

# *The Housing Authority*

*OF THE CITY OF  
NEW SMYRNA BEACH, FLORIDA 32168*

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## **MARKET RENT APPLICATION**

Thank you for choosing The Housing Authority of the City of New Smyrna Beach to provide your housing needs. We would like to make your application process as pleasant as possible and would like to give you information to help you understand the process.

To submit an application, you must complete the attached application and provide the following:

1. Birth Certificates
2. Social Security cards for all family members
3. Picture Identification for all adults living in the household.
4. Proof of Income (Employer's info, Required: Company name, address, phone & fax number, supervisors name, pay stubs, child support, SS and/ or SSI, unemployment, AFDC/TANF benefits, pensions, etc.)
5. Most recent federal income tax return.
6. Landlord Verification (lease)
7. Bank Statements 3 months.
8. Green Card, proof of Citizenship or Passport, if you are not a natural born U.S. citizen, INS paperwork.
9. If pregnant, proof of pregnancy.
10. Verification of 6 months of continued employment and 3 months of paystubs.
11. Verification of current address if different than on Picture ID. (2 forms)

Your application will be processed and when your name appears to the top of the waiting list, you will be sent a letter to the address you provided on the application to schedule an appointment for your interview with the office staff. Our application process includes verification of all information you provided on the application, eviction records, and nationwide criminal background checks for all applicants.

Please keep in mind there are many more applicants than available apartments and depending upon your circumstances and which preference(s) you may qualify for. You may check the waiting list that is posted on the bulletin board in the lobby; no waiting list information will be given out over the telephone.

We hope these suggestions will help. If you have any additional questions, do not hesitate to contact the Management Office at (386)428-8171.

# APPLICATION FOR ADMISSION

Date: \_\_\_\_\_ Time: \_\_\_\_\_

APPLICATION FOR ADMISSION  HAVE YOU BEEN / ARE YOU IN SUBSIDIZED HOUSING? YES  NO

UNIT BR SIZE: \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

ETHNICITY:  HISPANIC  NONHISPANIC RACE:  WHITE  BLACK  ASIAN / PACIFIC ISLANDER  INDIAN / NATIVE ALASKAN

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APPLICANT NAME

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Last Name	First	Middle	Telephone #	Drivers License #
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CURRENT ADDRESS

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Street	City	St/Zip	Years
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PREVIOUS ADDRESS

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Street	City	St/Zip	Years
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MAILING ADDRESS

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Street	City	St/Zip	Years
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EMERGENCY CONTACT \_\_\_\_\_ TELEPHONE # \_\_\_\_\_ RELATION \_\_\_\_\_

(For statistical purposes only) (Check one box each in "a" and "b")

A. Is the head of your household?  White  Black  American Indian / Alaskan Native  Asian / Pacific Islander

B. Ethnicity of the Head of Household:  Hispanic  Non-Hispanic

I. HOUSEHOLD COMPOSITION: List the correct LEGAL name of all household members who will reside in the unit, as they appear on Social Security cards. Begin with Head of Household, spouse, older children, etc., and then list any additional adults.

	Family Members Legal Names	Social Security Numbers	Relation to Head	Sex	Age	Birth Date	Birth Place	Occupation/ School
1.								
2.								
3.								
4.								
5.								
6.								
7.								

Do you anticipate changes in household composition within the next 12 months?  Yes  No  
 Why? \_\_\_\_\_

Does anyone live with you now who is not listed above?  Yes  No.  
 If yes please explain? \_\_\_\_\_

II. CURRENT HOUSING STATUS

How many people live in your unit now? \_\_\_\_\_ How many bedrooms do you have? \_\_\_\_\_

Do you wish to move?  Yes  No If yes why? \_\_\_\_\_

Are you being evicted?  Yes  No If yes why? \_\_\_\_\_

What is your current rent? \_\_\_\_\_ Are you current on your rent? \_\_\_\_\_ What do you pay for utilities? \_\_\_\_\_

III. OTHER INFORMATION REQUIRED:

Do you have Medicare?  Yes  No If yes, what is your Medicare premium? \_\_\_\_\_

Do you have any other medical insurance?  Yes  No

If yes, give policy number and name and address of agent \_\_\_\_\_

Do you receive medical assistance through the Welfare Department?  Yes  No

Do you have any outstanding medical bills on which you are paying?  Yes  No

Do you expect to have any medical expenses during the next 12 months?  Yes  No

If yes, you will need to submit proof of the amount of these expenses to get the credit.

Do you pay for an attendant or for any equipment for the handicapped member(s) that permit them or someone else in the family to be able to work?  Yes  No

**Is your family in need of an accessible unit pursuant to Section 504?**  Yes  No

IV. INCOME INFORMATION: Please answer each of the following questions. For each "yes" answer, provide the detail in the chart below.

Is any member of your household employed, full time, part-time or seasonally?  Yes  No

Does any member of your household expect to for any period during the next (12) months?  Yes  No

Does any member of your household work for someone who pays them cash?  Yes  No

Is any member of your household on leave of absence from work due to lay-off, medical maternity or military?  Yes  No

Does any member of your household now receive, or expect to receive unemployment benefits?  Yes  No

Does any member of your family now receive or expect to receive child support?  Yes  No

Is any member of your household entitled to child support that he/she is not now receiving?  Yes  No

Does any member of your household now receive or expect to receive alimony payments?  Yes  No

Is any member of your household entitled to alimony payments that he/she is not now receiving?  Yes  No

Does any member of your household receive or expect to receive TANIF assistance?  Yes  No

Does any member of your family receive or expect to receive Social Security benefits?  Yes  No

Does any member of your household receive or expect to receive income from pension or annuity?  Yes  No

Does any member of your household receive regular case contributions from individuals not living in the unit or from agencies?  Yes  No

Does any member of your household receive income from assets including interest on checking or saving accounts, interest and dividends from certificates of deposit, stocks or bonds or income from rental property?  Yes  No

Do you pay for child care which entitles you or another family member to work or go to school?  Yes  No

If yes, give name and address of child care provider, weekly amount that you pay and name of family member enabled to work:

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V. TOTAL HOUSEHOLD INCOME: List below all money earned or received by everyone living in the household. This includes all money from wages, self-employment, child support, contributions, Social Security, retirement, disability, Workmen’s Compensation, AFDC, TANF, SSI, veteran’s benefits, rental property income, stock dividends, interest, alimony annuities, direct contributions and all other sources of income.

HOUSEHOLD MEMBER NAME	SOURCE OF INCOME (include complete address)	Income per wk / month
		\$ wk / mo
		\$ wk / mo
		\$ wk / mo
		\$ wk / mo

VI. WORK HISTORY FOR ALL ADULT HOUSEHOLD MEMBERS FOR THE PAST TWO (2) YEARS:

FAMILY MEMBERS NAME	EMPLOYERS NAME	EMPLOYERS ADDRESS	PHONE #	FROM / TO

VII. ASSETS: List all assets of all household members. Examples: house, property, boat mobile home, savings accounts, stocks, bonds, certificates of deposit, land, lots and acreage, inheritances, promissory notes from selling property, cash in safety box, etc.

Value \$ \_\_\_\_\_ Asset: \_\_\_\_\_

Value \$ \_\_\_\_\_ Asset: \_\_\_\_\_

In the last two (2) years have any one in the household disposed of an asset valued at \$1,000.00 or more?  Yes  No

If yes, List the Asset(s) \_\_\_\_\_

Value of Asset(s) \_\_\_\_\_

Amount received for the Asset(s) \_\_\_\_\_

VII. ADDITIONAL INFORMATION ON HOUSEHOLD

Current Monthly Household Expenditures:

Present Landlord & Address \_\_\_\_\_

Rent \$ \_\_\_\_\_ Phone \$ \_\_\_\_\_ Insurance \$ \_\_\_\_\_ Furn Payment \$ \_\_\_\_\_ Rentals \$ \_\_\_\_\_ Electric \$ \_\_\_\_\_ TV/Cable \$ \_\_\_\_\_

Auto Pmt \$ \_\_\_\_\_ Life/Health \$ \_\_\_\_\_ TV/ Appliance \$ \_\_\_\_\_ Gas \$ \_\_\_\_\_ Food \$ \_\_\_\_\_ Auto Ins \$ \_\_\_\_\_ Medical Exp \$ \_\_\_\_\_

Loan \$ \_\_\_\_\_ Water \$ \_\_\_\_\_ Child Care \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

IX. BANKING INFORMATION

BANK NAME	ADDRESS	ACCT #	ACCT TYPE	JOINT / INDIVIDUAL	BALANCE
					\$
					\$
					\$
					\$

X. MARITAL STATUS / HISTORY

What is your marital status?  Single  Married  Separated  Divorced  Widowed

SSN of Deceased Spouse \_\_\_\_\_

Have you ever been known by another name?  Yes  No What was the name? \_\_\_\_\_

XI. ABSENT PARENT INFORMATION

FAMILY MEMBER	FATHER / MOTHER	STREET ADDRESS	CITY	STATE	LAST CONTACT DATE

Comments:

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XI. POLICE CHECK: Have you or anyone in your household ever been arrested or convicted of any crime other than traffic violations? Please note that if you were arrested and not convicted you still have to check the yes block.

Yes  No  If yes, explain:

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XIII. VEHICLE(S):      HH Mem. # \_\_\_\_\_      Make \_\_\_\_\_      Year \_\_\_\_\_      Tag# \_\_\_\_\_

   HH Mem # \_\_\_\_\_      Make \_\_\_\_\_      Year \_\_\_\_\_      Tag # \_\_\_\_\_

Vehicle driven regularly (but not owned) by HH/Member?

Owner \_\_\_\_\_      Make \_\_\_\_\_      Year \_\_\_\_\_      Tag # \_\_\_\_\_

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**HOUSING FRAUD IS A VIOLATION OF STATE AND FEDERAL LAWS**

Any person who obtains, or who established eligibility for, and any person who knowing/ intentionally aids or abets such person in obtaining or establishing eligibility for any public housing, or a reduction in public housing rental charges, or any rent subsidy or assistance, to which such person would not otherwise be entitled, by means of a false statement, failure to disclose information, impersonation, other fraudulent scheme or device shall be guilty of a felony. As used in this act “public housing” shall mean housing which is constructed, operated, maintained, administered by the state, a county, a municipal corporation, a housing authority, or by any other political subdivision or public corporation of the state or its subdivision or pc corporation of the state of its subdivisions.

**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 STATEMENTS TO ANYH DEPARTMENT OR AGENCY OF THE UNITED STATES OR THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT.**

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I/We understand that this is not a contract and does not bind either party. I/We further certify that the information given to the Housing Authority of the City of New Smyrna Beach representing household composition, income, assets, criminal history, and allowances and deductions is accurate and complete to the best of my / our knowledge and belief. I/We also understand that furnishing false information and /or making false statements is grounds for termination of housing assistance/ occupancy, and I am responsible to repay any underpaid rent or overpaid rental assistance.

I/We have no objection to inquires being made for the purpose of verifying the statements made herein.

I/We understand that any verification required by the Housing Authority of the City of New Smyrna Beach must be returned within seven (7) days. Failure to do so will result in a delay in processing of my / our application, withdrawal of this application, or termination of my / our tenancy or assistance.

After verification by The Housing Authority of the City of New Smyrna Beach, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 via (PIC), a computer generated system. See the Federal Privacy Act Statement for more information about its use.

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Signature of Head of Household

Date

Spouse or Other Adult Signature

Date

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HANSB Representative's Signature / Date