Alachua County Housing Authority

703 NE 1st Street · Gainesville, FL 32601
(352) 372-2549 · Fax (352) 373-4097
www.acha-fl.com

Applying for Public Housing

Families wishing to apply for the **Public Housing Program** will be required to complete an application for housing. Applications can be picked up Monday through Thursday during regular business hours 9:00a.m. - 4:00p.m. (closed 12 p.m. – 1 p.m.) at the ACHA office, 703 NE 1st Street, Gainesville, FL 32601.

Completed applications for the two (2) and three (3) bedroom waiting lists will ONLY be accepted in the ACHA office on Tuesday's or mailed to ACHA office. The Four (4) and Five (5) bedroom applications are ONLY accepted by appointments and the One (1) bedroom waiting list is CLOSED. **Persons with disabilities who require a reasonable accommodation in completing an application may call the Alachua County Housing Authority at 352-372-2549 extension 532 to make special arrangements.**

The ACHA has properties which are scattered throughout Alachua County in the following area as follows:

ACHA Public Housing Unit Locations

Location	Subdivision(s)	# of Homes
Alachua, FL	Hitchcock & Merrillwood	80 -Single Family Homes
Archer, FL	Thistle Hills East & West	30 -Single Family Homes
Gainesville, FL	Cedar Ridge/Gordon Manor	12 -Townhomes
Gainesville, FL	Green Tree Village	2 -Duplex Home
Gainesville, FL	Mill Run	12 -Townhomes
Gainesville, FL	Phoenix	12 -Duplex/Townhomes
Gainesville, FL	Pine Forest	12 -Townhomes
Gainesville, FL	Dogwood Estates	1 -Single Family Home
Gainesville, FL	Rocky Point	34 -Quadplex Homes
Gainesville, FL	Sugarfoot/Linton Oaks	16 -Townhomes
Gainesville, FL	Tower Oaks	12 -Townhomes
Gainesville, FL	West Point	3 -Single Family Homes
Newberry, FL	Meadowbrook	30 -Single Family Homes
Waldo, FL	Pinetree Terrace	20 -Single Family Homes

Eligibility for Public Housing

Eligible applicants **cannot exceed the U.S. Department of HUD's income limits** (*See Table 1 below*) for the Alachua County Area **AND** must meet the **TENANT SUITABILITY REQUIREMENTS** for the Public Housing Program.

Table 1: FY 2016 Income Limits for Alachua County, FL MSA

Income Limit	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Extremely Low (30%)	$12,750	$16,020	$20,160	$24,300	$28,440	$32,580	$36,730	$40,100
Very Low (50%)	$21,250	$24,300	$27,350	$30,350	$32,800	$35,250	$37,650	$40,100
Low (80%)	$34,000	$38,850	$43,700	$48,550	$52,450	$56,350	$60,250	$64,100

Applications must be **COMPLETE, SIGNED BY ALL ADULT** household members, **AND** have all of the following **REQUIRED DOCUMENTAITON** at the time of application submittal. Once completed Applications will be placed on a waiting list by qualifying bedroom size, and date and time of completed application. Availability and placement into ACHA Public Housing is determined by vacancies in our existing Public Housing developments. NOTICE: No applicant has a right or entitlement to be listed or hold any particular position on the waiting list. (24 CFR 982.202 (c)) **Incomplete applications will not be accepted.**

1. Identification Documents:	**Current Picture Identification: ALL ADULT Household Members** **Social Security Card(s) or printout from Social Security: ALL Household Members** **Birth Certificate(s): ALL Household Members**
2. Application Documents*: (Must be Obtained from ACHA)	**ACHA Preliminary Application Form Completed in Full** **HUD-Form-9886 Authorization for the Release of Information/Privacy Act** **Disclosure and Consumer Report Authorization for each Adult Member** **Disclosure and Authorization to Obtain Criminal Background for each Adult Member** ***These documents must be signed by ALL ADULT household members.***

Thank you for your interest in housing opportunities with the Alachua County Housing Authority (ACHA).

EQUAL HOUSING OPPORTUNITY

Alachua County Housing Authority

703 N.E. 1st Street · Gainesville, FL 32601
(352) 372-2549 · Fax (352) 373-4097 TDD 711

ALACHUA COUNTY HOUSING AUTHORITY

PRELIMINARY APPLICATION

Please answer ALL of the questions below to the best of your knowledge regarding all members residing in your household. If a question does not apply to you, write "N/A" as your answer. **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 notify the housing authority in writing or by phone at (352) 372-2549.**

Name of Head of Household:	
Have you ever used any other name(s)?	☐ No Yes, if yes what name(s):
Physical Street Address:	
City, State, & Zip:	
Mailing Address:	
City, State, & Zip:	
Home Phone #:	
Alternate Phone #:	
Current Landlord's Name and Phone #:	

Household Composition

In the chart below please list all persons who are living in your household including yourself, spouse, live-in-aid, other adults, and/or children* (*that you have LEGAL CUSTODY of, who have NOT been removed from your custody, AND who are LIVING in your household). Enter the name of the person who will be the head of household first and give the relationship of each family member to the head of household. If a household member is expecting a baby, please enter "unborn" as the last household member name and expected delivery date as date of birth.

Last Name, First Name	M /F	Race *	Date of Birth/ Age	Social Security #	Relation to Head	US Citizen or Legal Resident
1.					Head of Household	Yes No
2.						Yes No
3.						Yes No
4.						Yes No
5.						Yes No

*Voluntary Race Codes: 1. White/Caucasian 2. Black/African American 3. American Indian or Alaskan Native 4. Asian or Pacific Islander 5. Hispanic

Are all the children listed above on the family composition living in your home now? Yes, No, please explain:

_____

Is anyone in your Household related to or personally know an Alachua County Housing Authority Employee?
No Yes, which household member(s): _____
and who are they related to or personally know: _____

Reasonable Accommodation

1. **Do you or any member(s) of your family have a disability?**
   No Yes, which member(s): _____
2. **Do you or any member(s) of your family need special housing accommodations?**
   No Yes, which member(s): _____

Household Income

List ALL income and contribution sources and amounts received by everyone in your household. This includes: Employment Wages, Cash Assistance (TANF), Social Security Disability, SSI, Child Support, Pension, VA Benefits, Severance Pay, Contributions, Unemployment Benefits, Worker's Compensation, Self Employment, Food Stamps, Investment Income, Rental Income, etc.

Member w/ Source of Income	Source-Type of Income	Gross Amount & Frequency (Weekly, Biweekly, Monthly)	Pay Rate & Hours Per Month

HOUSEHOLD INFORMATION

1. Have you or any member of your household ever participated in Federally Subsidized Housing (ex. Public Housing Program and/or the Housing Choice Voucher Program (Section 8) etc.)? No Yes, complete below:

Member Name	Housing Authority	City & State	Program	Dates	Reason Assistance Ended

2. Do you or any member of your household owe any money to any other subsidized agencies or Public Housing Authority? No Yes, complete below:

Member Name	Housing Authority	City & State	Program	Dates	Reason Assistance Ended

3. The ACHA will screen all adult household members for criminal activities. Has any member of your household ever been arrested or convicted of a crime? No Yes, complete below:

Household Member's Name	What was the offense?	When & Where

4. Is any member of your household registered as a lifetime sexual offender? No Yes, complete below:

Household Member's Name	Start Date:	Jurisdiction & Location

******FOR ALL APPLCIANTS******

Please complete the following attached forms:

HUD-Form-9886 Authorization for the Release of Information/Privacy Act
Disclosure and Consumer Report Authorization
Disclosure and Authorization to Obtain Criminal Background
Declaration of Citizenship Form for All Household Members

APPLICANT(S) CERTIFICATION

You will be required to verify your household composition and household income at the time your name(s) reaches the top of the waiting list. If you are unable to do so, you may be determined ineligible and your name may be removed from the waiting list.

In order to keep your application current, please notify this office, IN WRITING, to report any changes in your mailing address and household size/composition. This application is an information sheet and does not constitute any commitment by the Alachua County Housing Authority to provide housing.

I/we certify that the information provided to the Alachua County Housing Authority on the preliminary application for the Public Housing program is true and complete to the best of my knowledge and belief.

Signature of Head of Household Date

Signature of Co-Head/Spouse Date

Signature of Other Adult Date

Signature of Other Adult Date

OMB Control # 2502-0581
Exp. (11/30/2015)

Optional and Supplemental 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.

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

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)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

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.

Signature of Applicant	**Date**

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD) and the Housing Agency/Authority (HA)

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014
exp. 1/31/2014

PHA requesting release of information; (Cross out space if none) (Full address, name of contact person, and date)	IHA requesting release of information: (Cross out space if none) (Full address, name of contact person, and date)
Alachua County Housing Authority 703 NE 1st Street Gainesville, Fl 32601 Phone: (352) 372-2549 Fax: (352) 373-4097	

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, agains the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

Alachua County Housing Authority

703 N.E. 1st Street · Gainesville, FL 32601
(352) 372-2549 · Fax (352) 373-4097

DISCLOSURE

As part of verifying my eligibility and level of benefits under HUD's assisted housing programs, Alachua County Housing Authority (ACHA), will obtain a consumer report, which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

AUTHORIZATION

I hereby authorize First Advantage on behalf of ACHA to procure a consumer report which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from credit bureaus, courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

_____ _____
Applicant Name Date

_____ _____
Signature Date of Birth

_____-_____-_____
Social Security Number

DL/ID # _____ State _____

First Advantage

Phone Number: 888-517-8324
First Advantage Background Services Corp
Consumer Center
P.O. Box 105108
Atlanta, GA 30348

Alachua County Housing Authority

703 N.E. 1st Street · Gainesville, FL 32601
(352) 372-2549 · Fax (352) 373-4097

Authorization to Obtain Criminal Background Records

Requesting Agency: **Alachua County Housing Authority (ACHA)**
703 N.E. 1st Street
Gainesville, FL 32601

Name _____ Maiden Name (if applicable) _____

Date of Birth _____ Social Security Number _____

Sex _____ Race _____

Are you the head of household? If not please list his or her name below:

_____

Authority: Title 24 Part 5 Section 903 of the Code of Federal Regulations authorizes any Public Housing Authority that administers the Housing Choice Voucher Program and/or a public housing program to obtain criminal conviction records from a law enforcement agency, defined in Section 902.

Purpose: In signing this consent form, you allow the Alachua County Housing Authority (ACHA) to request and obtain any and all records concerning my criminal background/conviction records including but not limited to local law enforcement agencies, NCIC records, FL Department of Law Enforcement (FDLE), and in any other state(s) in which I have lived, and the records of any state(s) sex Offender registration.

Use of Information:

- Initial screening of applicants for the Public Housing and/or Housing Choice Voucher Program;
- Determination of continued eligibility for housing assistance;
- Enforcement of leases and eviction of residents;

Consent: I consent to allow ACHA to request and obtain criminal background/conviction records from law enforcement agencies for the purpose of verifying my eligibility and/or continued assistance for the Public Housing or Housing Choice Voucher Program. **This consent form expires 24 months from the signature date below.**

Signature _____ Date _____