



**HOUSING AUTHORITY OF THE CITY OF KEY WEST
MONROE COUNTY HOUSING AUTHORITY**

1400 KENNEDY DRIVE, KEY WEST, FL 33040 PHONE: (305) 296-5621, TTY: 1-800-955-8771

AFFORDABLE HOUSING APPLICATION

Applicant's/Head of Household's Name: _____

Please read carefully and check the Housing Program(s) wait list you wish to apply for. If you wish to apply for more than one wait list you may do so, however, you must be eligible for the program you have selected, as eligibility income limits differ for each. The Affordable Housing program consists of multi-family housing sites offered as vacancies occur.

___ Poinciana Plaza; Roosevelt Gardens; Patterson Ave & Third St;
Washington St; Roosevelt C. Sands, Jr. Housing Complex (**Key West**)

___ Old Town Housing: (**Scattered through Old Town**)

___ Harry L. Bethel Apts. (**Stock Island**) & **Big Coppitt Key** Residence

___ Jack T. Murray Senior Citizen Complex (Key Plaza A) – (**Key West**)
(MUST BE 62 OR OLDER TO APPLY)

___ Tropical Isle Apts. (**Marathon**)

In order to qualify for Housing, an applicant must:

- Meet the requirements on citizenship or immigration status.
- Have an annual income that does not exceed the income limits established for the individual programs.
- Have sufficient annual income to meet basic minimum household expenses (rent, utilities, etc.).
- Provide documentation of Social Security number for all family members.
- Not be subject to lifetime sex offender registration requirements, not ever been convicted of manufacturing or producing methamphetamine.
- Sign authorization forms so that eligibility requirements can be verified.
- Not have any household members who are engaged in any criminal activity that threatens the life, health, safety, or right to peaceful enjoyment of the premises by other residents, and not have any household members who are engaged in any drug-related or violent criminal activity.
- Qualify as a suitable renter after a screening of prior rental history and financial responsibility.
- Re-Pay any outstanding debt to this or any other federally subsidized program.

**Completed applications are accepted at the Administration Office, 1400 Kennedy Drive,
Monday through Friday from 8:00 a.m. to 12:00 and 1:00 p.m. to 5:00 p.m.**

Maximum Income Limits are attached



IMPORTANT INSTRUCTIONS

PLEASE READ THE FOLLOWING CAREFULLY BEFORE COMPLETING THIS APPLICATION

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 the Occupancy & Admissions Specialist.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED AND WILL BE RETURNED TO THE APPLICANT

ANSWER ALL QUESTIONS ON THE APPLICATION FORM. DO NOT LEAVE ANY QUESTIONS BLANK. IF A QUESTION DOES NOT APPLY TO YOU WRITE “NONE” OR “N/A”. ALL YES/NO QUESTIONS MUST BE CHECKED TO INDICATE WHETHER YOUR RESPONSE IS A “YES” OR “NO”.

IF YOU MAKE A MISTAKE ON YOUR APPLICATION, PLEASE FILL OUT ANOTHER. WE WILL NOT ACCEPT ANY INFORMATION CROSSED OUT OR ALTERED (NO WHITE-OUT). PLEASE MAKE SURE ALL INFORMATION IS LEGIBLE.

- Persons with disabilities or persons who are limited in their ability to read, write, speak or understand English can seek assistance with the completion of this form by calling the Occupancy & Application Specialists for an appointment. TTY 1-800-955-8771
- Use the full legal names of each person listed on the application as it appears on their social security card and ensure that you list the Social Security Number for all household members.
- If there is not enough space to answer a particular question or to provide any additional explanation that you want to make, please feel free to attach one or more pages to the application.
- The legal head of household, spouse/co-head (if any) and all other family members 18 years or older must sign and date the application form.
- Where indicated on this form, the questions apply to all members of the family listed on the application.
- The information you provide on this application must be true and complete. It is a violation of federal and state criminal law to make false statements on an application for housing assistance. If you do not understand a question, please ask the O & A Specialist.
- Be advised that the Housing Authority (HA) will conduct criminal background checks and sex-offender registration checks on all adult household members, including live-in aides.

Americans With Disabilities Act

We need your help to ensure all of our programs, services and activities are fully accessible to persons with disabilities. If you encounter any type of barrier that prevents you from receiving the full benefit of our programs, services, or activities, please contact the Occupancy & Admissions Specialist.

Part A: Information about Members of the Household

List all **persons age 18 or older** (head/spouse/co-head, regardless of age) who will be living in the home, beginning with the head of household. Each box must be completed for each member. No one except those listed on this form may live in the unit.

Name (First, M.I. Last)	Relation to Head	US Citizen Y/N	Disabled Y/N	Sex M/F	Date of Birth	Social Security #
1.	Head					
2.						
3.						
4.						
5.						

Children 17 and Younger

List all children who will be living in the home, oldest to youngest.

Name (First, M.I., Last)	Relation To Head	US Citizen Y/N	Disabled Y/N	Sex M/F	Date of Birth	Social Security #	School Name
6.							
7.							
8.							
9.							
10.							

Race and Ethnicity of Head of Household

Race: Check the appropriate race. (More than one category can be entered if applicable.)

- White Black/African American American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander

Ethnicity: Check the appropriate ethnicity. Hispanic or Latino Not Hispanic or Latino

Present and Previous Housing Information

List your current address and landlord information. Then list all prior addresses and landlords for the past five (5) years.

Applicant's Physical Address: _____ City/State/Zip: _____
 Applicant's Mailing Address: _____ City/State/Zip: _____
 Phone Numbers: Day: _____ Evening: _____
 E-mail address: _____

Applicant's Previous Address: _____ City/State/Zip: _____
 How long did you reside at this Address: _____
 Name of Previous Landlord: _____ Landlord's Phone #: _____

Applicant's 2nd Previous Address: _____ City/State/Zip: _____
 How long did you reside at this Address: _____
 Name of 2nd Previous Landlord: _____ Landlord's Phone #: _____

Applicant's 3rd Previous Address: _____ City/State/Zip: _____
 How long did you reside at this Address: _____
 Name of 3rd Previous Landlord: _____ Landlord's Phone #: _____

Part A: Information about Members of the Household (Continued)

Answer the following questions about all members of the household:

1. Is English your primary language? Yes No
If not, please indicate what language you wish to communicate in with staff: _____
Do you require oral language translation assistance? Yes No
Do you require vital documents translated in writing? Yes No
Are you hearing impaired and require those services? Yes No
2. Does anyone in your household require any type of accommodations to fully utilize our programs and services?
 Yes No If yes, who? _____
What do they require? _____
3. Does anyone other than an adult who will live in the home share custody of any of the children listed? Yes No
If yes, who? _____
4. Is there anyone not listed on the application who is temporarily absent from the home?
 Yes No If yes, who? _____
5. Does anyone who will be living in the home have a divorce decree or court order as the result of a divorce or legal separation?
 Yes No If yes, who? _____
6. Has any adult who will live in the home previously lived in a State other than this State? Yes No
If yes, which family member(s)? _____ What State? _____ What County? _____
7. Has anyone who will be living in the home ever used another social security number other than the one listed on this application?
 Yes No If yes, who? _____
8. Has anyone who will be living in the home ever used another name, other than the one they are using now?
 Yes No If yes, who? _____

Contact Information: *List the names, addresses, and telephone numbers of two relatives or friends who live in the area and generally know how to contact you.*

1. Contact Name: _____ Phone #: _____
Address: _____ City/State/Zip: _____
2. Contact Name: _____ Phone #: _____
Address: _____ City/State/Zip: _____

Part B: Criminal Background and Other Information

These questions apply to you and all of the members of your household

1. Has any household member ever been arrested for any crime? Yes No
If yes, who? _____ How many times? _____
Please explain. (Include when arrested, where arrested and the reason for the arrest. Attach a separate sheet if needed) _____

2. Has any household member ever been convicted of any crime? Yes No
If yes, who? _____ How many times? _____
What crime(s)? _____

3. Is any household member subject to lifetime sex offender registration? Yes No
If yes, who? _____ In what State(s)? _____

4. Is any household member currently using illegal drugs? Yes No If yes, who? _____

5. Has any household member ever been evicted from any type of housing? Yes No
If yes, who? _____ Explain when, where and for what reason: _____

6. Has any household member ever committed any fraud in any federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing program? Yes No
If yes, who? _____ Explain: _____

7. Does any household member abuse alcohol in a way that threatens the health, welfare or safety or other persons? Yes No
If yes, who? _____ Explain: _____

8. Has any household member received rental assistance in public housing or Section 8? Yes No
If yes, when? Year(s) _____ Housing Agency Name: _____
Under what name? _____ Who was Head of Household? _____

Part C: Information about the Income of Members of the Family

(Income includes money or contributions from any and all sources received to you or on behalf of a family member.)

List the sources and amounts of all income (money) expected for the upcoming 12 months for all family members FROM ANY AND ALL SOURCES.

Family Member Name	Income Source	\$ Amount	Frequency – (Circle one)		
			Week	Month	Year
			Week	Month	Year
			Week	Month	Year
			Week	Month	Year
			Week	Month	Year
			Week	Month	Year
			Week	Month	Year
			Week	Month	Year
			Week	Month	Year

Part D: Information about the Assets of All Members of the Family

(An asset is something of value that can be converted to cash)

1. Do you or any family member have any of the following?

- Yes No Checking account
 Yes No Savings account
 Yes No CD
 Yes No Money market account

If yes, list below

Family Member Name	Bank Name	Account Number	Type	Balance

2. Do you or any family member own or have access to any of the following?

- Yes No Stocks
 Yes No Bonds
 Yes No Pensions
 Yes No Individual retirement accounts
 Yes No 401K accounts
 Yes No Whole life insurance policies
 Yes No Trust Funds
 Yes No Inheritances
 Yes No Real Estate
 Yes No Other

Explain any “Yes” answers below.

Family Member Name	Type of Asset	Value

Certification of Applicant(s)

I hereby certify that all of the information I have provided on this application is true and complete. I understand that I must notify the housing authority in writing of any changes to the household. I also understand that any person who attempts to obtain housing assistance or rent reduction by making false statements, by impersonation, by failure to disclose or intentionally concealing information, or any act of assistance to such attempt is a crime under Federal and State law.

Warning: Title 18, Section 1001 Of The United States Code States That A Person Is Guilty Of A Felony For Knowingly And Willingly Making False Or Fraudulent Statements To Any Department Or Agency Of The United States And Shall Be Fined Not More Than \$10,000 Or Imprisoned For Not More Than Five Years Or Both.

Signature of Head of Household

Date

Signature of Spouse or Co-head

Date

Signature (any other family member age 18 or above)

Date

Signature (any other family member age 18 or above)

Date

All family members age 18 or above must sign this application.

Note that while the income of students is not counted toward eligibility or rent, all income must be declared by the family.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National toll free hotline at 1-800-424-8590

Staff Only

I hereby certify by my signature that I have explained all questions on this application form and reviewed the answers provided with the head of household to ensure that these questions were fully understood and fully answered

Signature of O & A Specialist

Date

HOUSING AUTHORITY OF THE CITY OF KEY WEST

REVISED 9/17/18 - EFFECTIVE FOR APRIL 1ST, 2018

Number of Persons in Household								
Percentage Category	1	2	3	4	5	6	7	8
30%	18,550	21,200	23,850	26,450	29,420	33,740	38,060	42,380
50% Max. for Section 8	30,900	35,300	39,700	44,100	47,650	51,200	54,700	58,250
60%	37,080	42,360	47,640	52,920	57,180	61,440	65,640	69,900
80% Max. for Public Housing	49,440	56,450	63,500	70,550	76,200	81,850	87,500	93,150
100%	61,800	70,600	79,400	88,200	95,300	102,400	109,400	116,500
120%	74,160	84,720	95,280	105,840	114,360	122,880	131,280	139,800
140%	86,520	98,840	111,160	123,480	133,420	143,360	153,160	163,100

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

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.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (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 assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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.	

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

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 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. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.