



NSP Housing Application

SECTION 1: HEAD OF HOUSEHOLD INFORMATION (Primary person on lease)

Last Name: _____ **First Name:** _____ **Middle Initial:** _____
Current Street Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Home phone: _____ **Work phone:** _____
Cell phone: _____ **Email:** _____
Emergency Contact: _____ **Phone:** _____
Social Security Number: ____/____/____ **Date of Birth:** ____/____/____
Disabling Condition: () No () Yes **Gender:*** () Male () Female () Other
Ethnicity:* () Hispanic () Non-Hispanic
Race:* () American Indian/Alaska Native () Asian () Black/African American
() Native Hawaiian/Pacific Islander () White () Other

*Ethnicity, Race and Gender questions are for gathering statistical information only – answers have no bearing on application status

SECTION 2: HOUSEHOLD INFORMATION - FAMILY COMPOSITION

Please list ALL persons who wish to occupy this housing unit together:

Relationship To Head of Household	Last name	First name	Middle Initial	Date of Birth mm/dd/yy	Gender (M/F/O)*	Race / Ethnicity*	Social Security Number

Do you have legal custody or guardianship of all minor children listed? () No () Yes

Is anyone in your household a full time student? () No () Yes (If yes, who? _____)

Will anyone else live in the unit on either a full time or part time basis, such as children temporarily absent, children in a joint custody arrangement, children away at school, unborn children, children in the process of being adopted, or temporarily absent family members? () No () Yes

If yes, explain _____

SECTION 3: HOUSING HISTORY

Has anyone in your household ever received Section 8 or public housing? () No () Yes

How many evictions have the adults of this household received altogether? _____

Do you currently owe any past landlords? () No () Yes (If yes, explain with amounts owed)

List the last 3 landlords where you have had a lease:

1. Landlord Name: _____ Contact Phone: _____

Address of rental where you lived: _____

From: _____ To: _____ Monthly rental fee \$ _____

2. Landlord Name: _____ Contact Phone: _____

Address of rental where you lived: _____

From: _____ To: _____ Monthly rental fee \$ _____

3. Landlord Name: _____ Contact Phone: _____

Address of rental where you lived: _____

From: _____ To: _____ Monthly rental fee \$ _____

SECTION 4: HOUSEHOLD INCOME

Does anyone in your household receive employment wages? () No () Yes

(If yes, Who? _____ monthly amount \$ _____)

Does anyone in your household receive unemployment benefits? () No () Yes

(If yes, Who? _____ monthly amount \$ _____)

Does anyone in your household receive Social Security, SSI or payments from the Social Security Administration? () No () Yes

(If yes, Who? _____ monthly amount \$ _____)

Does anyone in your household receive child support payments? () No () Yes

(If yes, Who? _____ monthly amount \$ _____)

Does anyone in your household receive Alimony? () No () Yes

(If yes, Who? _____ monthly amount \$ _____)

Does anyone in your household receive Cash Assistance? () No () Yes

(If yes, Who? _____ monthly amount \$ _____)

Does anyone in your household receive Food Stamps? () No () Yes

(If yes, Who? _____ monthly amount \$ _____)

Does anyone in your household receive a pension? () No () Yes

(If yes, Who? _____ monthly amount \$ _____)

Is there any other income that the household receives? () No () Yes

(If yes, Who? _____ For what? _____ monthly amount \$ _____)

Are any adults in the household claiming zero income? () No () Yes

(If yes, Who? _____)

What is the total monthly household income? \$ _____

SECTION 5: EMPLOYMENT HISTORY

Head of Household:

Current Employer: _____ Phone: _____

Position: _____ Hiring Date: _____

Average Number of Hours per Week: _____ Average Gross Monthly Pay: _____

Previous Employer: _____ Phone: _____

Position: _____ Dates Employed: _____

Reason for Leaving: _____

Previous Employer: _____ Phone: _____

Position: _____ Dates Employed: _____

Reason for Leaving: _____

Second Household Adult:

Current Employer: _____ Phone: _____

Position: _____ Hiring Date: _____

Average Number of Hours per Week: _____ Average Gross Monthly Pay: _____

Previous Employer: _____ Phone: _____

Position: _____ Dates Employed: _____

Reason for Leaving: _____

Previous Employer: _____ Phone: _____

Position: _____ Dates Employed: _____

Reason for Leaving: _____

SECTION 6: HOUSEHOLD ASSETS

Does anyone in your household have a Checking or Savings Account? () No () Yes
(If yes, Who? _____ Amount \$ _____ Bank name _____)

Does anyone in your household have CDs, stocks, bonds, securities, trust funds, pensions, IRAs, 401Ks, 403Bs, or a retirement account? () No () Yes
(If yes, Who? _____ Amount \$ _____)

Does anyone in your household have real estate, rental property, land contract for deeds, or other real estates holdings? () No () Yes
(If yes, Who? _____ Amount \$ _____)

Does anyone in your household have cash on hand? () No () Yes
(If yes, Who? _____ Amount \$ _____)

SECTION 7: TRANSPORTATION

Does anyone in the household own a vehicle (legally in their name)? () No () Yes

If yes, list the make, model, color and driver of each:

License Plate #: _____

Monthly Payments on each: _____

Name of Auto Insurance Company: _____

SECTION 8: CRIMINAL HISTORY

Has any member of your household ever been arrested? () No () Yes (If yes, explain)

1. Who: _____ When: _____ Where: _____

Charges: _____ Was there a conviction? Yes No

2. Who: _____ When: _____ Where: _____

Charges: _____ Was there a conviction? Yes No

3. Who: _____ When: _____ Where: _____

Charges: _____ Was there a conviction? Yes No

Is any member of your household currently on probation/parole? () No () Yes (If yes, explain)

Is anyone in the household registered as a sex offender? () No () Yes (If yes, explain)

Have there been any domestic violence incidents within your home? () No () Yes

If yes, when was the last time? () Within past 3 months () 3 to 6 months ago () 6-12 months ago () over a year

How has this been resolved? _____

SECTION 9:

List two people and their phone numbers who can be contacted for references (not relatives):

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

All information on this application may be verified through the appropriate third-party source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility, if selected. This will include names, addresses, phone and fax numbers, account numbers (where applicable), and any other information required to expedite this process.

CERTIFICATION AND AUTHORIZATION TO RELEASE INFORMATION:

(All adults listed in this housing application must sign this form)

I understand that management is relying on this information to prove my household's eligibility for housing assisted under a program of the U.S. Department of Housing and Urban Development (HUD). 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.

I consent to have management verify the information contained in this application for purposes of providing my eligibility for occupancy. I will provide all necessary information and expedite this process in any way possible. I understand that my occupancy is contingent on meeting management's resident selection criteria and the HUD Neighborhood Stabilization Program.

I hereby grant Harvest Tabernacle the right to process this application for the purpose of obtaining a rental/lease agreement with this property. Additionally, I authorize all corporations, companies, law enforcement agencies, academic institutions and current and former employers to release information they may have about me and release them from any liability and responsibility from doing so. A photographic or faxed copy of this authorization shall be as valid as the original.

Head of Household Signature _____ Date _____

Head of Household Printed Name _____

Other Adult Signature _____ Date _____

Other Adult Printed Name _____

Other Adult Signature _____ Date _____

Other Adult Printed Name _____

Applications may be submitted:

In person at 2680 Chester Ave, Sarasota, FL 34234
By mail to 3650 17th Street, Sarasota, FL 34235 Attn: Housing Manager
By fax to 941-260-9962
By email to housing@harvesttab.com

OFFICE USE ONLY

Application received in office on _____ Is it complete? () Yes () No

Notification Made By: _____ Date: _____