



Housing Finance Authority of Marion County
P.O. Box 3102
Ocala FL 34478

Rental Housing Application

Instructions to Applicant

1. Complete Application

- Include information on ALL people residing in household
- All Questions Must be Answered – put “0” or “N/A” if not applicable to your situation

2. Provide all required documentation listed on checklist below or your application will not be accepted!

- Housing Rental Application
- Driver's License (or FL identification card) each adult member of the household
- Social Security card for each member of the household
- Copy of Birth Certificates for all household members **under 18**
- Listed Documentation of income for each member of the household **over 18** as applicable:
 - **60 Consecutive Days** of Paystubs
 - Current Social Security Benefits Letter
 - Child Support Income
 - Ongoing Cash Support from family or friends
 - Retirement/Pension Statements
 - Declaration of No Income
- Current Child Support Court Order **OR** Printout of payments from Clerk of Court **OR** Letter from Department of Revenue (with client name listed). **FOR ALL MINOR CHILDREN**
- Copy of last **6 months** complete bank statements for **ALL** checking and/or prepaid card accounts, **1 month** of last savings bank statement **OR** Declaration of No Assets.





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ADDITIONAL DOCUMENTATION MAY BE REQUIRED AFTER REVIEW OF APPLICATION

*If you're approved for housing assistance, you will be required to enter into an agreement as a condition of receiving assistance.

Once you have completed the application and gathered all the necessary documents

Please fax to 352-671-8769 or send an email to helen.urie@marioncountyfl.org Under Florida law, email addresses are public records.

NOTE at or Below 50% Annual GROSS Median Income will be Approved.

Gross income is the amount of salary or wages paid to the individual by an employer, before any deductions are taken. (See chart below for 2019 maximum income allowed)

| Number in household | Income limits |
|---------------------|---------------|
| Household size | 50% |
| 1 person | \$19,250 |
| 2 people | \$22,000 |
| 3 people | \$24,750 |
| 4 people | \$27,500 |
| 5 people | \$29,700 |
| 6 people | \$31,900 |
| 7 people | \$34,100 |
| 8 people | \$36,300 |





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APPLICATION FOR HOUSING FINANCE AUTHORITY RENTAL HOUSING

| | | |
|---|--------------------|--------|
| GENERAL INFORMATION: | | |
| Applicant Name: | Co-Applicant Name: | |
| Street Address: | | |
| Mailing Address: | | |
| Cell/Home Telephone: | Work Telephone: | Email: |
| Marital Status : Married <input type="checkbox"/> Never been married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> | | |

| | |
|---|-------------------------|
| Are you a U.S. citizen or Permanent Resident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | MONTHLY RENT PAYMENT \$ |
| <i>(Please complete all sections)</i> | |

| HOUSEHOLD OCCUPANTS: | | | | | |
|-----------------------------|--------------------------|----------------------------|----------------|---------|-------------------------|
| | Full Name: | Relationship to Applicant: | Date of Birth: | Gender: | Social Security Number: |
| 1 | Head of Household | Applicant | / / | | |
| 2 | | | / / | | |
| 3 | | | / / | | |
| 4 | | | / / | | |
| 5 | | | / / | | |
| 6 | | | / / | | |
| 7 | | | / / | | |



EQUAL HOUSING OPPORTUNITY



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EMPLOYMENT INFORMATION:

| Applicant's Employer: | Co-Applicants Employer: |
|-------------------------------|-------------------------------|
| Name: _____ | Name: _____ |
| Phone: _____ How Long?: _____ | Phone: _____ How Long?: _____ |
| Address: _____ | Address: _____ |
| Position: _____ | Position: _____ |
| Supervisor: _____ | Supervisor: _____ |

| Source: | Applicant: | Co-Applicant: | Other Member: (18 or Over) | Total: |
|-----------------------------|------------|---------------|-------------------------------|--------|
| Employment (salary/wages): | | | | |
| Interest/Dividends: | | | | |
| Business Net Income: | | | | |
| Rental Net Income: | | | | |
| Social Security, Pensions: | | | | |
| Unemployment, Workers Comp: | | | | |
| Alimony, Child Support: | | | | |
| Welfare Payments: | | | | |
| Other: | | | | |

TOTAL ANNUAL INCOME FROM ALL SOURCES: \$

| ASSETS: (Include bank accounts, certificates of deposit, stock, bonds, mutual funds, IRA's, KEOGH accounts, rental property, vacant property, etc.) | | | | | |
|--|----------------|----------------------------|------------|------------|-------------|
| Type: | Family Member: | Annual Income from Assets: | Bank Name: | Account #: | Cash Value: |
| Checking Acct: | | | | | |
| Checking Acct: | | | | | |
| Savings Acct: | | | | | |
| Savings Acct: | | | | | |
| Credit Union Acct: | | | | | |
| Stocks, Life Insurance: | | | | | |
| Real Property: | | | | | |
| IRA, KEOUGH, etc. | | | | | |
| Rental Property | | | | | |

Applicant Name: _____ Co-Applicant Name: _____
 Household Member over 18: _____ Household Member over 18: _____





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CERTIFICATIONS & WAIVER OF PRIVACY:

INITIAL(S):

Applicant Co-App.

- _____ _____ The applicant(s) certifies that all information in this application, including supporting information and documents, is given for the purpose of obtaining assistance under the SHIP Rental Assistance program, and is true and complete to the best of the applicant(s)'s knowledge and belief.
- _____ _____ The applicant(s) understand that all information provided by the applicant is subject to Florida's public records laws.
- _____ _____ The applicant(s) consent to the disclosure of any and all information for the purpose of verifying income and assets for determining income eligibility for the program assistance.
- _____ _____ The applicant(s) further certifies that he/she is aware that any person who knowingly fails, by false statement, misrepresentation, impersonation, or other fraudulent means, to disclose a material fact used in determining his/her qualification to receive State or Federal assistance is guilty of a crime and will be punished in accordance with Florida Statute 409-325m subsection (5).

Signature of Applicant

Signature of Co-Applicant

Date

Date

Applicant Name: _____ Co-Applicant Name: _____

Household Member over 18: _____ Household Member over 18: _____





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APPLICANT RELEASE OF INFORMATION FORM

I/We the undersigned hereby authorize any of those entities specified below to release without liability, information regarding my employment, income, and/or assets for SHIP Rental Assistance Program for the purpose of verifying information provided as part of my application for Rental Housing.

INFORMATION COVERED:

I/We understand that previous or current information regarding me may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, employment, income and assets, medical and/or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for the SHIP Rental Housing program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED:

The groups or individuals that may be contacted, but are not limited to:

- | | | |
|-----------------------------|--------------------------------|----------------------------------|
| Past/Present Employers | Welfare Agencies | Previous Landlords |
| Support & Alimony Providers | Unemployment Agencies | Retirement Systems |
| Veterans Administration | Social Security Administration | Banks & Mortgage Institutions |

CONDITIONS:

I/We agree that a photocopy of this authorization may be used for the purpose stated above. The original of this authorization is on file and will stay in effect for a year from the date signed. I/We understand that I/We have a right to review this file and correct any information that I/We can prove is incorrect.

| | | | |
|----------------------|------------------------|-----------|-------|
| _____ | _____ | _____ | _____ |
| Applicant Print Name | Social Security Number | Signature | Date |

| | | | |
|-------------------------|------------------------|-----------|-------|
| _____ | _____ | _____ | _____ |
| Co-Applicant Print Name | Social Security Number | Signature | Date |

| | | | |
|-----------------------------|------------------------|-----------|-------|
| _____ | _____ | _____ | _____ |
| Household Member Over 18 | Social Security Number | Signature | Date |

| | | | |
|-----------------------------|------------------------|-----------|-------|
| _____ | _____ | _____ | _____ |
| Household Member Over 18 | Social Security Number | Signature | Date |





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USE OF SOCIAL SECURITY NUMBERS FOR ASSISTANCE FOR SHIP RENTAL ASSISTANCE

The use of your social security number is for identification purposes only. Per Florida Statute: Chapter 119.071 subsections (5) (a) 2.a.b. Fla Stat. 2. Providing your social security number is voluntary, however refusal to do so may result in a denied application. By signing below you are acknowledging your agreement to produce your social security number.

| | | | |
|--|------------------------|-----------|------|
| Applicant Print Name | Social Security Number | Signature | Date |
| Co-Applicant Print Name | Social Security Number | Signature | Date |
| Household Member Over 18 Over 18 | Social Security Number | Signature | Date |
| Household Member Over 18 Over 18 | Social Security Number | Signature | Date |
| Parent/Guardian Of Minor Household Member | Social Security Number | Signature | Date |
| Parent/Guardian Of Minor Household Member | Social Security Number | Signature | Date |
| Parent/Guardian Of Minor Household Member | Social Security Number | Signature | Date |
| Parent/Guardian Of Minor Household Member | Social Security Number | Signature | Date |
| Parent/Guardian Of Minor Household Member | Social Security Number | Signature | Date |





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Section I - To be completed by Applicant and returned to Housing Finance Authority of Marion County.

EMPLOYER NAME: _____

EMPLOYER MAILING ADDRESS: _____

EMPLOYER FAX # _____ ATTENTION: _____

APPLICANT NAME: (Print) _____ S.S. #: _____

I hereby grant permission and authorize my employer to disclose full information as to my anticipated annual income to the Housing Finance Authority of Marion County, where I have applied for assistance.

 Applicant Signature

 Date

Section II - To be completed by Employer and returned to Housing Finance Authority.

Hire Date: _____ Position: _____

Please complete ONE of the following: (GROSS AMOUNT)

- | | | | |
|---------------|----------|-------------|----------|
| 1. Hourly | \$ _____ | 4. Weekly | \$ _____ |
| 2. Bi-Weekly | \$ _____ | 5. Monthly | \$ _____ |
| 3. Bi-Monthly | \$ _____ | 6. Annually | \$ _____ |

Average hours worked per week: _____ Weeks worked per year: _____

Vacation Pay (Y or N): _____ Number of days: _____

ANTICIPATED additional ANNUAL **GUARANTEED** GROSS INCOME from:

- | | | | |
|------------|----------|----------------|----------|
| 1. Tips | \$ _____ | 3. Commissions | \$ _____ |
| 2. Bonuses | \$ _____ | 4. Overtime | \$ _____ |

Has employee been terminated? _____ If yes, is the individual eligible for unemployment benefits? _____

Employer Signature: _____

Date: _____

Printed Name: _____

Phone: _____

Title: _____

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.





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DECLARATION OF NO ASSETS

The Housing Finance Authority of Marion County is required to verify the assets of anyone applying for assistance from one of our programs. To comply with this local, state, and federal requirement, we ask your cooperation in supplying the information requested in the Certification below. This information will be used only for establishing your eligibility.

CERTIFICATION

I, _____, do hereby certify that I do **NOT** have deposit accounts or other assets. I understand this includes **but is not limited to**, the following:

- | | | | |
|-----------------------------|--------------------------|-----------------|--------------------------|
| Checking Account | <input type="checkbox"/> | Savings Account | <input type="checkbox"/> |
| Credit Union Account | <input type="checkbox"/> | Stocks | <input type="checkbox"/> |
| Pre-Paid Debit Card Account | <input type="checkbox"/> | IRA or 401K | <input type="checkbox"/> |
| Whole Life Insurance | <input type="checkbox"/> | Rental Property | <input type="checkbox"/> |
| Real Property | <input type="checkbox"/> | | |

NOTE: (If you do have one of these types of accounts, please check the box next to the type of account owned.)

I certify that the foregoing is true, complete, and correct. Inquiries may be made to verify statements herein. I also understand that false statements or omissions are grounds for disqualification and/or prosecution under the full extent of Florida law.

Signature _____ Date _____

Witness Signature _____ Date _____





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DECLARATION OF INCOME FROM SELF-EMPLOYMENT

| | |
|--|---|
| <p>Name of Business: _____ Type of Business: _____ Owner(s): _____ Address of Business: _____ Business Phone#: _____ Business Fax#: _____ Number of Years in Business: _____</p> <p>AUTHORIZATION:</p> <p>State and Federal Regulations require us to verify Business Income of all members of the household applying for assistance. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status of the household.</p> <p>Your prompt return of the requested information will be appreciated.</p> | <p>Based on Business transacted during the weeks of: _____ 20_____ to _____ 20_____</p> <p>1. GROSS INCOME: \$ _____</p> <p>2. EXPENSES:</p> <p>(a) Cost of Goods/Materials \$ _____ (c) Business Rent \$ _____ (d) Business Utilities \$ _____ (e) Employee Wages \$ _____ (f) Federal Withholding Tax \$ _____ (h) State Withholding Tax \$ _____ (i) FICA \$ _____ (j) Sales Tax \$ _____ (k) Other Business Expenses \$ _____ List: _____ Total Expenses: \$ _____</p> <p>3. NET INCOME: \$ _____</p> |
| <p>RELEASE: I hereby authorize the release of the requested information.</p> <p>_____ Signature of Applicant</p> <p>_____ Printed Name</p> <p>_____ Date</p> | <p>_____ Owner(s) Signature</p> <p>_____ Owner Title</p> <p>_____ Date</p> <p>_____ Phone Number</p> |
| <p>WARNING: Title 18 Section 1001 of the US Code States that a person is guilty of a felony for knowingly and willing making false or fraudulent statements to any department of the United States Government.</p> | |



EQUAL HOUSING OPPORTUNITY



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DECLARATION OF NO INCOME

The Community Services Department is required to verify the income of anyone applying for assistance from one of our programs. To comply with this local, state, and federal requirement, we ask your cooperation in supplying the information requested in the Certification below. This information will be used only for establishing your eligibility.

CERTIFICATION

I, _____, do hereby certify that I do **NOT** receive income from ANY source. I understand sources of income include, **but are not limited to**, the following:

- | | | | |
|-----------------------------|--------------------------|--------------------|--------------------------|
| Employment by Other(s) | <input type="checkbox"/> | Retirement Funds | <input type="checkbox"/> |
| Unemployment Compensation | <input type="checkbox"/> | Alimony | <input type="checkbox"/> |
| Social Security | <input type="checkbox"/> | Income from Assets | <input type="checkbox"/> |
| Workers Compensation | <input type="checkbox"/> | Pensions | <input type="checkbox"/> |
| Child Support | <input type="checkbox"/> | General Assistance | <input type="checkbox"/> |
| Education Grants/Work-Study | <input type="checkbox"/> | Disability | <input type="checkbox"/> |
| Self-Employment | <input type="checkbox"/> | Union Benefits | <input type="checkbox"/> |
| AFDC | <input type="checkbox"/> | Family Support | <input type="checkbox"/> |
| SSI | <input type="checkbox"/> | Annuities | <input type="checkbox"/> |

NOTE: (If you do receive one of these types of income, please check the box next to the type of income received.)

I certify that the foregoing is true, complete, and correct. Inquiries may be made to verify statements herein. I also understand that false statements or omissions are grounds for disqualification and/or prosecution under the full extent of Florida law.

Signature _____ Date _____

Witness Signature _____ Date _____

