



*“Exploring New Horizons to Create Better Communities”*

## THE HOUSING AUTHORITY OF THE CITY OF COCOA

828 Stone Street; Cocoa, Florida 32922

Phone: (321) 636-8535 Fax: (321) 632-4729

[www.haccfl.com](http://www.haccfl.com)

### **New Applicants**

Please return in person on Tuesdays between 8AM – 11AM or mail application to the above address.

### **Transfers and Interims**

This form must accompany required documentation.

### **Annual Recertification for Public Housing and Section 8**

Please complete and bring this form to your scheduled appointment.

*Warning:* If you knowingly make a false statement to the PHA to obtain public housing benefits, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentionally not providing information, is subject to civil money penalties not to exceed \$10,000.00 for each violation.

*FOR OFFICE USE ONLY*

DATE CHA REC'D: \_\_\_\_\_

TIME CHA REC'D: \_\_\_\_\_



Equal Housing Opportunity

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact Housing Authority City of Cocoa, 828 Stone St., Cocoa, FL 32922 Tel. 321-636-8535.

828 STONE STREET, COCOA, FL 32922  
 PH: 321-636-8535

**INFORMATION UPDATE FOR HOUSING**

**BRING COMPLETED APPLICATION TO YOUR APPOINTMENT**

**FOR OFFICE USE ONLY:**  Application  Annual  Transfer

**IDENTIFICATION:**  Driver's License  State ID  Passport  Other: \_\_\_\_\_

**IT IS YOUR OBLIGATION TO NOTIFY US WITHIN TEN (10) WORKING DAYS  
 IF ANY OF THE FOLLOWING INFORMATION CHANGES.**

Please complete this form in ink. Complete all blanks. Write the word "NONE" if the information does not apply.

**PART I. TENANT INFORMATION**

**NAME:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_  
 (Last) (First) (Middle Initial)

**CURRENT ADDRESS:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**MAIDEN NAME, NICKNAME OR ALIAS (if applicable):** \_\_\_\_\_

**MARITAL STATUS:**  SINGLE  MARRIED  DIVORCED  OTHER \_\_\_\_\_

If separated or divorced, list the name and address of the spouse/ex-spouse(s):

\_\_\_\_\_ (circle) SEPARATED DIVORCED  
 (NAME) (ADDRESS)

\_\_\_\_\_ (circle) SEPARATED DIVORCED  
 (NAME) (ADDRESS)

The following information is being requested to comply with Equal Opportunity requirements and will not affect your housing:  
 PRIMARY LANGUAGE: \_\_\_\_\_ TRANSLATION NEEDED?  YES  NO  
 RACE:  CAUCASIAN  AFRICAN AMERICAN  NATIVE AMERICAN  ASIAN  PACIFIC ISLANDER  HISPANIC

**EMERGENCY CONTACTS:** Please list two individuals we may contact if you are not available:

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

**PART II. HOUSEHOLD INFORMATION**

Please list **YOURSELF** and **ALL PERSONS** living in the assisted unit, INCLUDING **ANYONE WHO SPENDS THE NIGHT MORE THAN FIFTEEN NIGHTS/YEAR.**

MBR #	Last Name	First Name	MI	Age	Sex	Relation to Head	DOB	Marital Status	Disability? (Yes/No)	Social Security #
1					<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Head</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No	
2					<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Yes <input type="checkbox"/> No	
3					<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4					<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Yes <input type="checkbox"/> No	
5					<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Yes <input type="checkbox"/> No	
6					<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Yes <input type="checkbox"/> No	
7					<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Yes <input type="checkbox"/> No	
8					<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Yes <input type="checkbox"/> No	
9					<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Yes <input type="checkbox"/> No	
10					<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Live-in Aides must be listed in the Household Composition but will not be considered a remaining member of the household and have no rights to the Housing Unit.

List all persons who moved out during the past 12 months (including any deaths, marriages, jail, permanent placement in nursing homes, etc.)

Full Name	Relationship	Date of Move	Reason

Do you have any pets? Yes No How Many \_\_\_\_\_ Type \_\_\_\_\_ Breed \_\_\_\_\_

**I understand that an additional family member may not be added to the lease until I have submitted a request and the request has been formally approved by the Housing Authority and the Landlord. I certify that this Family Composition information given to the Housing Authority of the City of Cocoa is TRUE, ACCURATE, and COMPLETE. I know I am required to report immediately in writing any changes in household size. I understand the rules and regulations regarding guests/visitors and when I must report anyone who is staying with me. THIS MUST BE SIGNED IN THE PRESENCE OF YOUR PROPERTY MANAGER OR A NOTARY.**

_____ SIGNATURE, HEAD OF HOUSEHOLD	_____ PRINT NAME	_____ DATE
_____ SIGNATURE, OTHER ADULT	_____ PRINT NAME	_____ DATE
_____ SIGNATURE, OTHER ADULT	_____ PRINT NAME	_____ DATE

**I certify that I have reviewed the information on Family Composition for completeness and accuracy and am acting in accordance with Public Housing/Section 8 / Housing Choice Voucher program procedure.**

_____ SIGNATURE, MANAGEMENT	_____ PRINT NAME	_____ DATE
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**Please circle "YES" or "NO" to the following questions.**

Do you expect anyone to move in or out of your household within the next twelve months? **YES** **NO**  
If yes, explain: \_\_\_\_\_

Is there any member of the household who is now temporarily or permanently absent from the home? **YES** **NO**  
If yes, explain: \_\_\_\_\_

Has any member of the household had a change in citizenship or immigration status? **YES** **NO**  
If yes, explain: \_\_\_\_\_

Have you or any household member ever used a name other than the one you are using now? **YES** **NO**  
If yes, please let us know who, what the name was, and why: \_\_\_\_\_

Do you have any overnight guests that spend 2 or more nights a month? **YES** **NO**  
If yes, please list the guests' names and why: \_\_\_\_\_

Head of Household or Spouse is disabled. **YES** **NO**  
Other family member is disabled (list names): \_\_\_\_\_ **YES** **NO**  
Is a reasonable accommodation based on disability necessary? If so, please indicate below **YES** **NO**

Live-in Aid     Additional Bedroom     Rent Exception     Hearing impaired Smoke Detector     Other

Do you read, write and understand the English language? **YES** **NO**  
If no, please explain: \_\_\_\_\_

Are you interested in information about or a referral to a program that teaches reading? **YES** **NO**

Are you interested in information about or a referral to a program that teaches English as a Second Language? **YES** **NO**

Has any member of your household, including adults and minors, ever used a social security number other than the one lawfully assigned? **YES** **NO**  
If yes, please explain: \_\_\_\_\_

Are you now living, or have you **ever** lived in Public Housing, received Section 8 assistance or any other form of government assistance (as Head of Household or any other member of the family): **YES** **NO**

Are you currently, or have you ever been in a repayment status with any public assistance or assisted housing agency? **YES** **NO**

Have you ever been evicted? **YES** **NO**  
If yes, please list who evicted you and the dates. \_\_\_\_\_

Please list every city and state in which you have lived for the past seven years: \_\_\_\_\_

**I certify that this Reporting on Prior Housing Assistance information given to the Housing Authority of the City of Cocoa is TRUE, ACCURATE and COMPLETE. 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 if I have received previous assistance, I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.**

**I certify that the dwelling unit will be my principle residence and I will not obtain duplicate Federal housing assistance while I am in this current program. I will not live anywhere else without notifying the HACC in writing. I will not sub-lease my assisted residence. THIS MUST BE SIGNED IN THE PRESENCE OF THE LEASING SPECIALIST OR A NOTARY.**

_____ SIGNATURE, HEAD OF HOUSEHOLD	_____ PRINT NAME	_____ DATE
_____ SIGNATURE, OTHER ADULT	_____ PRINT NAME	_____ DATE
_____ SIGNATURE, OTHER ADULT	_____ PRINT NAME	_____ DATE

**I certify that I have reviewed the information on Reporting on Prior Housing Assistance for completeness and accuracy and am acting in accordance with Public Housing/Section 8 / Housing Choice Voucher program procedure.**

_____ SIGNATURE, PHA REPRESENTATIVE	_____ PRINT NAME	_____ DATE
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### PART III. CRIMINAL HISTORY

Please note that it is important that you answer these questions fully, accurately and honestly. Criminal history does not necessarily keep you from obtaining housing assistance. Attach additional paper if needed to explain your situation.

Please circle "YES" or "NO" to the following questions.

Has any member of your household, including adults and minors, ever engaged in, been cited, arrested, indicted, convicted, or placed on probation for, or had an adjudication withheld, or had charges dropped or nolle prossed in connection with drug related or violent criminal activity? (circle) YES NO

If yes, who? \_\_\_\_\_

When? What was the charge? What was the outcome? \_\_\_\_\_

In what city and state? \_\_\_\_\_

Has any member of your household, including adults and minors, ever engaged in, been cited, arrested, indicted, convicted, or placed on probation for, or had an adjudication withheld, or had charges dropped or nolle prossed in connection with any felony charge? (circle) YES NO

If yes, who? \_\_\_\_\_

What dates? \_\_\_\_\_

When? What was the charge? What was the outcome? \_\_\_\_\_

In what city and state? \_\_\_\_\_

Has any member of your household, including adults and minors, ever engaged in, been cited, arrested, indicted, convicted, or placed on probation for, or had an adjudication withheld, or had charges dropped or nolle prossed in connection with committing fraud in a federally assisted housing program or has any household member been requested to repay money for knowingly misrepresenting information for such housing programs? (circle) YES NO

If yes, who? \_\_\_\_\_

What dates? \_\_\_\_\_

When? What was the charge? What was the outcome? \_\_\_\_\_

In what city and state? \_\_\_\_\_

Has any household member used drugs or alcohol in the last three years to the degree that it caused a problem? (circle) YES NO

If yes, who? \_\_\_\_\_

When? \_\_\_\_\_

Is any member of your household required to register as a sex offender? (circle) YES NO

If yes, who? When? What was the charge? What was the outcome? \_\_\_\_\_

In what city and state did the offense occur? \_\_\_\_\_

On what dates? \_\_\_\_\_

Has any member of your household, including adults and minors, ever engaged in, been cited, arrested, indicted, convicted, or placed on probation for, or had an adjudication withheld, or had charges dropped or nolle prossed in connection with manufacturing or producing methamphetamine? (circle) YES NO

If yes, who? \_\_\_\_\_

In what city and state did the offense occur? \_\_\_\_\_

When? What was the charge? What was the outcome? \_\_\_\_\_

Has any member of your household, including adults and minors, ever been on supervised release, parole or probation? (circle) YES NO

If yes, who? \_\_\_\_\_

When? What was the charge? What was the outcome? \_\_\_\_\_

Is any family member still on parole or probation? (circle) YES NO

Who? \_\_\_\_\_

Who is/was the probation or parole officer and what is their contact number? \_\_\_\_\_

In what state did the offense occur? \_\_\_\_\_

What charges resulted in the parole or probation? \_\_\_\_\_

Has any member of your household, including adults and minors, ever been involved in drug court? (circle) YES NO

Who? \_\_\_\_\_

What incidents lead to their involvement with drug court? \_\_\_\_\_

When? What was the charge? What was the outcome? \_\_\_\_\_

Is any household member, including adults and minors, currently involved with Department of Children and Families, mental health court, court coordinated services? (circle) YES NO

Who? \_\_\_\_\_

What incidents lead to their involvement with mental health court, court coordinated services, or DCF? \_\_\_\_\_

On what dates did the incidents occur? \_\_\_\_\_

I/we certify that this Criminal Background information given to the Housing Authority of the City of Cocoa is TRUE and ACCURATE. 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 or termination of tenancy. **THIS MUST BE SIGNED IN THE PRESENCE OF THE LEASING SPECIALIST OR A NOTARY.**

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

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE, OTHER ADULT

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE, OTHER ADULT

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

I certify that I have reviewed the information on Reporting on Prior Housing Assistance for completeness and accuracy and am acting in accordance with Public Housing/Section 8 / Housing Choice Voucher program procedure.

\_\_\_\_\_  
SIGNATURE, PHA REPRESENTATIVE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

## PART IV. FAMILY DEDUCTIONS

Please circle "YES" or "NO" to the following questions.

### CHILDCARE

Do YOU pay child care for a family member under the age of thirteen (13)? YES NO  
 For which child(ren)? \_\_\_\_\_

Child Care Name: \_\_\_\_\_

Address: \_\_\_\_\_

Total Monthly Cost: \_\_\_\_\_ Your cost: \_\_\_\_\_

Do you receive financial assistance with your child care costs from the State? YES NO

If yes, how much? \_\_\_\_\_

### HANDICAPPED ASSISTANCE EXPENSES

Do you employ a Care Attendant or supply Auxiliary Apparatus (i.e., a wheelchair) for a disabled family member in order to allow a family member, age 18 or older, including the disabled member, to become gainfully employed? YES NO

### MEDICAL EXPENSES

**If the head of household or spouse is a person with disabilities or is age 62 years or older, please fill out this section so that we may consider your household medical expenses in the calculation of your housing benefits.** Also, household members who are 18 years of age or older who have medical expenses should sign this form if their medical expenses are to be considered.

#### AUTHORIZATION TO DISCLOSE HEALTH INFORMATION IN ACCORDANCE WITH HIPAA COMPLIANCE GUIDELINES

By my signature, I hereby authorize only the health care providers listed below to disclose to the Housing Authority of the City of Cocoa any information they request regarding the cost of my medical treatment. The HACC may only use this information to verify my eligibility for and/or calculate the amount of my housing assistance.

I may revoke this authorization at any time I choose by notifying the HACC in writing at 828 Stone St., Cocoa, Florida 32922. I understand that my revocation is effective only after it has been received and logged by HACC. I further understand that any disclosures previously made in accordance with this signed authorization will not be affected by a revocation.

In the last 12 months, have you paid any medical expenses for which YOU were totally responsible? YES NO

*If yes, please provide receipts for non-covered medications, or medical expenses, a pharmacy print-out showing your payment, canceled checks, OR a 12 month account statement from the provider.*

**Unless revoked in writing by me, this Authorization will expire twelve (12) months from the date of my signature below. I understand that when I recertify, I may sign a new Authorization that will be effective for the following twelve (12) months.**

I understand that my health care providers cannot disclose the requested information without my signature on this Authorization, and that my signing or refusal to sign this authorization will not affect my ability to receive treatment from my health care providers.

I understand that I am entitled to a copy of this authorization.

I understand that I have the right to not sign this authorization. I understand the information used or disclosed pursuant to this Authorization may possibly be re-disclosed by the recipient and no longer be protected by federal law.

I hereby certify that I have reviewed and understand this Authorization. I know that if I do not understand, I may request clarification from my case worker.

\_\_\_\_\_  
Signature of Head of Household Printed Name Date Signed

\_\_\_\_\_  
Signature of Other Adult Printed Name Date Signed

List all Health Care Providers whom you pay out of pocket that the HACC may contact to verify your household's medical expenses. Do not list health care providers whose services are covered entirely by insurance, or to whom you do not owe any amount.

Type of Expense	Name of the Provider You Pay for this Expense	Complete Mailing Address	Phone/Fax Number	Amount Paid "Out of Pocket"
<input type="checkbox"/> Insurance <input type="checkbox"/> Prescriptions/Medications <input type="checkbox"/> Doctor/Dental/Hospital <input type="checkbox"/> Care of an Assistance Animal <input type="checkbox"/> Other				
<input type="checkbox"/> Insurance <input type="checkbox"/> Prescriptions/Medications <input type="checkbox"/> Doctor/Dental/Hospital <input type="checkbox"/> Care of an Assistance Animal <input type="checkbox"/> Other				
<input type="checkbox"/> Insurance <input type="checkbox"/> Prescriptions/Medications <input type="checkbox"/> Doctor/Dental/Hospital <input type="checkbox"/> Care of an Assistance Animal <input type="checkbox"/> Other				
<input type="checkbox"/> Insurance <input type="checkbox"/> Prescriptions/Medications <input type="checkbox"/> Doctor/Dental/Hospital <input type="checkbox"/> Care of an Assistance Animal <input type="checkbox"/> Other				

If you have more health care providers than you can list here, please make a copy of this sheet, or contact the HACC for additional copies.

**PART V. FAMILY INCOME**

Please check ANY of the following types of income that ANY members of your household now receive or expect to receive in the next twelve (12) months:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> UNEMPLOYMENT COMPENSATION | <input type="checkbox"/> EDUCATIONAL GRANTS          | <input type="checkbox"/> SOCIAL SECURITY   |
| <input type="checkbox"/> ANNUITY PAYMENTS          | <input type="checkbox"/> VETERAN'S BENEFITS          | <input type="checkbox"/> ALIMONY   |
| <input type="checkbox"/> RETIREMENT PENSION        | <input type="checkbox"/> PUBLIC ASSIST (TANF) STAMPS | <input type="checkbox"/> WORKMAN'S COMPENSATION                                  |
| <input type="checkbox"/> EMPLOYMENT/WAGES          | <input type="checkbox"/> SELF-EMPLOYMENT INCOME      | <input type="checkbox"/> OTHER (INCLUDING GIFTS, UNDER THE TABLE, ILLEGAL, ETC.) |
| <input type="checkbox"/> CHILD SUPPORT             | <input type="checkbox"/> S.S.I.                      |  |

On the chart below list all sources and gross amounts of money received by any or all members of your household. Refer to Household Member number, from Section I.

MBR #	Employee Wages		Unemployment Compensation	Cash Assist Food Stamps	Child Support	Social Security/SSI	Other (Explain)
	\$ / hr	# hrs/week					

Does anyone outside of your household pay any of your bills or give **you or any household member** money? **YES** **NO**  
 If yes, how much is given? \_\_\_\_\_  
 Who gives it? \_\_\_\_\_  
 How often is it given? \_\_\_\_\_

Although we will verify your employment information on another form, please list the Employer Information below.

Person Employed: _____	Person Employed: _____
Employer's Name: _____	Employer's Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Telephone #: _____	Telephone #: _____
Fax #: _____	Fax #: _____

Are you currently looking for employment? **YES** **NO**  
 When and where were you most recently employed? \_\_\_\_\_

Are you interested in being contacted by vendors performing work for the housing authority? **YES** **NO**  
 If yes, what kind of work would you like to do? \_\_\_\_\_  
 What are your skills or training? \_\_\_\_\_

Are you an owner or co-owner in any business or real estate? **YES** **NO**  
 If yes, what is the name of the business? \_\_\_\_\_

**I certify that this Family Income information given to the Housing Authority of the City of Cocoa is TRUE and ACCURATE and COMPLETE. I know I am required to report immediately in writing any changes in income. I understand that any misrepresentation on my/our part will result in my/our housing assistance being terminated, and the possibility of criminal charges on the basis of fraud. THIS MUST BE SIGNED IN THE PRESENCE OF THE LEASING SPECIALIST OR A NOTARY.**

_____ SIGNATURE, HEAD OF HOUSEHOLD	_____ PRINT NAME	_____ DATE
_____ SIGNATURE, OTHER ADULT	_____ PRINT NAME	_____ DATE
_____ SIGNATURE, OTHER ADULT	_____ PRINT NAME	_____ DATE

**I certify that I have reviewed the information on Reporting on Prior Housing Assistance for completeness and accuracy and am acting in accordance with Public Housing/Section 8 / Housing Choice Voucher program procedure.**

_____ SIGNATURE, LEASING SPECIALIST	_____ PRINT NAME	_____ DATE
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## PART VI. FAMILY ASSETS

List all assets held by all household members. If you are unsure where to place an asset please list it in "other."

List all vehicles owned or co-owned by all members of your household.

Make/Model	Year/Color	VIN	License Plate Number

Please attach copies of your current statements for all assets listed. Refer to Household member # from composition list, above.

Type of Asset	Do you have?	Household Member	Account #	Name and complete mailing address of bank, brokerage, or company	Phone Number	Value or Balance
Checking	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Savings	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Money Market	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Stocks/Bonds/Annuities/CDs	<input type="checkbox"/> Yes <input type="checkbox"/> No					
IRA/KEOGH/Retirement	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Life Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Other (Specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Other (Specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No					

Please circle "YES" or "NO" to the following questions.

Have you disposed of, sold, or given away any assets for less than the Fair Market Value during the past two (2) years? **YES** **NO**

If yes, please complete the following:

- 1) Type of asset: \_\_\_\_\_ 3) Amount received: \$ \_\_\_\_\_  
 2) Date of disposal: \_\_\_\_\_ 4) Market value when disposed: \$ \_\_\_\_\_

Do you own, or are you purchasing a house, mobile home, or any other form of real estate? **YES** **NO**

Mortgage Company: \_\_\_\_\_

Address: \_\_\_\_\_

## PART VII. EDUCATION

Do any household members 18 or older attend school or college? If YES, please list below. (circle) **YES** **NO**

Household Member	Name of School	Grade	Full or Part Time

Use additional sheets if necessary. For each student, please supply: all Financial Aid letters, proof of registration and proof of the amount of tuition from the school.

Did anyone help you complete this form? **YES** **NO**

If yes, who? \_\_\_\_\_ What is their contact number? \_\_\_\_\_

It is important that they explain to you all of the information in this form. Did they review this form with you? **YES** **NO**

Do you have any questions or are you confused about anything on this form? **YES** **NO**

**I certify that I understand all changes of criminal status, income, or family size must be reported, in writing, to the Housing Authority within ten (10) days of the change. I certify that I understand that only the household members listed above may live in my home.**

**I understand that the Housing Authority is authorized to obtain criminal arrest records from law enforcement agencies to assist them in screening applicants and family members to be admitted to or remain in the program. This authorization assists the housing authority in complying with HUD requirements to deny or terminate assistance to applicants or participants in the program who are engaging in or have engaged in violent criminal or drug related activities. These activities are defined by HUD located within the HUD Contract.**

**In signing this document I confirm that I fully comprehend and I do hereby swear and attest that all of the above information about me and all members living within my Subsidized Housing Unit is true and correct. I also understand that any false statements made in an attempt to receive or continue to receive public assistance benefits is a crime under Florida Statute 414.39.**

**WARNING! Title 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly making false or fraudulent statements to any department or agency of the United States.**

**Under penalties of perjury, I declare that I have read the foregoing Application/Recertification Form and that the facts stated in it are true. Fl. Stat. 92.525(2).**

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

\_\_\_\_\_  
Signature of Spouse or Other Adult Date

\_\_\_\_\_  
Signature of Other Adult Date

\_\_\_\_\_  
Signature of Other Adult Date

### PART VIII. REFERENCES

**PLEASE PROVIDE THE HOUSING AUTHORITY OF THE CITY OF COCOA WITH THREE (3) RENTAL REFERENCES. IF YOU DO NOT HAVE THESE, PLEASE LIST THREE (3) PERSONAL REFERENCES. THESE REFERENCES WILL BE VERIFIED IN ORDER FOR THE HOUSING AUTHORITY TO RENT TO THE MOST QUALIFIED APPLICANT.**

**Applicant Name:** \_\_\_\_\_ **Social Security No.:** \_\_\_\_\_

**Unit Address:** \_\_\_\_\_

**Landlord Reference**  **Personal Reference**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Unit Address:** \_\_\_\_\_

**Landlord Reference**  **Personal Reference**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Unit Address:** \_\_\_\_\_

**Landlord Reference**  **Personal Reference**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Unit Address:** \_\_\_\_\_

I give permission for the Housing Authority of the City of Cocoa to gain any information necessary to process my public housing application, which will allow me to have the potential to become a resident at the Housing Authority of the City of Cocoa Public Housing.



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Applicant Signature

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Date

The Housing Authority of the City of Cocoa provides equal opportunity to participate in our housing programs. Any disabled person, as outlined by the Americans with Disabilities Act, requiring a reasonable accommodation to make this process accessible may request such by contacting the Property Manager at (321) 636-8535.

***Note: We are accepting applications for public housing communities with 0-5 bedroom apartment homes.***

**QUALIFICATION:**

- You must be an adult, 18 years of age or older.
- You must pass a criminal history check (if any family member has been arrested or convicted for drug-related, violent criminal activity, or is subject to sexual predator registration with the State Law Enforcement, you will be denied).
- You must pass a landlord reference check, and credit check on all applicants age 18 years and older
- You must meet income guidelines.
- You must have good creditable landlord references with **no evictions in the last three years.**

**PLEASE PROVIDE THE FOLLOWING REQUIRED COPIES OF DOCUMENTS WITH YOUR APPLICATION AT TIME OF SUBMISSION:**

- Birth certificates for all family members or voter's registration card & Resident Alien Card for Citizenship
- Social Security cards for all family members
- Driver's License or other Picture ID for all adult members 18 years old or older
- Marriage License, Divorce Decree, or Affidavit certifying separation
- Verification of Employment and Income information (wages, social security, SSI, TANF, veterans benefits, child support, unemployment, gifts, workers comp, or other sources where you obtain money to pay your bills)
- Verification of Food Stamps
- Veterans DD214
- Verification of all Assets; Bank Statements, Real Estate, Boat, etc.;
- Child Care expenses (employed & students only) must be notarized if other than from a licensed Child Care Agency;
- Verification of Pregnancy;
- All out of pocket medical expenses and Insurance (for elderly and disabled only)
- Verification of housing expenses (rent receipt, lease agreement, or a letter from the person or agency you live with at the present time). Landlord names & addresses for the past 5 years;
- Verification of Special Accommodations

**IMPORTANT INFORMATION FOR YOU TO KNOW:**

- Please keep your mailing address and phone number current in order for our office to reach you. If we are unable to update your file at the necessary time, you will be withdrawn and must re-apply.
- We cannot accept an incomplete application. We must have all the documents in order to process your application. We appreciate your attention to detail with this requirement.

# PUBLIC HOUSING APPLICATION PROCEDURES

1. Fill out the attached application and "Release" forms. Please print clearly.
2. Additional adults must fill out additional forms.
3. All adults must also submit a copy of a Picture ID, Social Security Card, and Proof of Income.
4. Bring or mail completed application with picture ID and social security card to the Housing Authority of the City of Cocoa. **Applications are accepted on Tuesdays only from 8:00 am – 11:00 am business hours.**
5. You will be notified if your application has been approved. If approved, you will be required to sign additional paperwork at the time you move in.
6. Pursuant to 24 CFR 960.206, HABC has adopted a preference for working families. An applicant will also be given the benefit of the working family preference if the head of household or spouse is elderly (62 or older) or is a person with disabilities. Applicants are placed on waiting lists according to any claimed preference first, following by date and time of application.  
If your family situation changes, your ability to qualify for a preference may also change. You should notify the Housing Authority in writing if you wish to claim a preference or no longer qualify for a preference.
7. Each applicant who meets the above qualification will receive one unit of the size and type needed. If the applicant accepts the offer, the applicant will be offered a lease. **If the applicant refuses the offer without good cause, the application will be withdrawn from the waiting list and the applicant will not be permitted to reapply for 12 months.**
8. The PHA will conduct a criminal record, registered sex offender check, landlord reference check, and credit check on all applicants age 18 years and older.
9. It is your responsibility to report (in writing) all changes in income, family size, residence and phone numbers and to update your application at least once every 12 months.
10. Pursuant to Section 504 [24 CFR 8.4(b)(i), 8.24 and 8.33] and Fair Housing Act [24 CFP 100.204] Qualified individuals/families with disabilities may request Reasonable Accommodations to any rules, policies, practices or services when such accommodation is necessary to assure equal opportunity to the housing program(s) or dwellings.
11. **YOU MUST ANSWER ALL QUESTIONS ON THE APPLICATION OR YOUR APPLICATION MAY BE DENIED.**

The Housing Authority **must** have an accurate address for you. You must notify the Housing Authority in writing within 10 business days **every** time you change your address. Your name may be removed from all waiting lists if the address on file for you is incorrect.

**At the time of submission you must provide your own readable copies of the following or your application will not be accepted:**

- birth certificates, legal guardianship or eligible immigration verification of all household members;
- social security cards for all household members,
- driver's license or other photo ID for all members of household 18 years or older;
- marriage license, divorce decree;
- verification of employment;
- child support or verification of unenforceable support;
- VA, SS, SSI, AFDC, and all other income;
- verification of all assets;
- bank statements;
- child care expenses;
- medical expenses medical expenses and insurance (elderly and disabled only);
- verification of pregnancy;
- landlords names and addresses for past 5 years;
- verification of special accommodations;
- verification of food stamps and
- Veterans DD214.

Additional information requested by us to complete your application must be in our office ten (10) days from the date of your application. If not received, your application will be discarded and you must re-apply.

## PREFERENCES

1. **Relocated at the request of the HACC Executive Director or Designee or involuntarily displaced due to federally declared disaster** Yes   
No
2. **Working Preference:** Yes   
No
- In order to bring higher income families into public housing, the PHA will establish a preference for “working” families, where the head, spouse, co-head, or sole member is employed **at least 30 hours per week for at least the previous three months**. As required by HUD, families where the head, spouse, co-head, or sole member is a person age 62 or older, or is a person with disabilities will also be given the benefit of the working preference based on qualifying documentation from the Social Security Administration [24 CFR 960.206(b)(2)].
3. **Homeless Veteran and Homeless Families:** Yes   
No
- Qualifying documentation for residency for homeless veterans – Must provide Military DD 214 (indicating Honorable Separation). Notification from Veterans of America, referral and or other supporting documentation.
- Qualifying documentation for residency for homeless families – Must provide notification from a transitional housing program, referrals and or other supporting documentation.
4. **Participants of educational and training program:** Yes   
No
- This includes families who are participants in educational and training programs designed to prepare the individual for the job market
5. **Veteran Preference: Veterans or surviving spouses of veterans.** Yes   
No
- (If yes, applicant must provide copy of DD214)
6. **Participants of transitional housing programs:** Yes   
No
- This includes families who are current participants of transitional housing programs for the homeless or victims of domestic abuse
7. **Are you currently living in Public Housing, Section 8 Housing or a similar federal funded program (Section 8 Applicants Only):** Yes   
No
- Families who are paying 50% of their adjusted income for contract rent; must provide documentation of monthly gross income and copy of dwelling lease/contract of monthly rental amount.
8. **Dislocated by Government Action:** Person dislocated by government action within the HACC jurisdiction Yes   
No
9. **Have you ever been convicted of a Proscribed Crime (violence towards others)** Yes   
No
10. **Have you ever been convicted of a Felony** Yes   
No
11. **Have you ever been convicted of a Misdemeanor** Yes   
No
12. **Are you a resident or employed in the City of Cocoa** Yes   
No
13. **Enrolled in School (school age dependents)** Yes   
No
14. **Participants in Volunteers of America SSVF Program** Yes   
No

1. Are you or a Co-Head of household employed, over 62, or disabled? Yes

No

Have you been working ninety (90) consecutive days or more?

Yes

No

2. Are you or any adult over 18 years of age in job training?

Yes

No

Are you currently enrolled in a program that is preparing you for employment?

Yes

No

3. Are you or any adult over 18 years of age enrolled in post-secondary education program?

Yes

No

Are you currently enrolled in a program at the collegiate or vocational/technical level?

Yes

No

**Warning:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make false statements or misrepresentation to any department or agency of the U.S as to any matter within its jurisdiction.

**Consent:** My signature is the consent which will allow the Housing Authority of the City of Cocoa to acquire my criminal record in order to determine my eligibility for public housing.

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Co-Head of Household  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Co-Head of Household Signature  
Date: \_\_\_\_\_

BELOW FOR OFFICE USE ONLY

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Date application received: \_\_\_\_\_

Time application received: \_\_\_\_\_

