



Housing Authority of the City of Key West, Florida

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

KEY WEST PUBLIC HOUSING APPLICATION

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

Please read carefully and check the Housing Program(s) wait list for which you wish to apply. If you wish to apply for more than one wait list you may do so. We also have affordable housing programs located throughout the City of Key West, Stock Island, Big Coppitt, and Marathon, for those who are interested and have qualifying income. Those rents are very different from the public housing rents which are based on 30% of your family's adjusted gross income. Rents in our affordable properties are lower than the private market rents, but you do not have the ability to have your rent lowered if your income should change.

___ **Porter Place, Fort Village, Robert Gabriel, and George Allen Apartments**

___ **Senior Citizen Plaza (MUST BE 62 OR OLDER TO APPLY)**

In order to qualify for Housing, an applicant must:

- Meet the requirements on citizenship or immigration status
- Meet the applicable age requirements
- Have an annual income that does not exceed the income limits established for the individual programs
- 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 at 1400 Kennedy Drive, Key West, FL Monday through Friday from 8:00 a.m. to 12:00 p.m. and 1:00 p.m. to 5:00 p.m.

Maximum Income Limits and Smoke Free Public Housing Notice is 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 Occupancy & Admissions 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.						

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
1.							
2.							
3.							
4.							
5.							

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: _____
 How long did you reside at this Address: _____
 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)

Applicant's 4th Previous Address: _____ City/State/Zip: _____
How long did you reside at this Address: _____
Name of 4th Previous Landlord: _____ Landlord's Phone #: _____

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. Do you claim any of the following preferences? (*Documentation of such will be required during the eligibility process.*)
 - A. Living in Monroe County or working in Monroe County or have been hired to work in Monroe County Yes No
 - B. Head of Household, Spouse **or** sole member is employed or Head of Household **and** Spouse or sole member is elderly (62 years of age or more) or disabled Yes No
3. 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? _____
4. 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? _____
5. Is anyone who will be living in the home expecting a child? Yes No If yes, who? _____
6. Is there anyone not listed on the application who is temporarily absent from the home?
 Yes No If yes, who? _____
7. 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? _____
8. Is there anyone who will be living in the home who is 18 or over and a full-time student?
 Yes No If yes, who? _____
9. 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? _____
10. 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? _____
11. 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.)

1. Did you or any family member file a federal income tax return for the past year? Yes No
If yes, who? _____

2. Do any members of the family receive any of the following or expect to receive any of the following during the next 12 months?
 - Yes No Wages, salaries, tips, fees or commissions from an employer (full or part-time)
 - Yes No Income from the operation of a business or profession/income from self-employment
 - Yes No Interest, dividends or other income from real or personal property
 - Yes No Payments from Social Security or Supplemental Security Income (SSI)
 - Yes No Disability compensation/payments from disability benefits
 - Yes No Regular or special military pay
 - Yes No Payments from annuities (to include Civil Service Annuities)
 - Yes No Payments from pensions (to include Military)
 - Yes No Payments from retirement funds
 - Yes No Payments from insurance policies
 - Yes No Payments from death benefits
 - Yes No Unemployment compensation
 - Yes No Worker's compensation
 - Yes No Severance pay
 - Yes No Child support payments
 - Yes No Alimony payments
 - Yes No Lump sum payments for the delayed start of periodic payments
 - Yes No TANF/AFDC/Food Stamps/Welfare assistance payments
 - Yes No Financial assistance from anyone outside of your household (to include regular contributions/gifts)
 - Yes No Financial assistance to attend school

3. All family members of the household who are employed must provide the following information. *(Note – without this information your application cannot be verified)*

Place of employment: _____
 Address: _____ City/State/Zip: _____
 Name of person responsible for Payroll: _____
 Fax#: _____ (in order to expedite the verification of your application we will need this number)

Place of employment: _____
 Address: _____ City/State/Zip: _____
 Name of person responsible for Payroll: _____
 Fax#: _____ (in order to expedite the verification of your application we will need this number)

Place of employment: _____
 Address: _____ City/State/Zip: _____
 Name of person responsible for Payroll: _____
 Fax#: _____ (in order to expedite the verification of your application we will need this number)

4. 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

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. Has any member of your household dispose any real estate in the last two (2) years? Yes No
If yes, provide a copy of the Settlement Statement
3. Has any member of your household disposed of any assets for less than Fair Market Value within the last two (2) years?
 Yes No
4. (a) Does any member currently own Real Estate? Yes No
If yes, provide us with a copy of your most current tax assessment.
- (b) Is there a foreclosure on this property? Yes No
If yes, provide us with applicable documents.

5. 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

Part E: Information about Household Expenses

1. Does any family member have expenses for child care of a child age 12 or younger? Yes No If yes, complete the following:

Minor's Name	Name of Care Provider	Address	Phone Number	Amount/Month

2. Is any portion of these childcare expenses reimbursed from an outside agency or person? Yes No
 If yes, how much is reimbursed per month? \$ _____

3. Do you pay a care attendant to provide care for a disabled family member so that an adult family member can work? (Could be the person with disabilities) Yes No If yes, complete the following:

Family Member's Name	Name of Care Provider	Address	Phone Number	Amount/Month

4. Are you paying for any type of equipment for a disabled family member that enables an adult member to work? (Could be the person with disabilities) Yes No If yes, what is the anticipated monthly cost? \$ _____

5. Indicate the dollar amount for your monthly living expenses as listed below:

Item	Monthly Amount	Last Date Paid	Paid By Whom
Rent			
Food/Groceries			
Electric			
Gas			
Water			
Telephone/Cell			
TV Cable			
Car payment(s)			
Car Insurance			
Gas for car			
Life Insurance			
Health Insurance			
Loan(s)			
Credit Cards			
Other			
TOTAL			

Medical Expenses (These questions only apply if the head, spouse or co-head is 62 years or older or is disabled)

Do you or any member of the family pay for any of the following items?

- Medical insurance premiums Yes No NA
 Long term care insurance Yes No NA
 Out of pocket prescription expenses Yes No NA
 Past due medical bills Yes No NA
 Other anticipated medical expenses Yes No NA

Please list the type and amount of the medical expenses for all family members that you anticipate paying over the next 12 months.

Family Member Name	Type of Expense	Monthly Amount

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 office of Fair Housing and Equal Opportunity, toll free, at 1-800-669-9777 TTY: 1-800-927-9275.

**2018 MAXIMUM GROSS HOUSEHOLD INCOME LIMITS
ADJUSTED TO HOUSEHOLD SIZE**

Note: You may make any amount less than the figures below to be eligible, but you cannot make more than the income above.

Adjusted Median Income (AMI)								
Percentage Category	Number of Persons in Household							
	1	2	3	4	5	6	7	8
80%	49,440	56,480	63,520	70,560	76,240	81,920	87,520	93,200

SMOKE-FREE PUBLIC HOUSING NOTICE

IN ACCORDANCE WITH FEDERAL REGULATIONS, ALL PUBLIC HOUSING BUILDINGS AND UNITS ARE SMOKE-FREE. YOU ARE NOT ALLOWED TO SMOKE WITHIN 25 FEET OF ANY BUILDING, INCLUDING OFFICE BUILDINGS.

Courtesy Spanish Translation Below

**2018 LÍMITES DE INGRESO MÁXIMO BRUTO DEL HOGAR
AJUSTADO AL TAMAÑO DEL HOGAR**

Nota: Puede hacer cualquier cantidad menor a las cifras a continuación para ser elegible, pero no puede obtener más que los ingresos anteriores.

Ingreso Mediano Ajustado (AMI)								
Porcentaje Categoría	Número de Personas en el Hogar							
	1	2	3	4	5	6	7	8
80%	49,440	56,480	63,520	70,560	76,240	81,920	87,520	93,200

AVISO DE VIVIENDA PÚBLICA LIBRE DE HUMO

DE ACUERDO CON LAS REGULACIONES FEDERALES TODAS LAS PROPIEDADES Y UNIDADES DE VIVIENDA PUBLICA SON “LIBRES DE HUMO”. NO ES PERMITIDO FUMAR A MENOS DE 25 PIES DE NINGUNA PROPIEDAD, INCLUYENDO LAS EDIFICIOS DE OFICINAS.

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

Number of Persons in Household								
Percentage Category	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