

# **PUBLIC HOUSING APPLICATION INSTRUCTIONS**

## **PLEASE READ CAREFULLY**

**ANY APPLICATIONS THAT ARE NOT PROPERLY COMPLETED WILL BE DENIED**

**APPLICATIONS WILL ONLY BE ACCEPTED ON THE 2<sup>ND</sup> TUESDAY OF THE MONTH**

**APPLICATIONS SUBMITTED OUTSIDE OF THIS TIMELINE WILL NOT BE ACCEPTED**

- 1. Applications will be accepted for the TWO, THREE AND FOUR BEDROOM UNITS ONLY. In order to qualify for a unit larger than a one bedroom, you must have at least 2 family members in the home, each over the age of 5. Married couples with no children only qualify for a one bedroom and may not apply at this time.**
- 2. Adult children who have their own children will be considered a separate family and will need to complete their own application.**
- 3. Any applicant who has a live-in aide must list the aide on the application and that individual will be subject to a background check.**
- 4. Please print clearly – *we are not responsible for entering incorrect information if we cannot read your handwriting.***
- 5. Fill out both pages completely. Do not leave any questions blank.**

- 6. Sign and date second page. *All applicants (spouse and/or adult children) over the age of 18 must sign and date the form.***
- 7. Please do not call to see if your application has been accepted. You will receive a letter in the mail, once the application has been entered into our system. This may take up to 90 days.**
- 8. Please be advised that placing an application does not mean you will be housed immediately. You will be put on a wait list, if your application is accepted, and the wait time could be upwards of 2-5 years.**
- 9. Any household member, over the age of 18, who is not a full time student or working at least 30 hours per week, must complete 20 hours of community service, per month.**
- 10. To complete and submit the application you must do one of the following actions:**
  - a. Print out the form. Complete it and mail, fax, or bring to the office. (Mailed applications must be postmarked with the proper submission date.)**
  - b. Save the form to your device. Complete the form and then email to [publichousing@obha.org](mailto:publichousing@obha.org).**





**ORMOND BEACH HOUSING AUTHORITY PRE-APPLICATION**  
 PLEASE PRINT (WE ARE NOT RESPONSIBLE IF WE CANNOT READ YOUR HANDWRITING)

Name \_\_\_\_\_ Maiden Name \_\_\_\_\_  
 SSN # \_\_\_\_\_ Phone \_\_\_\_\_ Wk \_\_\_\_\_ Cell/Other \_\_\_\_\_  
 Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

LIST ALL HOUSEHOLD MEMBERS INCLUDING YOURSELF WHO WILL BE LIVING WITH YOU STARTING WITH YOURSELF AS HEAD (print)

Last Name, First, MI	Relationship: Spouse, Son, Daughter, etc.	Date of Birth	Sex	Age	Race	Social Security #
	<b>HEAD</b>					

List below all **GROSS** income you and /or any family members 18 or older are currently receiving:

Employers Name: \_\_\_\_\_ Phone # \_\_\_\_\_

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Head of House Wages per week: \$ \_\_\_\_\_ Avg. # hrs. worked per week \_\_\_\_\_

Other Adult Wages per week: \$ \_\_\_\_\_ Avg. # hrs. worked per week \_\_\_\_\_

**IF ANY OF THE BELOW APPLY, PLEASE INDICATE AMOUNT RECEIVED:**

TANF \$ \_\_\_\_\_ Food Stamps \$ \_\_\_\_\_ Child Support \$ \_\_\_\_\_ (per month)

Pension \$ \_\_\_\_\_ (per month) S.S.I. \$ \_\_\_\_\_ Social Security \$ \_\_\_\_\_ (per month)

Family financial help/support Income \$ \_\_\_\_\_ (per month) Unemployment \$ \_\_\_\_\_ (per week)

**ANTICIPATED INCOME:** Are you or any household member anticipating beginning receiving any income within the next 12 months which is not listed above? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Does anyone in the household have any of the following? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please list the appropriate amount: Checking Accounts \$ \_\_\_\_\_ Savings Accounts \$ \_\_\_\_\_ Stocks/Bonds \$ \_\_\_\_\_  
 Certificates of Deposits \$ \_\_\_\_\_ Other \$ \_\_\_\_\_



