

Community Housing & Resources, Inc.

Our mission: to provide affordable housing to families and individuals who work on and/or serve the community of Sanibel.

PROGRAM ELIGIBILITY REQUIREMENTS

- 1) One adult member of the household must work full time on Sanibel.
- 2) You must meet the Below Market Rate Housing Income limits in the chart below.
- 3) You must meet CHR's minimum income requirement. As of 10/1/23 it is \$21,840. (This amount changes annually in October)

CHR has a NO PET Policy and a NO SMOKING Policy

Upon acceptance to a CHR unit, you will be required to furnish current income verification along with current IRS tax filings.

BELOW MARKET RATE HOUSING INCOME LIMITS

Household Size	Annual Income Limits (4/05/2024)	
		Maximum
1 Person Household		\$99,456.00
2 Person Household		\$113,664.00
3 Person Household		\$127,872.00
4 Person Household		\$142,080.00
5 Person Household		\$150,960.00

Processing of your application does not start until ALL documents are filled out completely, signed and turned in.

Please provide the following documents.

Miscellaneous	Employment	Landlord
Copy of driver's license	10 years Employment history	5 years of Landlord history
Copy of social security cards	Current Employer, Name, address, and phone #, and email .	Current Landlord contact info, address, and email
2 months of most recent bank statements for all accounts.	Current Employment pay stubs – 2 months	Previous Landlord contact info, address, and email
Current statement for all investment accounts.	Previous Employer, Name, address, and phone #, and email	
Copy of most recent tax return		
Divorce/separation documents		Application Fee
Social security and/or disability verification	If Self Employed:	\$75 fee required with application
School verification of dependent adult student	Sanibel license if self employed	
Child support/alimony verification	Proof of odd jobs / day labor	
Retirement or pension verification	Proof of employment hours for the past year.	
VA benefit verification		
TANF or general assistance		





THIS BOX IS FOR OFFICE USE ONLY

Date of Receipt:

Control Number:

Number in Family:

Bedroom Size:

Incomplete applications will not be processed. **Please complete all information requested on the application.** If a question is not applicable, please write N/A. Make sure you sign the last page. If you need additional space to provide an answer, please attach an additional sheet(s).

1. Name of Applicant: _____

Current Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____ Email: _____

Best # to Reach Applicant: _____ Work Phone: _____

Mailing Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

2. All Members of household who will live in unit, including **Head** of Household:

First & Last Name	Relationship To Head of Household	Racial Designation*	Ethnic Designation**	Social Security #	Sex	DOB	Employed Retired Disabled Student
	Head						

***Racial Designation:** American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander, White; Other (specify).

** **Ethnic Designation:** Hispanic/Latino or Not Hispanic/Latino

Does anyone in the household have any animals? _____ Type of Animal _____

Would you be interested in dorm style living at a reduced rent? (Private bath and bedroom, shared living space and kitchen)

Yes _____ No _____



3. Is a change in the household composition expected? yes no If yes, what type? _____
4. Does your household require an accessible unit due to a disability? yes no
5. **Income Before Deductions:** Estimate the Gross Income anticipated for ALL household members from all sources for the next 12 months. Specify all sources.

Household Member Name	Source of Income	Complete Employer Name & Address, Phone, Email MUST HAVE EMAIL	Gross Income for Next 12 Months
	Salaries, Wages, including Overtime / Tips		\$
	Salaries, Wages, including Overtime / Tips		\$
	Net Income from Business or Profession		\$
	Trust Income, Interest & Dividends		\$
	Pensions & Annuities		\$
	Regular Social Security Benefits and / or SSI		\$
	VA Disability Income		\$
	TAFDC or Public Assistance		\$
	Regular Child Support Payments If you receive child support, court documentation must accompany your application. If you are ordered by the court to receive support & are not receiving it, you must schedule a contempt of court hearing or contact the Department of Revenue's Child Support Enforcement office. The contact phone is 800-622-5437.		\$
	Regular Alimony Support Payments		\$
	Other Income		\$
Total Gross Income:			\$



6. **Assets:** Do you or any member of the household who will live in the unit own any real estate? yes no

If yes, provide the address: _____

List below the assets of everyone who will live in the unit. Include **ALL** bank accounts, checking and savings, IRA's, retirement accounts, stocks and bonds, trusts, real estate, etc. **DO NOT** include clothing, furniture, or cars. Use additional paper if necessary.

Household Member	Asset Type	Asset Value or Current Balance	Name, Address & Phone, Fax and email of Financial Institution	Account No.
		\$		
		\$		
		\$		
		\$		
		\$		

7. Have you sold, transferred or given away any real property or assets in the last three (3) years? yes no

If yes: Date of sale / transfer: Month: _____ Day: _____ Year: _____
 Amount of the sale / transfer: _____
 Value of the sale / transfer: _____

8. Does anyone in your household own a car? yes no

Make & Model of car: _____ Year: _____ License Plate Number: _____

Make & Model of car: _____ Year: _____ License Plate Number: _____



9. **Landlord History**
List Addresses for each Adult Household Member for the Last Five Years in Reverse Order. Please list primary lease holder (head of household) if someone other than yourself. (Use additional sheet if necessary). **Please provide all contact information**

(1) Name of Primary Leaseholder:			
Address:	Apt #	Date From:	To:
City:		State:	Zip:
Landlord Name:	Landlord Email:	Telephone No:	
Landlord Address:	City:	State:	Zip:
Did this landlord bring any court action against the leaseholder or you? (check one) <input type="checkbox"/> yes <input type="checkbox"/> no			
Did this landlord return your security deposit? (check one) <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a			

(2) Name of Primary Leaseholder:			
Address:	Apt #	Date From:	To:
City:		State:	Zip:
Landlord Name:	Landlord Email:	Telephone No:	
Landlord Address:	City:	State:	Zip:
Did this landlord bring any court action against the leaseholder or you? (check one) <input type="checkbox"/> yes <input type="checkbox"/> no			
Did this landlord return your security deposit? (check one) <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a			

(3) Name of Primary Leaseholder:			
Address:	Apt #	Date From:	To:
City:		State:	Zip:
Landlord Name:	Landlord Email:	Telephone No:	
Landlord Address:	City:	State:	Zip:
Did this landlord bring any court action against the leaseholder or you? (check one) <input type="checkbox"/> yes <input type="checkbox"/> no			
Did this landlord return your security deposit? (check one) <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a			

Warning! Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

For Office use only: ___ Initial ___ Annual ___ Interim Occupancy Specialist _____

10. **Employment History** - Starting with most recent, list the last 10 years

Household Members Name:			
Company:		Employed From:	To:
Address:		City:	State: Zip:
Position:		Supervisor:	
Telephone No:	Email:	Fax No:	
Reason for leaving:			

Household Members Name:			
Company:		Employed From:	To:
Address:		City:	State: Zip:
Position:		Supervisor:	
Telephone No:	Email:	Fax No:	
Reason for leaving:			

Household Members Name:			
Company		Employed From:	To:
Address:		City:	State: Zip:
Position:		Supervisor:	
Telephone:	Email:	Fax No.:	
Reason for leaving:			

Household Members Name:			
Company:		Employed From:	To:
Address:		City:	State: Zip:
Position:		Supervisor:	
Telephone No:	Email:	Fax No.:	
Reason for leaving:			

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Household Members Name:			
Company:	Employed From:	To:	
Address:	City:	State:	Zip:
Position:	Supervisor:		
Telephone No:	Email:	Fax No:	
Reason for leaving:			

Household Members Name:			
Company	Employed From:	To:	
Address:	City:	State:	Zip:
Position:	Supervisor:		
Telephone:	Email:	Fax No:	
Reason for leaving:			

11. Have you, or any member of your household ever received housing assistance from this agency? (check one) yes no

If yes, Name of Head of Household at that time: _____

Relation to Applicant: _____

Date Moved Out and Reason Why: _____

When you moved out, were you in compliance with the lease and other program requirements? (check one) yes no

If No, Explain: _____

12. Are you a Board Member, employee, or a member of the immediate family of an employee of a board member of this agency?

yes no If so, this will not necessarily disqualify your application.

If Yes, Explain: _____

13: Emergency Reference: Name of a relative or friend NOT planning to live with you. We will contact this person if we are not able to reach you in the case of an emergency.

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____ Email: _____

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14. **Criminal Record:** Have you or any member of your household who will live in the unit ever been convicted of a felony? yes no
If Yes, Explain: _____

15. Do you or any member of your household who will live in the unit have any criminal matters pending? yes no
If Yes, Explain: _____

16. Have you or any member of your household who will live with you in the unit ever filed for bankruptcy? yes no
If yes, what year? _____

(Community Housing and Resources, Inc. policy states that no applicant may be accepted unless three years have elapsed since the bankruptcy discharge date)
17. Have you or any member of your household ever been evicted? yes no If so, when? _____
18. If you are a single person and CHR leases you a 2-bedroom unit, you may be required to transfer to a 1-bedroom unit when one becomes available. _____ Please initial.

APPLICANT'S CERTIFICATION:

I/We understand that 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 755.082 or 775.83. I/We further understand that any willful misstatement of information will be grounds for disqualification. I/We certify that the application information provided is true and complete to the best of my/our knowledge. I/We consent to the disclosure of information for the purpose of income verification related to making a determination of my/our eligibility for program assistance. I/we agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided are a matter of public record.

DISCLOSURE OF INFORMATION FOR INCOME VERIFICATION

1. I hereby authorize the City/County to verify the past and present employment records, bank statements, stock holdings and any other asset balances that are needed to process of all household members listed on this application.
2. I further irrevocably grant to the City/County, its assigns and successors, my consent and full right to, use my name, photograph, likeness, image, voice, and biography in any and all media, publications, advertising, and publicity, in connection with my participation in the SHIP Program and any program related activity or project.

NOTICE OF COLLECTING SOCIAL SECURITY NUMBER FOR GOVERNMENT PURPOSE

The City/County collects your social security number for a number of different purposes. The Florida Public Records Law (specifically, Section 119.071(5), Florida Statutes) requires the City to give you this written statement explaining the purpose and authority for collecting your social security number as part of this application. Your Social Security Number is being collected for the purposes of income certifying you for the SHIP program which requires third-party verification of assets, employment, and income. In addition, this information may be collected to verify unemployment benefits, social security/disability benefits, and other related information necessary to determine income and assets, and your eligibility for this Program that is funded State program dollars. Your household's social security number(s) will not be used for any other intended purpose other than verifying your household's eligibility for the Program.

Statement on the Collection, Use, or Release of Social Security Numbers

Florida law requires that public entities provide individuals with a written statement identifying the state or federal law governing the collection, use, or release of social security numbers for each purpose for which the entity collects an individual's social security number. The collection of social security numbers by the Board of Governors is either specifically authorized by law or imperative for the performance of the Board's responsibilities as prescribed by law and the Florida Constitution. The following list identifies the purposes for which social security numbers may be collected, used, or released, and the pertinent authority:

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- For employment eligibility and reports to IRS and the Social Security Administration, including for W-4's and I-9s [Required by federal statute and regulation 26 U.S.C. 6051 and 26 C.F.R. 31.6011(b)-2, 26 C.F.R. 301.6109-1 and 31.3402(f)(2)-1, and Fla. Stat. §119.071(5) (a) 6]
- To verify an alien's eligibility for employment, including I-9 [Authorized by 8 U.S.C. 1324 a(b) and 8 C.F.R. 274a.2]
- For income tax withholding (including for annuity and sick leave)/payroll deductions on W-2's [Required by 26 U.S.C. 3402, 26 C.F.R. 31.6051-1 and Fla. Stat. §119.071(5) (a) 6]
- For enrollment/participation in the Florida Retirement System (FRS) and contributions to FRS (Required by Fla. Admin. Code 19-11.010, 19-11.006 and 19-11.007 and Fla. Stat. §119.071(5) (a) 6 or required by Fla. Stat. §121.051 and 121.071 and Fla. Admin. Code 19-13.003 and Fla. Stat. § 119.071(5) (a) 6]
- For Level 1 and level 2 criminal background checks conducted by the Florida Department of Law Enforcement for employees and/or Board appointees to university boards of trustees [Required by Fla. Admin. Code 11C-6.003 and Fla. Stat. § 119.071(5) (a) 6]
- For social security contributions [Required by Fla. Admin. Code 60S-3.010 and Fla. Stat. §119.071(5) (a) 6]
- For income deduction notices for child support, alimony and child support, and for child support enforcement [Required by Fla. Stat. § 61.1301 (2) (e), 45 C.F.R. 307.11, or Fla. Stat. §§ 61.13, 742.10, 409.2563, 409.256, or 742.031]
- For unemployment compensation benefits [Required by Fla. Stat. Ch. 443 and Fla. Stat. §119.071(5)(a)6]
- Reports of worker's compensation injury or death [Required by Fla. Stat. § 440.185, Fla. Admin. Code 69L-3.003 et seq. and Fla. Stat. § 119.071(5) (a) 6]; and worker's compensation petitions for benefits and responses [Authorized by Fla. Admin. Code 60Q-6.103 and Fla. Stat. § 119.071(5) (a) 6]
- Vendors/Consultants for whom a federal tax identification number is not available. [Required by 26 C.F.R. § 31.3406-0, 26 C.F.R. § 301.6109-1, and Fla. Stat. §119.071 (5) (a) 6]
- The disclosure of the social security number is for the purpose of the administration of health benefits for a Board employee or his or her dependents [Required by Fla. Stat. § 119.071(5) (a) 6]
- Authorization for direct deposit of funds by electronic or other medium to a payee's account [Required by Fla. Stat. § 119.071(5) (a) 6]
- Tort claims and tort notices of claim against the Board of Governors [Required by Fla. Stat. § 768.28 (6), and Fla. Stat. § 119.071(5) (a)]
- Collection and/or disclosure is imperative or necessary for the performance of the Board's constitutional duties and responsibilities, including but not limited to collection of student and employee data from state universities. [Authorized by Sections 483 and 484 of the Higher Education Act of 1965, Art. IX, s. 7, Fla. Const., BOG Regulation 3.007, Fla. Stat. § 1001.706(4)(c), and Fla. Stat. § 119.071(5) (a) 6]
- The disclosure of the social security number is expressly required by federal or state law or a court order [Authorized by Fla. Stat. § 119.071(5) (a) 6]
- The individual expressly consents in writing to the disclosure of his or her social security number [Authorized by Fla. Stat. § 119.071(5) (a) 6]
- The disclosure of the social security number is made to a commercial entity for the permissible uses set forth in the federal Driver's Privacy Protection Act of 1994, 18
- U.S.C. Sec. 2721 et seq.; the Fair Credit Reporting Act, 15 U.S.C. Sec. 1681 et seq.; or the Financial Services Modernization Act of 1999, 15 U.S.C. Sec. 6801 et seq., provided that the authorized commercial entity complies with the requirements of Fla. Stat. § 119.071(5) [Authorized by Fla. Stat. § 119.071(5) (a) 6]

PUBLIC RECORDS DISCLOSURE AND ACKNOWLEDGMENT

Information provided by the applicant(s) may be subject to Chapter 119, Florida Statutes, regarding Open Records. Information provided by you/your household that is not protected by Florida Statutes can be requested by any individual for their review and/or use. This is without regard as to whether or not you qualify for funding under the program(s) for which you are applying. Having been advised of this fact prior to finalizing the application for assistance or supplying any information, your signature below indicates that:
 I/We agree to hold harmless and indemnify the City/County, any governmental agency, its officers, employees, stockholders, agents, successors and assigns from any and all liability and costs that may arise due to compliance with the provisions of Chapter 119, Florida Statutes.
 I/We agree that the City/County does not have any duty or obligation to assert any defense, exception, or exemption to prevent any or all information given to the City/County in connection with this application, or obtained by them in connection with this application, from being disclosed pursuant to a public records law request.
 I/We agree that the City/County does not have any obligation or duty to provide me/us with notice that a public records law request has been made.
 I/We agree to hold harmless the City /County or any governmental agency, its officers, employees, stockholders, agents, successors and assigns from any and all liability that may arise due to my/our applying for assistance.

ELIGIBILITY RELEASE: It is required that you sign this form, which allows the Subrecipient, State or Vendor to request information from Third Parties concerning your eligibility and participation in this program. This form allows for income, assets, child support, etc. to be verified and documented.

PENALTY FOR FALSE FRAUDULENT STATEMENT:

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U.S.C. Title 18, SEC 1000 provide "whoever" in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies or makes any false, fictitious or fraudulent statements or representation, or makes or uses any false writing document knowing the same to contain any false, fictitious, or fraudulent statement of entry, shall be fined not more than \$10,000, or imprisoned not more than five (5) years or both.

NOTE: Section 837.06, Florida Statutes, provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of second degree.

Warning: Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under §775.082 or 775.083.

All Adult household members must sign and date below:

Applicants Signature: _____ Date: _____

Other Adult: _____ Date: _____

Other Adult: _____ Date: _____

Other Adult: _____ Date: _____

AUTHORIZATION

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for Release of Information

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Community Housing & Resources, Inc. any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include, but are not limited to:

Identity and Marital Status Employment, Income, and Assets Residences and Rental Activity
Medical or Child Care Allowances Credit and Criminal Activity

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

Previous Landlords (including Past and Present Employers Veterans Administration
Public Housing Agencies) Welfare Agencies Retirement Systems
Courts and Post Offices State Unemployment Agencies Banks and other Financial Institutions
Schools and Colleges Social Security Administration Credit providers and Credit Bureaus
Law Enforcement Agencies Medical and Child Care Providers Utility Companies
Support and Alimony Providers

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. HUD may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for a year and one month from the date signed.

<u>SIGNATURES</u>	<u>SOCIAL SECURITY NUMBER</u>	
Head of Household:	_____	Date: _____
Spouse:	_____	Date: _____
Adult Member:	_____	Date: _____
Adult Member:	_____	Date: _____

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