

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

1400 KENNEDY DRIVE, KEY WEST, FL 33040

PHONE: (305) 292-3330 FAX: (305) 296-0420 TTY: 1-800-955-8771, ask for (305) 296-5621

Preliminary Affordable Housing Application

Please Print Name of Head of Household: _____

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 these programs. The Affordable Housing program consists of multi-family housing sites offered as vacancies occur.

These properties are situated throughout Key West and consist of the following properties:

Poinciana Plaza; Roosevelt Gardens; Patterson Ave & Third St;
Washington St; Roosevelt C. Sands, Jr. Housing Complex

Old Town Housing: (Scattered through Old Town)

Jack T. Murray Senior Citizen Complex (Must be at least 62 years of age)

Tropical Isle (Marathon) Harry L. Bethel Apts. (Stock Island) Big Coppitt Key Residence

In order to qualify for Housing an applicant must:

- Meet the requirements on citizenship or immigration status.
- 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.

Exhibit A: Maximum Income Limits are attached

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.



IMPORTANT INSTRUCTIONS

PLEASE READ THE FOLLOWING CAREFULLY BEFORE COMPLETING THE APPLICATION FORM

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) that 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 #
	Head					

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

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

Applicant's Physical

Address: _____

Applicant's Mailing

Address: _____

Phone Numbers: _____ Day _____ Evening _____

Cell _____

E-mail address: _____

Answer the following questions about all members of the household:

- 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? _____
- 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? _____

3. 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? _____

4. Is there anyone not listed on the application who is temporarily absent from the home? Yes No If yes, who? _____

5. 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? _____

6. 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? _____

7. 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

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? _____
 Is any household member currently receiving Section 8? Yes No If yes, who? _____

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.)

1. List the sources and amounts of all income (money) expected for the incoming 12 months for all family members from any and all sources.

Family Member Name	Income Source	Amount \$	Frequency - (Circle one)		
			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?

Savings account Yes No

Checking account..... Yes No

CD Yes No

Money market account..... Yes No

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?

Stocks Yes No

Bonds..... Yes No

Real Estate..... Yes No

Trust funds Yes No

Pensions Yes No

Individual retirement accounts Yes No

Inheritances Yes No

Life insurance policies Yes No

Any other type of capital investment Yes No

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 towards 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

Data Input performed by: _____ on _____
Signature Date

**HOUSING AUTHORITY OF THE CITY OF KEY WEST
FY 2018 INCOME LIMITS ADJUSTED TO HOUSEHOLD SIZE**

Percentage Category	Number of Persons in Household							
	1	2	3	4	5	6	7	8
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

**Monroe County Median Income: \$84,400
Income Limits as published by the U. S. Department of Housing and Urban Development
Effective April 1, 2018; Released March 30, 2018**