

Community Housing & Resources, Inc.

2401 Library Way, Sanibel, FL 33957
 Phone: 239-472-1189 Fax: 239-472-2695
 SanibelCHR.org

APPLICATION REQUIREMENTS

- 1) You must submit a completed application for each adult household member.
- 2) You will be required to pay a \$75.00 application fee at the time you turn in your application.
- 3) If you are divorced, a copy of the divorce decree must accompany your application.
- 4) If you receive child support or alimony, court documentation must accompany your application.
- 5) If you are ordered by the court to receive support & are not receiving it, you must schedule contempt of court hearing or contact the Department of Revenue's Child Support Enforcement office. The contact phone is 800-622-5437.
- 6) Copies of your driver's license, social security card and current IRS tax filings are required.

SORRY, NO PETS

*Incomplete applications will not be placed on the waiting list. Upon acceptance to a CHR unit, you will be required to furnish current income verification along with IRS tax filings.

BELOW MARKET RATE HOUSING MAXIMUM INCOME LIMITS

Household Size	Annual Entry Income Limits (4/14/2017)
1 Person Household	\$48,720.00
2 Person Household	\$55,680.00
3 Person Household	\$62,640.00
4 Person Household	\$69,480.00
5 Person Household	\$75,120.00
6 Person Household	\$80,640.00

Check List

Copy of driver's license/ social security cards	Investments statements (current)	Copy of most recent tax return
Bank name, address, phone & fax	Social security and/or disability verification	VA benefit verification
Name, address, phone of current employer	Employment pay stubs	Child support/alimony verification
Divorce/separation documents	Retirement or pension verification	Sanibel license if self employed
Name, address, phone of current landlord	Name address, phone of previous landlord	TANF or general assistance
School verification (if full time dependent adult student)	Proof of odd jobs / day labor	\$75.00 application fee
<i>Dated completed by CHR</i>	<i>Date to kc</i> <i>Date to L/T</i>	<i>Date to JZ</i> <i>Date approved</i>

Office hours are Monday through Friday, 7:30 a.m. to 4:00 p.m.



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APPLICATION

TO THE APPLICANT: We sincerely thank you for your application. Please help us promptly process this application by clearly completing all of the required information.

Date of Application:	Time of Application:
Type & Size of Unit Requested:	Number in your family applying:

The Applicant is the individual with the highest point count at time of application.

Applicant	Other Adult
Name:	Name:
S.S.#:	S.S.#:
D/O/B:	D/O/B:
Physical Address:	Address:
Mailing Address:	
Home #: Cell # :	Home #: Cell #:
E-mail address:	E-mail address:
Work #: Employer:	Work#: Employer:
Emergency#: Relationship:	Emergency #: Relationship:

Other Household Members	S.S.#	D/O/B	Relationship

LIST ANY DEPENDENT MEMBER OVER 18, AND A FULL TIME STUDENT: _____

Do you wish to be considered for a disabled unit (equipped for wheelchair/hearing/vision impaired)? Yes No

PLEASE TELL US ANY OTHER INFORMATION ABOUT YOURSELF THAT MIGHT HELP US EVALUATE YOUR APPLICATION:

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OTHER SOURCES OF INCOME

This includes ALL household members, 18 and over.
 Please fill out below based on **monthly gross amount**.

Do you receive child support?	Yes	No	Amount: \$
Do you receive alimony?	Yes	No	Amount: \$
Do you receive social security?	Yes	No	Amount: \$
Do you receive a pension?	Yes	No	Amount: \$
Do you receive unemployment or Workman's compensation?	Yes	No	Amount: \$
Do you receive public assistance?	Yes	No	Amount: \$
Do you receive any other income?	Yes	No	Amount: \$

The complete name, address, phone#, fax# and contact person is required for each agency from which you receive income.

ASSETS

This includes ALL household members, including minors

Do you have any Checking accounts?	Yes	No	Where:
Do you have any Savings Accounts?	Yes	No	Where:
Do you have an IRA?	Yes	No	Where:
Do you have any CD's?	Yes	No	Where:
Do you have any stocks/bonds?	Yes	No	Where:
Do you have any equity in properties?	Yes	No	Address:
Do you have any other assets?	Yes	No	What:

The complete name, address, phone number and fax number is required for each financial institution.

I/We understand that Florida Statute 817 provides that willful false statements or misrepresentation concerning income; asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 755.082 or 775.83. I/We further understand that any willful misstatement of information will be grounds for disqualification. I/We certify that the application information provided is true and complete to the best of my/our knowledge. I/We consent to the disclosure of information for the purpose of income verification related to making a determination of my/our eligibility for program assistance. I/we agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided are a matter of public record.

Applicants Signature: _____ Date: _____

Other Adult: _____ Date: _____

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Have you or anyone in your proposed BMRH household ever filed for bankruptcy?

No Yes If yes, what year? _____
(BMRH policy states that no application may be accepted unless at least three years have elapsed since the bankruptcy discharge date.)

Have you or anyone in your proposed BMRH household ever been arrested for or convicted of a felony?

No Yes If yes, please explain: _____

Applicants signature: _____ Date: _____

Other Adult: _____ Date: _____

Ethnicity/Special Needs (for reporting purpose only, please check all that apply for Head of Household only):

White Black Hispanic Asian/Pacific Islander Native American
Farm Worker Elderly Homeless Disabled or Disabled Minor Other

I UNDERSTAND THAT MANAGEMENT IS RELYING ON THIS INFORMATION TO PROVE MY HOUSEHOLD'S ELIGIBILITY FOR HOUSING. I CERTIFY THAT ALL INFORMATION AND ANSWERS TO THE QUESTIONS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I CONSENT TO RELEASE THE NECESSARY INFORMATION TO DETERMINE MY ELIGIBILITY. I UNDERSTAND THAT PROVIDING FALSE INFORMATION OR MAKING FALSE STATEMENTS MAY BE GROUNDS FOR DENIAL OF MY APPLICATION. I ALSO UNDERSTAND THAT SUCH ACTION MAY RESULT IN CRIMINAL PENALTIES.

Applicants Signature: _____ Date: _____

Other Adult: _____ Date: _____

Community Housing & Resources, Inc.

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Community Housing & Resources, Inc. any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Below Market Rate Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by Community Housing & Resources, Inc. in administering and enforcing program rules and policies.

INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include, but are not limited to:

Identity and Marital Status Employment, Income, and Assets Residences and Rental Activity
Medical or Child Care Allowances Credit and Criminal Activity

I understand that this authorization cannot be used to obtain and information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

Previous Landlords (including Public Housing Agencies) Courts and Post Offices Schools and Colleges Law Enforcement Agencies Support and Alimony Providers	Past and Present Employers Welfare Agencies State Unemployment Agencies Social Security Administration Medical and Child Care Providers	Veterans Administration Retirement Systems Banks/Financial Institutions Credit providers/Credit Bureaus Utility Companies
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COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that CHR or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. CHR may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for a year and one month from the date signed.

Warning! Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

Applicant: _____ S.S. number: _____ Date: _____

Spouse: _____ S.S. number: _____ Date: _____

Adult Member: _____ S.S. number: _____ Date: _____

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EMPLOYMENT HISTORY

Applicant:

Currently employed by:	
Employers address, City, State, Zip:	
Employers phone:	Fax and email:
Position:	Employed since:

Previously employed by:	
Employers address, City, State, Zip:	
Phone:	Fax and email:
Position:	Employed from:

Previously employed by:	
Employers address, City, State, Zip:	
Phone:	Fax and email:
Position:	Employed from:

Previously employed by:	
Employers address, City, State, Zip:	
Phone:	Fax and email:
Position:	Employed from:

EMPLOYMENT HISTORY

Applicant:

Previously employed by:	
Employers address, City, State, Zip:	
Phone:	Fax and email:
Position:	Employed from:

Previously employed by:	
Employers address, City, State, Zip:	
Phone:	Fax and email:
Position:	Employed from:

Previously employed by:	
Employers address, City, State, Zip:	
Phone:	Fax and email:
Position:	Employed from:

Previously employed by:	
Employers address, City, State, Zip:	
Phone:	Fax and email:
Position:	Employed from:

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EMPLOYMENT VERIFICATION

Employer:	
Address, City, State Zip:	
Phone:	Fax or Email:
Regarding Employee:	Social Security #:

The individual named above is an applicant/tenant for Community Housing & Resources, Inc. State and/or Federal Regulations require that in order for the household to be eligible, we must verify the household's income using third party written verification. The information you provide will be used only for the purpose of determining the household's eligibility for the program and will be held in strict confidence. **We are required to complete our verification process in a short time period and would appreciate your prompt response to this request for information.**

I, the undersigned, do hereby authorize the release of the information requested to Community Housing & Resources, Inc.

Signature: _____ Date: _____

Applicant: Please do not write below this line

Address/ Location of Employment:		
Start Date:	Position:	Title:
Hourly rate:	Hours per week:	Pay Frequency: weekly, bi-weekly, monthly
Overtime rate:	Overtime to continue:	Date of last raise:
Annual base pay: \$	Total overtime base pay: \$	Annual bonus/raises/commission/tips: \$
Vacation pay:	If yes, number of days per year:	
Retirement account:	Amount accessible to employee:	
Total gross annual income, including other compensation, for the next 12 months: \$		

Auditors require all blank lines be completed

KINDLY RETURN THIS FORM TO THE ABOVE ADDRESS OR FAX NUMBER

Warning: Florida Statute 817 provides that willful false statements or misrepresentation concerning income, asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83. I certify that the application information provided is true and complete to the best of my knowledge.

Signature of representative: _____

Printed Name: _____ Date: _____

Phone: _____ Fax: _____

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BANK VERIFICATION

Bank name:	
Address, City, State, Zip:	
Phone:	Fax or Email:

Re: Account Verification for:	S.S. number:
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The individual named above is an applicant/tenant for housing assistance. Federal regulations require that in order for the household to be eligible, we must verify the household's income using third party written verifications. The information you provide will be used only for the purpose of determining the household's eligibility for the program and will be held in strict confidence. **We are required to complete our verification process in a short time period and would appreciate your prompt response.**

I, the undersigned, hereby authorize the release of the information requested to Community Housing & Resources, Inc.

Applicants signature: _____ Date: _____

Other Adult: _____ Date: _____

Applicant: Please do not write below this line

PLEASE PROVIDE THE FOLLOWING INFORMATION

Type of account	Date opened	Account number	Account balance	Interest rate	6 month average balance
Checking					
Checking					
Savings					
Savings					
IRA					
CD					
Other					

Direct deposit amounts	SS	SSI	Pension	VA	Other
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Preparer Signature: _____ Date: _____

Phone: _____ Fax: _____

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LANDLORD HISTORY

Please list all additional Sanibel and non-Sanibel past landlord information. **Landlord name and telephone number along with beginning and ending dates for each location must be completed.**

Current Landlord Information	Tenant's Information
Name:	Address:
Address:	City, State, Zip Code:
City State, Zip Code:	Rented from:
Phone:	Monthly Rent:

Previous Landlord Information	Tenant's Information
Name:	Address:
Address:	City, State, Zip Code:
City State, Zip Code:	Rented from:
Phone:	Monthly Rent:

Previous Landlord Information	Tenant's Information
Name:	Address:
Address:	City, State, Zip Code:
City State, Zip Code:	Rented from:
Phone:	Monthly Rent:

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CURRENT LANDLORD VERIFICATION

Landlord Name:	
Address, City State, Zip:	
Phone:	Fax and/or Email:
Regarding Tenant:	
Tenant address:	

Dear Landlord:

The individual named above is an applicant for Community Housing & Resources, Inc. The information you provide will be used only for the purpose of determining the household's eligibility for the program and will be held in strict confidence. We are required to complete our verification process in a short time period and would appreciate your prompt response to this request for information.

I, the undersigned, hereby authorize the release of the information requested to Community Housing & Resources, Inc.

Applicants signature: _____ Date: _____

Other Adult: _____ Date: _____

Applicant: Please do not write below this line

Landlord: Are you a relative or friend of the applicant?		If so, what is the relationship?	
Are you:	Current landlord	Previous landlord	Other
Dates of applicant's tenancy: From _____ to _____		Amount of monthly rent: _____	
Does the applicant have a lease? Yes No			
Does the applicant pay on time? Yes No			
Would you re-admit this applicant? Yes No			
Will you keep the security deposit? Yes No			
Have you ever begun or completed eviction proceedings on the applicant? Yes No			
Does the applicant keep the unit clean, safe & sanitary? Yes No			
Has the applicant damaged the unit? Yes No			
Does the applicant permit persons other than those on the lease to live in the unit on a regular basis? Yes No			
Does the applicant, family members or guests interfere with the rights or quiet enjoyment of others? Yes No			
Did the applicant give you any false information? Yes No			
Has the applicant, family members or guests acted in a physically violent and/or verbally abusive manner toward neighbors, landlord or landlords' staff? Yes No			

KINDLY RETURN THIS FORM TO THE ABOVE ADDRESS OR FAX NUMBER

Signature of landlord/authorized staff: _____ Date: _____

Phone: _____ Fax: _____

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PREVIOUS LANDLORD VERIFICATION

Previous Landlord name:	
Address, City State, Zip:	
Phone:	Fax or Email:
Regarding Tenant:	
Tenant address:	

Dear Landlord:

The individual named above is an applicant for Community Housing & Resources, Inc. The information you provide will be used only for the purpose of determining the household's eligibility for the program and will be held in strict confidence. We are required to complete our verification process in a short time period and would appreciate your prompt response to this request for information.

I, the undersigned, hereby authorize the release of the information requested to Community Housing & Resources, Inc.

Applicants signature: _____ Date: _____

Other Adult: _____ Date: _____

Applicant: Please do not write below this line

Landlord: Are you a relative or friend of the applicant?		If so, what is the relationship?	
Are you:	Current landlord	Previous landlord	Other
Dates of applicant's tenancy: From		to	Amount of monthly rent:
Did the applicant have a lease? Yes No			
Did the applicant pay on time? Yes No			
Would you re-admit this applicant? Yes No			
Did you keep the security deposit? Yes No			
Did you ever begun or complete eviction proceedings on the applicant? Yes No			
Did the applicant display housekeeping habits that would adversely affect the welfare, health or safety of other tenants? Yes No			
Did the applicant damage the unit? Yes No			
Did the applicant permit persons other than those on the lease to live in the unit on a regular basis? Yes No			
Did the applicant, family members or guests interfere with the rights or quiet enjoyment of others? Yes No			
Did the applicant give you any false information? Yes No			
Did the applicant, family members or guests acted in a physically violent and/or verbally abusive manner toward neighbors, landlord or landlords' staff? Yes No			

KINDLY RETURN THIS FORM TO THE ABOVE ADDRESS OR FAX NUMBER

Signature of Landlord/authorized staff: _____ Date: _____

Phone: _____ Fax: _____