Card. All adult members of the household must sign below certifying the information pertaining to them. Please Print.

LIST ALL HOUSEHOLD MEMBERS WHO WILL BE LIVING IN THE UNIT

Family Members (Everyone in household)	Relation to HEAD	Social Security #	Age	Sex	Date of Birth	Occupation/School
	HEAD OF HOUSEHOLD					

Do you anticipate any change in your family size in the next 12 months? Yes _____ No _____

If yes, explain changes below: _____

Marital Status of Head of Household: _____ Single _____ Married _____ Separated _____ Divorced.

If married, attach copy of marriage license. Or, attach Divorce Decree/Final Dissolution of Marriage.

GENERAL INFORMATION

- 1) Have you or any other adult members ever used any name(s) or Social Security number(s) other than the one you are currently using? Yes _____ No _____ If yes, explain below: _____
- 2) Does anyone other than an adult who live in the home share custody of any of the children listed? Yes _____ No _____ If yes, who? _____

- 3) Are any family members temporarily absent from the home? Yes ____ No ____ If yes, state the reason they are absent. _____
- 4) **Full Time Students:** List information for any household member age 18 and older who is attending school full-time. **Provide a recent letter from the school verifying enrollment. (Report cards and registration or enrollment forms are not verification. (Letter must indicate full-time status.)**

Household member _____ **Hours per week:** _____

School Name: _____ Address: _____

City: _____ Zip: _____ Telephone: _____

Date First Enrolled: _____ Anticipated Date of Graduation: _____

Letter from School Attached? Yes _____ No _____

Household member _____ **Hours per week:** _____

School Name: _____ Address: _____

City: _____ Zip: _____ Telephone: _____

Date First Enrolled: _____ Anticipated Date of Graduation: _____

Letter from School Attached? Yes _____ No _____

PART B: DRUG/CRIMINAL ACTIVITY

Federal regulations require housing agencies to question applicants and participants concerning drug-related or violent criminal activities. Criminal activity not disclosed upon application is grounds for denial or termination of housing assistance.

1. Have you or any household member ever been charged, arrested or convicted for any criminal, other than a minor traffic offense, including drug related activity? Yes ____ No ____
- If yes, Household Member _____ Date: _____ Reason: _____
- Household Member _____ Date: _____ Reason: _____
- Household Member _____ Date: _____ Reason: _____
2. Have you or any household member ever been convicted of the manufacture or production of methamphetamine (speed) on the premises of assisted housing? Yes ____ No ____
3. Are you or any household member subject to lifetime registration as a sex offender? Yes ____ No ____
- If yes, provide the following: Name of Household member _____

PART C: RENTAL/HOUSING HISTORY

1. Has any household member previously received housing assistance or participated in any other Housing Authority? If yes, which Housing Authority? _____

Dates of participation: _____ Was assistance terminated? Yes ____ No ____

2. Have you or any other household member ever had an eviction filed against them? Yes ____ No ____

3. Do you or any other household member owe money to a Housing Authority or Private Landlord? Yes ____ No ____ If so, how much? \$ _____

PART D: INCOME INFORMATION

1. Are any household members self-employed, work full-time, part-time or seasonally? Yes ____ No ____

Provide the wages below, including tips, bonuses, and commissions. Attach last 4 paystubs.

Household Member	Amount	Frequency	Employer/Payer Address and Telephone	Payment Method (Cash/Paycheck)

2. Does any household member receive benefits, such as, unemployment, worker compensation, or severance pay? Yes ____ No ____

Household Member	Benefit Type	Amount

3. Does any household member receive child support from the absent parent? Yes _____ No _____

If yes, attach a copy of the Court Order and child support payment history printout. If party pays you directly, please provide a notarized letter from that party. If party pays expenses for your child such as clothing, daycare or food, provide a notarized letter from that party estimating their monthly donation to the child(ren).

Minor's Name	Name of Absent Parent: Case Number:	Child Support Amount: \$ (monthly/weekly/biweekly)
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4. Does any household member receive alimony? Yes _____ No _____

Household Member	Amount	Former Spouse Name

5. Does any household member receive cash, food stamps, or Medicaid assistance? Yes _____ No _____
Attach printout of benefit amount from <http://www.myflorida.com/accessflorida>

Household Member	Amount

6. Does any household member receive Social Security or Supplemental Security Income? Yes _____ No _____
Attach a copy of each most recent award letter to this application and provide the following:

Household Member	Benefit Type (SSA or SSI)	Amount

7. Does any household member receive income from a pension or annuity? Yes _____ No _____
Attach most recent benefit letter from Agency/Company.

Household Member	Amount	Frequency	Agency/Company/Address

8. Does any household member receive regular cash or (in-kind) contributions from individuals not living in the unit? Yes _____ No _____ **If yes, please attach a notarized statement from the payer.**

Household Member	Amount	Frequency	Payer Name/Address/Phone #

9. Did any household member file a Federal Income Tax return in the past two years? Yes _____ No _____
If yes, attach a copy of past two years the tax return(s) with W-2 (s)
Household members who file Income Tax Returns: _____

PART E: ASSETS

1. Does any household member receive income from assets including interest on checking or savings accounts, interest from certificates of deposits, dividends from stocks or bonds, or income from rental property? Yes _____ No _____

Attach the last 3 months checking account and/or savings account statements and/or the last monthly or quarterly statement of investment earnings.

Household Member	Bank Name / Address	Type of Account	Current Cash Value

2. Do you or any household member own or have any interest in any real estate, mobile home, or personal property held as an investment (such as gems, jewelry, coin collections, antique cars, boats, etc.)?
Yes ____ No ____ **If yes, provide: Household member:** _____ **Asset:** _____

3. Has any household member sold or disposed of any asset in the past two years for less than fair market value (real estate, mobile home, and/or land)? Yes ____ No ____
If yes, please describe: _____

4. Does any household member have a Whole Life or Universal Life insurance policy with a pre-death cash value? Yes ____ No ____.

Attach a copy of the life insurance policy to include the Cash Value page and provide the following:

Household Member	Insurance Agency / Address	Policy Number	Current Cash Value

PART F: EXPENSES

1. Does any household member have expenses for childcare of a child age 12 or younger? Yes ____ No ____
If yes, attach recent receipts/contract or letter from provider on company letterhead or notarized statement from an individual.

Minor’s Name:	Childcare Provider: Address:	Telephone:	Monthly Cost to You: \$
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2. Is any portion of your childcare expenses reimbursed from an outside agency or person?
Yes ____ No ____ if yes, provide name _____

3. Indicate the dollar monthly expenditures for your household. Attach copies of all recent statements/agreements or receipts.

Rent \$	Telephone \$	Medical \$	Credit Card \$
Electric \$	Car Payment \$	Cable \$	Credit Card \$
Gas \$	Car Insurance \$	Insurance \$	Loan \$
Water \$	Fuel \$	Rentals \$	Food \$
Misc \$	Childcare \$	Other (specify)\$	
TOTAL EXPENSES \$ vs. TOTAL MONTHLY INCOME =			

PART G: ELDERLY OR DISABLED FAMILIES ONLY

Complete the following questions if the Head of Household, Spouse, or Co-head is either 62 years of age or older or a person with a disability who is 18 years of age or older.

1. Do you pay for a care attendant or for any equipment for any household member (s) with a disability that is necessary to permit that person or someone in the household to work? Yes ____ No ____

Care Attendant Name	Address / Telephone	Monthly Cost
Medical Equipment	Supplier	Monthly Cost

2. Do you pay for any other kind of medical insurance? Yes_____ No_____

Household Member	Insurance Provider	Policy Number	Monthly Premium

3. Do you have any outstanding medical bills that you are paying? Yes_____ No_____

Attach a statement of amount due and record of past payments from all Providers.

Household Member	Name of Provider	Monthly Amount

4. Do you pay out-of-pocket for prescription drugs? Yes____ No_____

Attach a printout from each Pharmacy going back one full year from current date.

Household Member	Name of Pharmacy	Monthly Amount

PART H: CERTIFICATIONS

Please let DBHA staff know if you need any assistance in understanding the following notice or Certified Statement:

IMPORTANT NOTICE: Chapter 409.325 of the Florida Statutes makes it a crime, punishable by fine from \$5000 to \$50,000, or by imprisonment for up to five (5) years, or both, if a housing applicant or tenant deliberately makes false statements about his or her income, or fails to disclose a material fact affecting income and rent.

If you as an applicant or program participant, knowingly give the Deerfield Beach Housing Authority false information about your income, or fail to report changes in your family household or income in person **within 10 days of a change** you may be charged with fraud under Chapter 409.325 and/or Section 1001 of Title 18 of the United States Code.

If as a result of committing fraud, withholding information, or making a misrepresentation to the DBHA you receive rental assistance or lower rent to which you are not entitled, you will be responsible for making restitution (repayment) in full to the DBHA and will be subject to local/state and federal prosecution. This could also result in fines, imprisonment or both as well as the loss of your eligibility for any Federal Housing Programs.

CERTIFIED STATEMENT: The information requested on this form is being collected in connection with regulations of the Deerfield Beach Housing Authority, authorized by the United States Department of Housing and Urban Development (HUD) to determine a client’s eligibility or continued occupancy; apartment size; and the amount of contribution by the client(s). It will be used to provide the basis for managing the program(s), and for verifying the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies; when relevant, to civil, criminal, or regulatory investigators or prosecutors. Failure to provide any information may result in a delay, or termination of continued housing assistance, or subsequent determination that initially approved eligibility was erroneous. Any attempt to obtain any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime under 18USC1001 / 18USC666 and/or FL 419.39.

APPLICANT(S)/TENANT(S) STATEMENT:

I/WE do hereby affirm and attest that all of the information above about me and my household are true and correct. I understand that the DBHA requires me/us to report in **WRITING** within ten (10) business days of the date of any changes to my/our (but not limited to) income, marital status, job, and/or family size that occur any time during the year.

Signature of Head of Household

Date

Signature of Spouse or Other Adult

Date

Signature of Other Adult

Date

Signature of Other Adult

Date

DBHA Representative

Date

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 Deerfield Beach Housing Authority at 954-428-0678.

Items to Bring to the Interview, if applicable:

PLEASE PROVIDE US WITH ORIGINAL DOCUMENTS (NO PHOTOCOPIES)

1. ***Earned Income:*** For every member of your family who works, bring in the following information:

- Name, address, telephone number of the employer
- Current rate of regular pay, overtime pay, and the average number of hours worked per week (provide paystubs which were paid for the last 12 weeks).
- Information about any changes you anticipate in your pay or the number of hours worked during the next twelve months.
- Other type of income you may receive, such as tips, commissions, bonuses, gross earnings from paid time off, profit-sharing programs, rental income, etc. (verify amounts received for the two years proceeding admission or re-examination).
- Business Income – Provide IRS Form 1040 including Schedules C, E, or F and any audited or unaudited financial statements.

2. ***Benefit and Support Income:*** If any member of your family receives any of the following types of income, verify information about the total amount received:

- Unemployment Compensation
- Social Security/Supplemental Social Security (including future changes including periodic amounts)
- Disability Income (short-term/long-term)
- Alimony (court-ordered amount)
- Child Support (court-ordered amount or actual amount received from the Department of Revenue or the County Clerk of Courts)
- Public Assistance (e.g., Supplemental Nutritional Assistance Program, Relative Care Giver, Temporary Assistance for Needy Families, Low-Income Home Energy Assistance Program)
- Regular contribution from family members or friend (monetary and nonmonetary)
- Veterans or Military Benefits

3. ***Amounts in Savings and Checking Accounts:*** (including regular savings, money market, passbook accounts, etc.). Bring the account numbers and balances for every account (provide three (3) current and consecutive bank statements for every account).

4. ***Retirement Accounts (including 401K, 457 Government, Keogh, Simplified Employee Pension (SEP), Roth IRA, Thrift Savings Plan (TSP), etc.):***

The type of original document that will be accepted depends upon the family member's retirement status:

- Before retirement, the family should bring verification with a date that is no earlier than 6 months from the effective date of the examination.
- Upon retirement, the family should provide with an original document reflecting any distributions, lump sums taken and any regular payments (verify family contributions).
- After retirement, the family should bring verification dated no earlier than 12 months before the effective date of the examination.

5. ***Real Estate You Own:*** Bring in the Deed of Trust. If you rent out the property, provide us with a copy of the executed lease, certification from the current tenant and information of what expenses you have to pay for the property (bring in the most recent IRS 1040 form with Schedule E. If Schedule E is unavailable, a self-certification is required).

- ***Stocks, Bonds, Savings Certificates, Mutual Funds, Trusts:*** Bring in the most recent investment report.
- ***Life Insurance Policies with Cash Value:*** (Whole Life or Universal Life policies) Bring name of the company, policy number and the company phone number. Provide document showing surrender value, dividends or interest earned.
- ***Educational Grants and Scholarships:*** If any family member receives an educational grant or scholarship, bring in the financial aid award letter from the educational institution (award letter must reflect current school year).
- ***Assets sold or disposed of:***
- If a family sold any asset in the following two years bring in a probe of sale or HUD Settlement Statement
- Must certify whether any asset has been disposed of for less than fair market value in the preceding two years (Self-certification is accepted).

6. ***Information about Family Members***

- ***Identity:*** Verify legal identity of every eligible participant.
- ***Citizenship:*** US citizens and Nationals must verify status (birth certificate, US passport, Certificate of Naturalization). Eligible noncitizens must provide us with an alien number or I-94 number
- ***Social Security Numbers:*** Verify SSN by providing SSA card, SSA-issued document, or any document issued by the federal, state, or local government.
- ***Age:*** Please bring in prove of age (birth certificate, driver's license, identity card).
- ***Full-time Adult Students:*** Bring in proof of enrollment and registration.
- ***Criminal Background is required of all applicants and Portable Families.***

7. ***Expenses***

- ***Child Care Expenses:*** To care for children under the age of 12 and younger which enable a family member to work, seek employment, or further education. (Must be unreimbursed expenses).
- ***Medical Expenses:*** Include, but not limited to, pharmacy printouts or receipts, hospital, doctor, dental bills or receipts, medical insurance premiums, or any medical expenses not covered by a third party.
- ***Disability Assistance Expenses:*** Third-party verification form signed by the care attendant or expenses for auxiliary apparatus (to care for disabled family member while another family member works).
- ***Utility Expenses:*** Verify tenant-paid electricity, water, sewer and trash.

STATEMENT OF FAMILY OBLIGATIONS
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Following is a listing of a participant family's obligations under the HCV program:

- The family must supply any information that the PHA or HUD determines to be necessary, including submission of required evidence of citizenship or eligible immigration status.
- The family must report any changes within 10 business days of any changes to income (decrease or increase), marital status and any changes in your employment status.
- The family must supply any information requested by the PHA or HUD for use in a regularly scheduled reexamination or interim reexamination of family income and composition.
- The family must disclose and verify social security numbers and sign and submit consent forms for obtaining information.
- Any information supplied by the family must be true and complete.
- The family is responsible for any Housing Quality Standards (HQS) breach by the family caused by failure to pay tenant-provided utilities or appliances, or damages to the dwelling unit or premises beyond normal wear and tear caused by any member of the household or guest.
- The family must allow the PHA to inspect the unit at reasonable times and after reasonable notice.
- The family must not commit any serious or repeated violation of the lease.
- The family must notify the PHA and the owner before moving out of the unit or terminating the lease.
- The family must promptly give the PHA a copy of any owner eviction notice.
- The family must use the assisted unit for residence by the family. The unit must be the family's only residence.
- The composition of the assisted family residing in the unit must be approved by the PHA. The family must promptly notify the PHA in writing of the birth, adoption, or court-awarded custody of a child. The family must request PHA approval to add any other family member as an occupant of the unit.
- The family must promptly notify the PHA in writing if any family member no longer lives in the unit.
- If the PHA has given approval, a foster child or a live-in aide may reside in the unit. The PHA has the discretion to adopt reasonable policies concerning residency by a foster child or a live-in aide, and to define when PHA consent may be given or denied. For policies related to the request and approval/disapproval of foster children, foster adults, and live-in aides.
- The family must not sublease the unit, assign the lease, or transfer the unit.
- The family must supply any information requested by the PHA to verify that the family is living in the unit or information related to family absence from the unit.
- The family must promptly notify the PHA when the family is absent from the unit.
- The family must pay utility bills and provide and maintain any appliances that the owner is not required to provide under the lease.
- The family must not own or have any interest in the unit, (other than in a cooperative and owners of a manufactured home leasing a manufactured home space).
- Family members must not commit fraud, bribery, or any other corrupt or criminal act in connection with the program.

- Family members must not engage in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.
- Members of the household must not engage in abuse or alcohol in a way that threatens the health, safety or right of peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises.
- An assisted family or member of the family must not receive HCV program assistance while receiving another housing subsidy, for the same unit or a different unit under any other federal, state or local housing assistance program.
- A family must not receive HCV program assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

Signature of Head of Household

Date

Signature of Spouse or Other Adult

Date

Signature of Other Adult

Date

Signature of Other Adult

Date

DBHA Representative

Date

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 Deerfield Beach Housing Authority at 954-428-0678.

Don't risk your changes for Federally assisted housing by providing false, incomplete, or inaccurate information on your application and recertification forms.

THINGS YOU SHOULD KNOW



Purpose:

This is to inform you that there is certain information that you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

Penalties for Committing Fraud:

The United States Department of Housing and Urban Development (HUD) places high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to 5 years.
- Prohibited from receiving future assistance.

Your State and local governments may have other laws and penalties as well.

Asking Questions:

When you sit down with the person who fills out your application, you should know what is expected of you. If you do not understand something, say so. That person can answer your question or find out what the answer is.

Completing the Application:

When you give your answers to application questions, you must include the following information:

- | | |
|--|---|
| | <ul style="list-style-type: none">• All sources of money you and any member of your family receives (wages, welfare payments, alimony, social security, pension, etc.)• Any money you receive on behalf of your children (child support, social security for children, etc.) |
| Income | <ul style="list-style-type: none">• Income from assets (interest from savings account, credit union, or certificate of deposit; dividends from stocks etc.)• Earnings from the second job or part time job. |
| Assets | <ul style="list-style-type: none">• Any anticipated income (such as a bonus or pay raise you expect to receive.)• All bank accounts, savings bonds, certificates of deposit, stocks, real estates, etc. that is owned by you and any adult member of your family/household who will be living with you.• Any business or asset you sold in the past 2 years for less than its full value, such as your home to your children. |
| Family/
Household
Members | <ul style="list-style-type: none">• The names of all the people (adults and children) who will actually be living with you, regardless of if they are related to you or not. |

Signing the Application:

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

Recertifications:

You must provide updated information once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as pay increases or benefits, change of job, loss of job, loss of benefits, etc. for all adult family/household members.
- Any family/household member who has moved in or out.
- All assets that you or your family/household members own and any asset that was sold in the last 2 years for less than its full value.

Beware of Fraud:

You should be aware of the following fraud schemes:

- Do not pay any money to file and application.
- Do not pay any money to move up on the waiting list.
- Do not pay for anything not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are require to pay any money other than rent (such as maintenance charges)

Reporting Abuse

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your project of PHA. If you cannot report to the manager, call the local HUD office or the HUD Hotline at (202) 472-4200. This is not a toll free number. You can also write to the HUD HOTLINE, 451 Seventh Street S.W., Room 8254, Washington D.C. 20410.

<div>_____</div> <div>Head of Household</div>	<div>_____</div> <div>Date</div>
<div>_____</div> <div>Other Adult</div>	<div>_____</div> <div>Date</div>
<div>_____</div> <div>Other Adult</div>	<div>_____</div> <div>Date</div>
<div>_____</div> <div>Other Adult</div>	<div>_____</div> <div>Date</div>

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 Deerfield Beach Housing Authorityat 954-428-0678.