

**APPLICATION FOR HOUSING ADMISSION
AND RENTAL ASSISTANCE**

FOR INDIVIDUALS WITH PERSISTENT MENTAL ILLNESS

COLLIER HOUSING ALTERNATIVES, INC.
§
HOUSING ALTERNATIVES OF SW FLORIDA
6075 BATHEY LANE
NAPLES, FL 34116
PHONE: 239-793-0332 FAX: 239-455-6561

PLEASE answer all questions on this application. Enter "none" or N/A for those questions which do not apply to you or which you choose not to answer. Collier Housing Alternatives, Inc. agrees to comply with Title VI of the Civil Rights Act of 1964, Sections 503-504 of the Rehabilitation Act of 1973, and The Americans with disabilities Act of 1990, the Fair Housing Act and all other applicable requirements pursuant to these acts. Information regarding sex, age, race, national origin, and marital status is collected for statistical reporting purposes only as required by HUD and will not be used for screening purposes. The head of the household or co-head of the household must have a persistence and ongoing mental illness to be eligible for this program.

CHA, Inc. Is an Equal Opportunity Employer and does not discriminate on the basis of sex, age, race, national origin, religious belief, marital status, or disability in the employment process.

APPLICANT NAME _____ **DATE** _____

CURRENT ADDRESS _____

CITY, STATE, ZIP CODE _____

HOME PHONE _____ **WORK PHONE** _____

EMERGENCY CONTACT NAME _____ **PHONE** _____

SOCIAL SECURITY # _____ **DATE OF BIRTH** _____

DRIVERS LICENSE OR STATE ID # _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS:

1. Age _____ Sex _____

2. Race of Head of Household: (check one) (For statistical purposes only.)

White Black American Indian/Alaskan Native Asian/Pacific Islander

3. Ethnicity of Head of Household: (For statistical purposes only.)

Hispanic Non-Hispanic

4. Does anyone live with you now who are not listed above? Yes No

5. Do you expect a change in your household composition? Yes No

Explain if you answered yes to either question #4 or #5: _____

Does the head of household or co-head of household have a disability? Yes No

If yes, please indicate who is disabled and what disability is present: _____

6. Does any member of the household require the use of a wheelchair? Yes No

If yes, please indicate which household member uses a wheelchair: _____

7. How many automobiles does your household posses? _____

Please list make, color, license plate number for each: _____

8. Do you have a valid Florida disabled placard for your vehicle? Yes No

9. Have you or any member of your household ever been convicted of a felony? Yes No

If yes, please explain: _____

10. Have you or any member of your household ever been evicted or otherwise involuntarily removed from rental housing to fraud, non-payment of rent, or for any other reason? Yes No

If yes, please explain _____

11. Have you oar any member of your household ever been evicted or otherwise involuntarily removed from rental housing for fraud, non-payment of rent, or for any other reason? Yes No

If yes, please explain _____

INCOME AND ASSET INFORMATION

Please answer each of the following questions. For each “yes”, provide details in the charts below.

Does any member of your household:

Yes No 1. Work full-time, part-time, or seasonally?

Yes No 2. Expect to work for any period during the next year?

Yes No 3. Work for someone who pays them cash?

- Yes No 4. Expect a leave of absence from work due to lay-off, medical, maternity, or military leave?
- Yes No 5. Now receive or expect to receive unemployment benefits?
- Yes No 6. Now receive or expect to receive child support?
- Yes No 7. Entitled to child support that he/she is not now receiving?
- Yes No 8. Now receive or expect to receive alimony?
- Yes No 9. Have an entitlement to receive alimony that is not currently being received?
- Yes No 10. Now receive or expect to receive public assistance (welfare, AFDC, food stamps)?
- Yes No 11. Now receive or expect to receive Social Security or disability benefits?
If you are receiving Social Security, please specify which type (SSI, SSDI, and SSA Retirement, etc.) in the chart below.
- Yes No 12. Now receive or expect to receive income from a pension or annuity?
- Yes No 13. Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit?
- Yes No 14. Receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds, or income from rental property?
- Yes No 15. Own real estate or any assets for which you receive no income (checking account, cash)?
- Yes No 16. Have you sold or given away real property or other assets (including cash) in the past two years?

HOUSEHOLD MEMBER	SOURCE OF INCOME/TYPE OF INCOME	ANNUAL INCOME

ASSETS

1. List all checking and saving accounts (including IRAs, Keogh accounts, and Certificates of Deposit) of all household members.

MEMBER	BANK NAME	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE

2. List all stocks, bonds, trusts, pensions, or other assets and their value, owned by any household member.
- _____

3. List any assets disposed of for less than their fair market value during the past two years: _____
- _____

EXPENSES

Yes No Do you have expenses for child care of a child aged 12 or younger?
If yes, provide the name, address and telephone number of the care provider:

What are the weekly costs to you of the child care? _____

Yes No Do you pay a personal care attendant or for any equipment for any household member(s) who is disabled?

Yes No If yes, is the attendant or equipment necessary to permit that person, or someone else in the household, to work? If you pay an attendant, provide his/her name, address, and telephone number. _____

What is the cost to you for the care attendant and/or equipment? _____

Yes No do you have Medicare? If yes, what is your monthly premium? _____

Yes No Do you have any other kind of medical insurance? If yes, answer the following questions:
Provide name and address of carrier, policy number, and premium amount: _____

Yes No Do you have outstanding medical bills? If yes, list them below.

What medical expense do you expect to incur in the next twelve months?

If you use the same pharmacy regularly, please provide the name and address:

PREVIOUS RENTAL HISTORY

1. Are you now living in a subsidized housing unit (Section 8, Section 811, etc.)? Yes No If yes:

2. Name of Complex: _____

3. Name of Manager: _____

4. Manager's telephone number: _____

5. Why do you wish to move? _____

Name and Address of Your Present Landlord:

Telephone No. _____
How long have you lived there? _____
Reason for leaving? _____

Name and Address of Your Present Landlord:

Telephone No. _____
How long have you lived there? _____
Reason for leaving? _____

EMPLOYMENT HISTORY

Name and Address of Head's present Employment:

Telephone No. _____
Supervisor's Name _____
How long have you worked there? _____

Name and Address of Head's present Employment:

Telephone No. _____
Supervisor's Name _____
How long have you worked there? _____

APPLICANT CERTIFICATION

We certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the

Abilities representative to verify information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal law.

Signature of Head _____

Date _____

Signature of Spouse/Co-Head _____

Date _____

Abilities of Florida Representative _____

Date _____