



Columbia County Housing Authority

498 SW Juniper Way
Lake City, FL 32025

Telephone: (386) 752-4227
Fax: (386) 752-4229
TDD: (800) 955-8771
E-mail: housing@cchaf1.com
Website: cchaf1.com



RECERTIFICATION APPLICATION

Agency Use Only

Date & Time Received in Office

PHA Initials

Head of Household Information: Please provide ALL information for Head Of Household

Name Phone

Email Cell

Address City ST Zip

Anyone in household Elderly, Disabled or Handicap?

Is anyone in household Elderly, Disabled or Handicap? Yes No If yes, who?

If yes, do they have any medical expenses? Yes No If yes, please provide documentation.

Do you or anyone in household require special accommodations? Yes No If yes, please describe below.

Income Information

Household Income: Income includes Wages, Unemployment, Child Support, Alimony, TANF, Social Security, SSI, Pensions, Annuities, Income from your assets, Self Employment, money that is given to you from family and or friends.

Please list employment information for everyone in household who is employed.

Name of Family Member:

Employer Supervisor

Address City St Zip

Phone Fax Amount Paid Hourly Week Biweekly Semimonthly

Name of Family Member:

Employer Supervisor

Address City St Zip

Phone Fax Amount Paid Hourly Week Biweekly Semimonthly

Name of Family Member:

Employer Supervisor

Address City St Zip

Phone Fax Amount Paid Hourly Week Biweekly Semimonthly

Does anyone in your household receive any of the following?

Food Stamps?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount?	<input type="text"/>		
TANF/AFDC?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount?	<input type="text"/>		
Child Support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount?	<input type="text"/>	Case No.	<input type="text"/>
Additional Child Support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount?	<input type="text"/>	Case No.	<input type="text"/>
Social Security?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount?	<input type="text"/>	Recipient:	<input type="text"/>
SSI/SSD (Disability)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount?	<input type="text"/>	Recipient:	<input type="text"/>
Unemployment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount?	<input type="text"/>	Recipient:	<input type="text"/>
Pensions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount?	<input type="text"/>	Recipient:	<input type="text"/>
Other Income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount?	<input type="text"/>	Recipient:	<input type="text"/>
Is anyone 18 or older a full time Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who?	<input type="text"/>		
Do they receive any grants or scholarship as income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes Amount?	<input type="text"/>		
Does anyone help you pay your bills regularly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Who?	<input type="text"/>	Amount?	<input type="text"/>

Child Care Information

Do you pay daycare expenses? Yes No If Yes, amount? Weekly Bi-Weekly Monthly

Name of Daycare Phone

Address

Are you reimbursed for any of this expenses? Yes No If, Yes please provide amount

Asset Certification - You MUST report ALL Assets below.

Does anyone in your household have any of the following?

Checking account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Balance in Account	<input type="text"/>	Bank Name	<input type="text"/>
Savings account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Balance in Account	<input type="text"/>	Bank Name	<input type="text"/>
Money Market?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Balance in Account	<input type="text"/>	Bank Name	<input type="text"/>

Does anyone in your household own any of the following assets?

Real Estate Yes No Trusts Yes No Stocks Yes No Bonds Yes No C.D.'s Yes No

Insurance Settlements Yes No Company Retirement or Pension Funds Yes No

Has any household member disposed of any assets for less than market value in the last two (2) years? Yes No

If yes, date disposed of Description

Has any household member sold any Real Estate in the last two (2) years? Yes No When?

Sales Price? Description

Designation of Beneficiary

I hereby authorize and direct that, in the event of my death while a resident, or if for other reasons, that I do not make claim upon the Columbia County Housing Authority in Lake City, Florida, for any unused deposits, other funds or personal property of any kind or nature remaining of the leased premises, at the termination of my residency, the said Authority shall pay or deliver such monies or personal property of any kind or nature whatsoever to:

Full Name of Beneficiary: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: (____) _____ Email address: _____

And I, for myself, my heirs, administrators, assigns and personal representatives do hereby agree to forever hold the Columbia County Housing Authority in Lake City, Florida, harmless from any and all liability or responsibility growing out of the payment of delivery to such person, or by payment if the designated beneficiary cannot be located, to any relative residing with me at the termination of my tenancy.

Criminal History

Pursuant to the federal "One Strike Policy" a mandatory criminal background check will be obtained at time of recertification. If **you or anyone** in your household has been arrested, charged or convicted of criminal or drug related activities, or evidence of habitual criminal activities, your lease may be terminated. **Failure to disclose will result in termination of your lease.** Knowing this please make sure all charges including any misdemeanors such as worthless bad checks, petty theft, domestic violence, restraining orders, etc.

By signing below, I understand that **failure to disclose will result in automatic termination of my lease.**

Signature: _____ Signature: _____

Do you or anyone in your household have a **criminal background**?

Yes No Who? _____ When? _____

Details: _____

Have you or anyone in your household ever been **charged with a misdemeanor** such as worthless bad checks, petty theft domestic or repeat violence, injunctions or restraining orders, including if adjudication was withheld or dismissed?

Yes No Who? _____ When? _____

Details: _____

Have you or anyone in your household ever been **arrested**, including if adjudication was withheld or dismissed?

Yes No Who? _____ When? _____

Details: _____

Have you or anyone in your household ever been **charged of a crime**, including if adjudication was withheld or dismissed?

Yes No Who? _____ When? _____

Details: _____

Have you or anyone in your household ever been **convicted of a crime**, including if adjudication was withheld or dismissed?

Yes No Who? _____ When? _____

Details: _____

Are you or anyone in your household currently on **probation**? Yes No

Probation Officers Name _____ Phone Number? _____

Have you or anyone in your household ever been **convicted as a sex offender or sexual predator**?

Yes No Who? _____ When? _____

Where? _____

Emergency Contact Information

Please list who you would like for your emergency 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 indicate the relevant information below.

Name Relationship to you
 Address City St Zip
 Phone Number Cell Number
 Email

Reason for Contact (Please check yes or no for each listing.)

<input type="checkbox"/> Yes <input type="checkbox"/> No Emergency	<input type="checkbox"/> Yes <input type="checkbox"/> No Eviction from unit	<input type="checkbox"/> Yes <input type="checkbox"/> No Change in lease terms
<input type="checkbox"/> Yes <input type="checkbox"/> No Unable to Contact You	<input type="checkbox"/> Yes <input type="checkbox"/> No Late Payment of Rent	<input type="checkbox"/> Yes <input type="checkbox"/> No Change in house rules
<input type="checkbox"/> Yes <input type="checkbox"/> No Termination of assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No Assist w/Recertification	<input type="checkbox"/> Yes <input type="checkbox"/> No Other: <input type="text"/>

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

Recertification Forms

As my file contains my original signature on the following forms, either with my initial move in paperwork or with the previous year recertification paperwork, I/we acknowledge on this date by initialing next to each form that I have reread over each one and understand them fully.

Initial	Initial	Instructions for Satellite / Cable Television Installation
Initial	Initial	Certification of Utilities
Initial	Initial	Members in Household / Occupancy Certification
Initial	Initial	FireStop Installation
Initial	Initial	Grease in Sink (Possible Charge of \$20.00 to unclog sink due to grease)
Initial	Initial	Refrigerator Crisper Tray (Possible charge of \$35.00 for replacement)
Initial	Initial	Monthly Inspections
Initial	Initial	After Hours Emergency (Possible charge of \$30.00 for lockout service)
Initial	Initial	Renter's Insurance Information
Initial	Initial	Parking Policy
Initial	Initial	What You Should Know About EIV
Initial	Initial	Debts owed To Public housing Agencies and Terminations

Residents Certification

Read each statement and initial that you understand and agree.

_____ Initial	_____ Initial	I/We certify that the information provided on household composition, income, family assets, allowances and deductions is accurate, true and complete and understand that it will be verified.
_____ Initial	_____ Initial	I/We understand that false statements or false information given are grounds for termination of my/our tenancy .
_____ Initial	_____ Initial	I/We understand that failure to disclose any arrests, charges or convictions of criminal or drug related activities will result in automatic termination of my/our lease .
_____ Initial	_____ Initial	I/We understand that once I/We have applied for housing with the Columbia County Housing Authority, I MUST inform them of ANY CHANGES in the information provided, such as income of any member of the household, members of my household, phone number changes, and/or any other changes in the information provided to continue occupancy in Public Housing. All changes must be reported within ten (10) calendar days of occurrence.
_____ Initial	_____ Initial	I/we understand if I or any member of my household needs a reasonable accommodation or reasonable modification that I/we will inform Columbia County Housing Authority of the need.
_____ Initial	_____ Initial	I/We authorize the Columbia County Housing Authority to make any and all inquiries to verify the information with rental and credit screening services, previous and current landlords, law enforcement agencies or other sources for verification confirmation which may be released to appropriate Federal, State or local agencies.
_____ Initial	_____ Initial	I/We do hereby certify that I/we realize and understand that it is a crime, per Florida law Chapter 414.39 F.S., to knowingly give false information to get into housing, to get a lower rent, or to receive aid or benefits under any State or Federally funded assistance program.
_____ Initial	_____ Initial	I/We understand that the penalty for knowingly providing false information you can be fined up to \$10,000 and/or imprisoned up to five (5) years.

WARNING: The above information is full, true and complete to the best of my knowledge. I do hereby certify that I realize and understand that it is a crime, per Florida Law Chapter 414.39 F.S., to knowingly give false information to get into housing, to get a lower rent or to receive aid or benefits under any State or Federally funded assistance program.

Signature of Head of Household

Date

Signature of Spouse or Other Adult

Date

Signature of Other Adult

Date

Signature of PHA Representative

Date



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APPLICANT / RESIDENT RELEASE OF INFORMATION CONSENT FORM

CONSENT

I authorize and direct any Federal, State or local agency, organization, business or individual to release any information necessary to verify my application for the purpose of determining eligibility status for federally assisted housing programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD), Internal Revenue Service and/or USDA Rural Development in administering and enforcing program rules and policies. I also consent for HUD, Rural Development or the Managing agent to release information from my file to credit bureaus, collection agencies or future landlords. This includes, but not limited to records on my payment history and any violations of my lease or occupancy policies.

INFORMATION COVERED

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

- | | |
|----------------------------------|---|
| Identity and Marital Status | Employment, Income and Assets |
| Medical or Child Care Allowances | Credit and Criminal Activity |
| Residences and Rental Activity | Guardianship or Legal Custody of Minors |

GROUP OR INDIVIDUAL THAT MAY BE ASKED

The groups or individuals that may be asked or who may ask us to release the above information include but are not limited to:

- | | |
|----------------------------------|---|
| Previous & Current Landlords | Past and Present Employers |
| Courts and Post Offices | Department of Children & Families /Welfare Agencies |
| Schools and Colleges | State Unemployment Agencies |
| Law Enforcement Agencies | Social Security Administration |
| Medical/Pharmaceutical Providers | Banks & other Financial Institutions |
| Retirement Systems | Credit Providers and Credit Bureaus |
| Utility Companies | Veterans Administration |
| Child Care Providers | Child Support Enforcement & Alimony Providers |

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office and will stay in effect for 15 months from the date signed or if I take occupancy of a leased apartment, until such time that I vacate or move-out of the leased apartment.

Signature of Tenant

Date

Signature of Spouse/Other Adult Member

Date

Signature of Other Adult Member

Date