

# ***FORT WALTON BEACH HOUSING AUTHORITY***

27 Robinwood Drive, SW Fort Walton Beach, Florida 32548  
(850) 243-3224\* Fax (850) 244-6533 \* TTY (850) 243-2445  
Website: [fwbha.com](http://fwbha.com) . Email: [Fwbha@fwbha.org](mailto:Fwbha@fwbha.org)



*Gail Sansbury*  
*Executive Director*

## **Section 8 Application**

Thank you for completing an application for Section 8 through the Fort Walton Beach Housing Authority. Section 8 is a program where the HA pays a portion of your rent based on your income. We service Okaloosa County from Fort Walton Beach to Destin, from West of Hurlburt Field (to the Okaloosa County line), Laurel Hill to the Alabama State line. We also cover Crestview. **(Units must be at least 10 miles outside the city limits).**

You will be placed on the waiting list based on the information that you provide to us on the attached application. The selection process is based on the date and time of your application; therefore, there may be other applicants ahead of you on the waiting list. We do not have emergency housing, nor can you get preference over anyone else on the waiting list. You will be contacted by mail when your name comes to the top of the waiting list.

**If you should have a change of address, telephone number and /or family size, please bring the changes to the office in writing.** Failure to report a change of address may result in our correspondence being returned and you being unable to contact us within the designated time specified on a letter. If you do not respond to us within the designated time, your application will be placed in the inactive files. Once your file is designated inactive, you will be required to reapply.

Based on our current policy, current Public Housing residents are required to fulfill a two-year lease before they are eligible for the Section 8 program.

You are required to pass a criminal background check and must be considered income eligible at time of admission.

You will be required to reside in our jurisdiction while using the Section 8 voucher for one year before you are eligible to transfer. We do not transfer from the waiting list.

Again, thank you for completing an application and we look forward to assisting you

with your housing needs.

We thank you for your application and need to make sure you understand the following:

1. Do not fax this application.
2. **Must be original documents. Copies will be made at our office.**
3. Print your name & address clearly.
4. You must provide **ALL** the information listed on the checklist before your application is considered complete. If your application is missing support documentation you will have **10 days** from the date of your application to bring all support documentation if you fail to provide required documentation within the time frame, your application will be removed and you will be required to reapply.
5. You will be placed on the waiting list according to the date and time your application is turned in.
6. We do not have emergency housing, nor can you get a preference over anyone else on the waiting list.
7. While you are on the waiting list, you must report changes in your income or family composition.
8. You must keep your mailing address updated at all times. If we can't contact you by mail, your name may be removed from the waiting list.
9. If you have lived in Public Housing or if you have had Section 8, you must tell us when and where. Failure to tell us is fraud and your application will be removed from the waiting list.
10. In the event you want to add an additional person to the application, the request must be in writing no less than 45 days prior voucher issuance. The additional person is subject to all eligibility requirements.
11. In the event you request that a member of the household age 18 or older be removed, that member will be required to request removal in writing and provide proof of residency elsewhere.

If you have any questions, please contact this office at (850)243-3224.

**The following is a list documentation you must provide in order to apply for Section-8 rental assistance:**

1. Original Valid picture I.D. for any member 18 years or older.
2. Original Social Security cards for all family members.
3. Original Birth Certificates for all family members.
4. Most recent checking & savings account statements.
5. Information on any property you may own or have sold within the past 2 years.
6. Proof of medical bills if you are elderly, disabled or handicapped.
7. If you pay childcare we need a statement from the Childcare Facility on their letterhead with the exact amount of expenses you pay each week.
8. If your relative (mother, sister, grandmother) watches your child we need a notarized statement of how much you pay them.
9. Verification of all income for every family member. ( must be current)
  - If you are paid weekly we need 6 pay stubs, if you are paid bi-weekly we need 3 pay stubs.
  - Social Security Benefits, SSI, Pension, V.A. etc
  - Unemployment
  - If your relative (mother, sister, grandmother, etc) gives you money for assistance we need a notarized statement of much they give you.
10. Previous year's income tax return.(tax form 1040)
11. Proof of child support; either a court order or court history.
12. If you receive alimony, we need a copy of the court order.
13. If you receive AFDC (cash assistance) or Food Stamps we need a copy of the letter.
14. If you have school-aged children, we need a proof of enrollment for the current year.(no report cards/progress report)
15. Copy of divorce decree (with financial arrangements), if applicable.

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*Gail Sansbury*  
*Executive Director*

Name \_\_\_\_\_

The Section 8 program provides assistance for low income families in the private rental market. Section 8 is a program where we pay a portion of your rent based on income.

Once you had met all eligibility requirements and your name reaches the top of the waiting list, the Housing Authority will notify you by mail. Prior to your appointment we will not be able to give you a price range of what you qualify for or what you can afford; but after your group meeting we will meet with you individually to give you your range and answer any questions.

Please keep in mind following:

- Our jurisdiction does not include Crestview and as far out as 10 miles.
- You must keep your mailing address updated at all times. If we can't contact you by mail, your name may be removed from the waiting list.
- If you want to add an additional person to the application, the request must be in writing no less than 45 days prior voucher issuance. Subject to all eligibility requirements.
- You must be able to have all utilities on prior to the inspection.
- You will need a Security Deposit. ( deposit is determined by Landlord)

I have received page 1, 2, 3, and copy of page 4 of this application. I'm aware of the process to be placed on waiting list; I'm also aware of all changes in income and in family composition must be reported to this office in writing within 10 business days of occurrence.

If you should have a change of address, please bring changes to the office in writing.

\_\_\_\_\_  
Applicant Name & Date

\_\_\_\_\_  
PHA Representative & Date

**Housing Assistance Application**

**PART A: FAMILY COMPOSITION AND CHARACTERISTICS (please print clearly)**

1. Legal Name of Head of Household \_\_\_\_\_
2. Social Security # \_\_\_\_\_ 3. Alien Registration # \_\_\_\_\_
4. Current Address:  
Street \_\_\_\_\_  
City/State/Zip \_\_\_\_\_
5. Mailing Address if different from above:  
Street \_\_\_\_\_  
City/State/Zip \_\_\_\_\_
6. Phone #: Home \_\_\_\_\_ 7. Work \_\_\_\_\_ 8. Spouse Work # \_\_\_\_\_
9. Date of Birth: \_\_\_\_\_ 10. Sex (M/F) \_\_\_\_\_
11. Citizenship: Are you a citizen of the United States? (Yes/No) \_\_\_\_\_
12. Race: 1=White 4=Asian  
2=Black/African American 5=Native Hawaiian/Other Pacific Islander  
3=American/Indian  
Select as many codes as appropriate to best indicate your  
race: \_\_\_\_\_
13. Ethnicity (1= Hispanic or Latino 2=Not Hispanic or Latino): \_\_\_\_\_
14. Do you or any member of your Family claim any type of disability for the purpose of qualifying for reasonable accommodation in PHA rules or policies, modification of the housing unit, or specific housing needs? (Yes/No) \_\_\_\_\_  
If yes, please describe:  
\_\_\_\_\_
15. Marital Status of Head of Household: Married \_\_\_\_\_ Single \_\_\_\_\_ Widow(er) \_\_\_\_\_  
Divorced \_\_\_\_\_

16. Current Spouse Name:

\_\_\_\_\_

17. List names, addresses, and telephone numbers of two relatives or friends who generally know how to contact you:

<b>1. Contact Name:</b>	<b>2. Contact Name:</b>
Address:	Address:
Telephone #:	Telephone #:

18. Have you or any Family member ever received any type of housing assistance?

(Yes/No) \_\_

If Yes, provide: Family Member Name:

\_\_\_\_\_

Public/Assisted Housing Agency Name:

\_\_\_\_\_

Agency Address:

\_\_\_\_\_

What year(s)? \_\_\_\_\_ Who was the Head of the Household?

\_\_\_\_\_

19. Do you currently owe any money to any Public or Assisted Housing

Agency?(Yes/No)\_\_\_\_\_

If yes, amount: \$\_\_\_\_\_

Name of Public/Assisted Housing Agency:

\_\_\_\_\_

Address of Agency

\_\_\_\_\_

20. Have you ever used a name other than the one you are using

now?(Yes/No)\_\_\_\_\_ If yes, please

explain\_\_\_\_\_

21. Have you ever used a social security number other the one you listed on page 1 of this form?(Yes/No)\_\_\_\_\_If yes, what is the other number?

\_\_\_\_\_

**22. LIST ALL OTHER MEMBERS WHO WILL BE LIVING IN THE UNIT**

Member's Full Legal Name	Relation to Head	Birth Date	Age	Sex M/F	Social Security Number	Occupation or School Name	U.S. Citizen Yes/No

If there are any additional Family members check here \_\_\_\_ and attach a separate page with application.

23. Are any family members temporarily absent from the home? (Yes/No)

\_\_\_\_\_

If yes, state the reason they are absent

\_\_\_\_\_

24. Full Time Students: List the Family member name, and school name, address and telephone # of all Family members who are attending school full-time:

<b>A. Name of Family Member:</b>	
School Name:	
School Address:	
School Telephone #:	

<b>B. Name of Family Member:</b>	
School Name:	
School Address:	
School Telephone #:	
<b>C. Name of Family Member:</b>	
School Name:	
School Address:	
School Telephone #:	
<b>D. Name of Family Member:</b>	
School Name:	
School Address:	
School Telephone #:	

25. For all Family members that are not United States citizens, provide the following information:

<b>a. Name of Family Member:</b>	
Alien Registration #:	
<b>b. Name of Family Member:</b>	
Alien Registration #:	
<b>c. Name of Family Member:</b>	
Alien Registration:	
<b>d. Name of Family Member:</b>	
Alien Registration #:	



**PART B: DRUG/CRIMINAL ACTIVITY**

**Federal regulations require housing agencies to question applicants and participants concerning drug-related or violent criminal activities.**

1. Have you or any Family member ever been evicted from Public or Assisted Housing for violent criminal or drug –related activity? (Yes/No)\_\_\_\_. If yes, provide following information:

When:\_\_\_\_\_ For what

reason:\_\_\_\_\_

Name of the Family Member:

\_\_\_\_\_

Name of Public/Assisted Housing:

\_\_\_\_\_

2. Have you or any Family member ever been convicted of the manufacture or production of methamphetamine (speed) on the premises of Public or Assisted Housing? (Yes/No) \_\_\_\_\_

If yes, provide the following information.

Name of Family Member:

\_\_\_\_\_

Name of Public/Assisted Housing:

\_\_\_\_\_

3. Are you or any Family member subject to lifetime registration as a sex offender? (Yes/No) \_\_\_\_

If yes, provide the following information:

Name of Family Member:

\_\_\_\_\_

4. Are you or any Family member persons who abuse or show a pattern of abuse of alcohol?

(Yes/No)\_\_\_\_. If yes, provide the following information:

Name of Family Member:

\_\_\_\_\_

Is Family member currently enrolled in a treatment program? (Yes/No)

\_\_\_\_\_

If yes, please

describe\_\_\_\_\_

**PART C: INCOME INFORMATION**

**This part applies to all Family members, including minors**

1. **Work full time, part-time, or seasonally- including wages, fees, tips, bonuses, money for service? (Yes/No)\_\_\_\_\_.** If yes, provide the following information:

Name of Family Member	Employer name/ Address	Employer Telephone Number

2. Any Family member work for someone who pay cash? (Yes/No) \_\_\_\_\_.  
If yes, provide the following information:

Name of Family Member	Employer Name/Address	Employer Telephone Number

3. Does any family member receive unemployment benefits, workers compensation, or severance pay? (Yes/No) \_\_\_\_\_. If yes, provide:

Family Members Name:

\_\_\_\_\_

Type of Benefit: \_\_\_\_\_ Amount: \$\_\_\_\_\_

Employer Name and Address: \_\_\_\_\_

4. Does any family member receive child support? (Yes/No)\_\_\_\_ If yes, provide:

Minor's Name	Name of Absent Parent	Child Support Amount
		\$
		\$
		\$
		\$

4. Does any family member receive child support directly from the absent parent? (Yes/No)  
If yes, provide:

Minor's Name	Name of Absent Parent	Child Support Amount
		\$
		\$

5. Does any family member receive alimony? (Yes/No) \_\_\_\_\_. If yes, Provide:  
Family member name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Former Spouse Name: \_\_\_\_\_  
\_\_\_\_\_
6. Does any family member receive cash assistance (TANF)? (Yes/No) \_\_\_\_\_. If yes, provide:  
Family member name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_
7. Does any family member receive Social Security or SSI benefits? (Yes/No) \_\_\_\_\_. If yes, attach a copy of the award letter to this application and provide:  
Family member name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Social Security number benefits are received under: \_\_\_\_\_
8. Does any family member receive income from a pension or annuity? (Yes/No) \_\_\_\_\_. If yes, provide:  
Family member name: \_\_\_\_\_ Amount: \_\_\_\_\_  
Type of Pension/Annuity \_\_\_\_\_ Claim \_\_\_\_\_  
Address of Pension/Annuity \_\_\_\_\_
9. Does any family member receive regular contributions from organizations or from individuals not living in the unit? (Yes/No) \_\_\_\_\_. If yes, provide:  
Family Member Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Name and Address of Contributing Organization or Individual: \_\_\_\_\_  
\_\_\_\_\_
10. Did any family member file a Federal Income Tax Return last year? (Yes/No) \_\_\_\_\_. If yes, attach a copy of the tax return to this application.
11. Does any family member receive income from assets including interest on checking or savings account, interest and dividends from certificates of deposit, stocks or bonds, or income from rental property? (Yes/No) \_\_\_\_\_. If yes, provide:  
Family Member Name: \_\_\_\_\_  
Type of Asset: \_\_\_\_\_ Amount of Income/Interest Received: \$ \_\_\_\_\_
12. Do any family members own a business or are self-employed? (Yes/No) \_\_\_\_\_. If yes, provide:  
Family Member Name: \_\_\_\_\_ Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_

13. Does any family member receive any type of military pay/allotment (including the Coast Guard, National Guard, and Reserve Units)? (Yes/No) \_\_\_\_ If yes, provide:

Family Member Name: \_\_\_\_\_ Amount: \_\_\_\_\_

Source of Pay/Allotment: \_\_\_\_\_

14. Does any family member receive money to pay bills from someone outside of your family? (Yes/No) \_\_\_\_ If yes provide:

Family Member Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name and address of party paying the bills: \_\_\_\_\_

**PART D: ASSETS**

1. Does any family member own or have an interest in any property (real estate, mobile home, and/or land) (Yes/No) \_\_\_\_\_. If yes, provide:

2. Family Member Name: \_\_\_\_\_

Real Estate Address: \_\_\_\_\_ Value \_\_\_\_\_

3. Has any family member sold or given away any property (real estate, mobile home, and/or land) in the last two years? (Yes/No) \_\_\_\_\_. If yes describe below:

\_\_\_\_\_

4. Does any family member own any stocks or bonds? (Yes/No) \_\_\_\_\_. If yes, describe below: \_\_\_\_\_

5. Where do all family members bank? Provide all information below:

Name of Family Member	Bank Name/ Address	Type of Account	Account Number

6. Does any family member have any savings certificates, money market funds, or trust funds?

(Yes/No) \_\_\_\_\_. If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

7. Does any family member have any type of retirement account (Company, IRA, Keogh)? (Yes/No) \_\_\_\_\_. If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

8. Does any family member have any inheritances, lottery winnings, or lump sum payments? (Yes/No) \_\_\_\_\_. If yes describe: \_\_\_\_\_

\_\_\_\_\_

9. Does any family member have any life insurance policies? (Yes/No) \_\_\_\_\_. If yes, provide:

Name of Family Member	Insurance Agency Name/Address	Policy Number	Amount/Value
			\$
			\$
			\$
			\$

**PART E: EXPENSES**

1. Does any family member have expenses for child care of a child aged 12 or younger? (Yes/No) \_\_\_\_\_. If yes, provide:

Minor's Name	Childcare Provider Name and Address	Provider Telephone Number	Monthly Cost to You for Childcare

Is any portion of your childcare expenses reimbursed from an outside agency or person? (Yes /No)\_\_\_\_\_.

2. Indicate the dollar monthly expenditures for your family below:

Rent \$	Phone \$	Medical \$	Credit Card \$
Electric \$	Car Payment \$	Cable \$	Credit Card \$
Gas \$	Car Insurance\$	Insurance \$	Loan \$
Water \$	Child care \$	Rentals \$	Loan \$
Other (Specify)			\$
<b>Indicate in this space any of the above that are delinquent or not paid current:</b>			

3. Do you pay a care attendant or for any equipment for any family member(s) with disabilities that is necessary to permit that person or someone else in the family to work? (Yes/No) \_\_\_\_\_. If you do pay a care attendant, provide:

Care Attendant Name	Care Attendant Address	Care Attendant Telephone #

What is the monthly cost to you for the care attendant and/or equipment? \$ \_\_\_\_\_

### ELDERLY OR DISABLED FAMILIES ONLY

Complete the following questions in this part (Part E) only if the head of family or spouse is 62 years of age or older, or if the head or spouse is a person with disability.

4. Do you have Medicare? (Yes/No)\_\_\_\_. If yes, what is the monthly premium? \$ \_\_\_\_\_
5. Do you pay any other kind of medical insurance? (Yes/No) \_\_\_\_\_. If yes, provide:

Insurance Agent's Name:	Policy Number	Policy Number
Name of Insurance Company:		
Address:		
Telephone Number:		
Monthly Premium Amount:	\$	\$

6. Do you have any outstanding medical bills that you are paying? (Yes/No)\_\_\_\_. If yes, provide:

Name of Provider	Address of Provider	Telephone Number

7. Do you expect to incur additional medical expenses in the next 12 months that will not be covered by insurance? (Yes/No) \_\_\_\_\_. If yes, list anticipated medical expenses not covered below: \_\_\_\_\_

**Part F: Unit information**

1. Name, address and telephone number of your current landlord:  
\_\_\_\_\_
2. What is the total monthly rent of your unit? \$ \_\_\_\_\_  
What amount do you pay monthly for rent? \$ \_\_\_\_\_
3. Indicate the type of housing you currently occupy: House \_\_\_\_\_ Apartment \_\_\_\_\_  
Mobile home \_\_\_\_\_ Other (specify) \_\_\_\_\_
4. In your opinion is your present home decent, safe and sanitary? (Yes/No) \_\_\_\_\_. If  
no, why not?  
\_\_\_\_\_
5. Do you intend to remain in this unit if your Section 8 rental assistance is approved?  
(Yes/No) If no, why not?  
\_\_\_\_\_  
If no: why not?  
\_\_\_\_\_

**4. APPLICATION/PARTICIPANT CERTIFICATION**

**I certify that the information given to the Fort Walton Beach Housing Authority on family composition and characteristics, drug and criminal activity, income, assets, and expenses, is accurate and complete. I understand that false statements or information are punishable under Federal Law and grounds for denial or termination of housing assistance. I understand that I am required to report in writing all changes in family composition, income, assets, and expenses of any family member(s) to the Fort Walton Beach Housing Authority within ten (10) days of the change. I understand that all changes in family composition due to birth, adoption, or court awarded custody must be reported in writing to the Fort Walton Beach Housing Authority within ten (10) days of the change. Further that no one is permitted to move into my unit without prior written approval of the Fort Walton Beach Housing Authority and my Landlord. I understand that any attempt to obtain Public Housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime under Federal 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 STATEMENT TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.**

**Signature of Head of Household: \_\_\_\_\_ Date \_\_\_\_\_**

**Signature of Spouse \_\_\_\_\_ Date \_\_\_\_\_**

**For PHA Only**

**I have reviewed this application in its entirety with the above Household /Spouse and verify by my signature that this application is complete and any items that were not complete on the date this application was originally submitted have now been entered, dated and initialed by the Head of Household/Spouse and myself.**

**PHA Representative \_\_\_\_\_ Date \_\_\_\_\_**



# Consent Form

## Consent

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to the Fort Walton Beach Housing Authority any information or materials needed to complete and verify my specification for participation, and/or to maintain my continued assistance under the Section 8 Rental Rehabilitation, low income Public and Indian 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 the Department of Housing and Urban Development (HUD) 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. Verification and inquiries that may be requested include but are not limited to:

**Identification and Marital Status   Employment, Income and Assets   Residence and Rental History**

**Medical or Child Care allowances   Credit and Criminal Activity**

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

## Group or Individual 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 landlord (including Public Housing Agency), Past and Present employers, Veterans Administration, Welfare Agency, Retirement Systems, Court and Post offices, State Unemployment Agencies, Banks and other Financial Institutions, Schools and Colleges, Social Security Administration, Credit providers and Credit Bureaus, Law Enforcement Agencies, Medical and Child Care Providers, Utility Companies, Support and Alimony Providers.

## Computer Matching Notices and Consent

I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or Re-certification. 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. HUD 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 listed above. This authorization will stay in effect for a year and one month from the date signed.

\_\_\_\_\_  
Signature Head of Household                      Date                      Signature of Spouse                      Date

## APPLICANT/TENANT'S CERTIFICATION

### **Giving True and Complete Information**

I certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge.

### **Reporting Changes in Income or Household Composition**

I know I am required to report changes in income and any changes in the bedroom size when a person moves in or out of the unit. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me.

### **Reporting on Prior Housing Assistance**

I certify that I have disclosed where I received any previous Federal housing assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misinterpret any information, or vacate the unit in violation of the lease.

### **No Duplicate Residence or Assistance**

I certify that the house or apartment will be my principal residence and will not obtain duplicate Federal housing assistance while I am in this current program.

### **Cooperation**

I know I am required to cooperate in supply all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays, termination or assistance or eviction.

### **Criminal and Administrative Actions for False Information**

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance and/or termination of tenancy.

### **Signature and Date of ALL Adults in Household**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



## REASONABLE ACCOMMODATION NOTICE OF RIGHT TO REASONABLE ACCOMMODATION

### If you have a disability and you need:

1. A change in the rules or policies or how we do things that would make it easier for you to live and use the facilities or take part in programs on site;
2. A change or repair in your unit or special type of unit that would make it easier for you to live and use the facilities or take part in programs on site;
3. A change or repair to some other part of the housing site that would make it easier for you to live and use the facilities or take part in programs on site.
4. A change in the way we communicate with you or give you information, you can ask for this kind of change, which is called a REASONABLE ACCOMMODATION.

If you can show that you have disability and if your request is reasonable; if it is not too expensive; and if it is not too difficult to arrange, we will try to make the changes for your request.

We will give you an answer within 14 days of your request unless there is a problem getting the information we need or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to know you about other ways to meet your needs.

If we turn down your request, we will explain the reasons and you can give us more information if you think that will help. If you need help in filling out a Reasonable Accommodation Request form, or if you want to give us your request in some other way, we will help you.

If you make such a request, you will need some evidence that the problem was caused by the disability and that the plan is likely to work. If it involves someone else, you need evidence that they will provide the assistance.

You will need your doctor, health care provider or other qualified individual to verify that your request:

(1) is related to your disability; and (2) would provide you with an equal opportunity to enjoy our housing programs or that your disability restricts you from performing task.

WARNING TITLE 18 SECTIONS 101 OF THE UNITED STATES CODE, STATES THAT PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

I have read the above statement or had it read to me and do fully understand it.

Name \_\_\_\_\_ Date \_\_\_\_\_



# REASONABLE ACCOMMODATION REQUEST FORM

Ft. Walton Beach Housing Authority is committed to the letter and spirit of the Fair Housing Act, which, among other things, prohibits discrimination against persons with disabilities. In accordance with our statutory responsibilities and management policies, we will make reasonable accommodations in our rules, policies, practices, or services, when such opportunity to use and enjoy their housing communities. If you are requesting such an accommodation, please fill out this form.

DATE OF REQUEST: \_\_\_\_\_

NAME OF HEAD OF HOUSEHOLD: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

Please describe the accommodation (exception to our usual rule or policy) that you are requesting. \_\_\_\_\_

1. Do you consider yourself to be disabled?

*The Fair Housing Act defines disability as a physical or mental impairment that **substantially** limits one or more major life activities. The Supreme Court has determined that to meet this definition a person must have an **impairment that prevents or severely restricts the person from doing activities that are of central importance in most peoples' daily lives.***

Please circle one                      YES                      NO

2. Please describe how the requested accommodation is necessary for your use and enjoyment of your apartment community. \_\_\_\_\_

**Tenant Statement:**

I certify that the information that I have provided is true and correct and, that failure to provide truthful or correct information is subject to my termination of continued residency of this housing program.

\_\_\_\_\_  
SIGNATURE OF HEAD OF HOUSEHOLD

\_\_\_\_\_  
DATE

# **FORT WALTON BEACH HOUSING AUTHORITY**

27 Robinwood Drive, SW\*Fort Walton Beach, Florida 32548  
 (850) 243-3224\* Fax(850) 244-6533\* TTY (850) 243-2445  
 Website:fwbha.com \* Email: fwbha@fwbha.org



*Gail Sansbury*  
*Executive Director*

Authorization for Criminal Records/Background Release

PLEASE PRINT

Adult #1

<b>Name</b>	<b>Date of Birth</b>
<b>Street Address</b>	<b>Soc. Sec. #</b>
<b>City, State, Zip</b>	<b>Race</b> <span style="float: right;"><b>Sex</b></span>

Adult #2

<b>Name</b>	<b>Date of Birth</b>
<b>Street Address</b>	<b>Soc. Sec. #</b>
<b>City, State, Zip</b>	<b>Race</b> <span style="float: right;"><b>Sex</b></span>

<b>Name</b>	<b>Date of Birth</b>
<b>Street Address</b>	<b>Soc. Sec. #</b>
<b>City, State, Zip</b>	<b>Race</b> <span style="float: right;"><b>Sex</b></span>

**To Whom It May Concern:**

The above-named client(s) has applied for Housing Assistance. In order to verify Admissions Eligibility, we are required to perform routine Criminal Background Checks (One Strike You're Out). Below please acknowledge signed Authorization/Release of Information. The information you provide will be strictly confidential and will be used solely for determining eligibility or continued program participation. Any additional assistance that you can provide will be most appreciated.

I do hereby authorize the Fort Walton Beach Housing Authority to conduct routine Criminal Background Checks for the purpose of determining admissions or continued participation eligibility.

\_\_\_\_\_  
**Signature** **Date**

\_\_\_\_\_  
**Signature** **Date**

\_\_\_\_\_  
**Signature** **Date**

\_\_\_\_\_  
**Signature** **Date**