

Affordable (Public) Housing _____
 Westover Apartments _____

Palatka Housing Authority
 P.O. Box 1277
 Palatka, FL 32178-1277

PHA USE ONLY:

Date / Time of application: _____

PRE-APPLICATION FOR AFFORDABLE (LOW-INCOME PUBLIC) HOUSING

1. Name of Head of Household: _____
2. Name of Adult Co-Head of Household: _____
3. Current Physical Address: _____ City, State, Zip _____
 Current Mailing Address: _____ City, State, Zip _____
 Current Phone # (_____) _____ Email Address: _____

Please be aware that the Palatka Housing Authority uses Preferences. In order for your application to be considered and placed properly on the Waiting List you **MUST** complete the entire application and do not skip any parts.

For Statistical Purposes Only

4. Race of **Head** of Household: ___ African American/Black ___ Asian or Pacific Islander
 ___ Native America/Alaskan Native ___ Caucasian/White
5. Ethnicity of Head of Household: ___ Hispanic/Latino ___ Non-Hispanic/Non-

FAMILY INFORMATION

(Name) Last, First & Middle Initial	Date of Birth (MM/DD/Year)	Sex (M/F)	Social Security Number	Relation to Head of Household	Disabled Person (Y/N)	Birthplace City & State	Full Time Student (Y/N)	Military Veteran (Y/N)
				Head				

(List relation to Head as spouse, co-head, other adult, son, daughter, foster, mother, father, sister, brother, niece, nephew, aunt, uncle, etc.)

6. Is the applicant family currently displaced by a declared Natural Disaster, such as flood, hurricane, earthquake, tornado, other? ___ Yes ___ No (If yes, circle which Disaster) Date: _____
7. Is the applicant family currently displaced by domestic violence? ___ Yes ___ No (If yes, request/complete a Certification Form or provide documentation)
8. Does the applicant family require accessible accommodations to accommodate a disability? ___ Yes ___ No
9. Has anyone in the household ever lived in government-subsidized housing or participated in a government-subsidized program? ___ Yes ___ No Name of household member: _____
 Date of participation: From _____ to _____
 Name of Housing Agency or development site/landlord: _____
 Address: _____
 Do you owe money to any government-subsidized agency or management company? ___ Yes ___ No

10. Is any member of the household a lifetime registered sex offender? _____ Yes _____ No
11. Have you or any member of the household be charged/convicted of a felony offense in the last 7 years?
 _____ Yes _____ No Date/Offense: _____
12. Is any family member employed? ___ Yes ___ No
 Start Date: _____ Number of hours work in a week? _____ (list wages below)
 Employer Name: _____
 Employer Address: _____

FAMILY INCOME INFORMATION: Please list the source and amount of all current income received by all family members, including yourself. Include all earnings and benefits received from AFDC/TANF, VA, Social Security, Unemployment, Worker's Compensation, Pension, Child Support, Wages, etc.

Name of Family Member	Income Source	Amount Received	Frequency
		\$	__Weekly __Bi-Weekly __Monthly __Yearly
		\$	__Weekly __Bi-Weekly __Monthly __Yearly
		\$	__Weekly __Bi-Weekly __Monthly __Yearly
		\$	__Weekly __Bi-Weekly __Monthly __Yearly

13. Are you currently homeless? ___ Yes ___ No (Check yes if you live in a place not meant for human habitation, a safe haven, or in an emergency shelter; or if you lack a fixed, regular and adequate nighttime residence; or you are fleeing or attempting to flee domestic violence or other life-threatening conditions)
 Date you became homeless: _____
14. Name of current landlord and phone number: _____
 Date family moved to this location: _____
- Prior address, street, apartment number _____
 City, State and Zip _____
 Landlord Name and Phone number: _____
 Date lived at this address: From _____ To: _____

I/we certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified. I/we authorize the release of information to the Housing Authority by my/our employer(s), the Department of Public Assistance, the Social Security Administration, and/or other business or government agencies. I/we understand that any false statements made on this application will cause me/us to be disqualified for admission.

 Applicant Signature Date

 Co-applicant Signature Date

Warning: 18 U.S.C. § 1001 and Florida Statute § 421.101 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five (5) years, or both.