

Gardens at SouthBay
Preliminary Application
6720 S. Louis Ave, Tampa, FL 33616
PLEASE RETURN APPLICATION MONDAY – THURSDAY 9AM – 6PM
POR FAVOR DE REGRESAR LA APLICACIÓN
DE LUNES A JUEVES DE 9AM A 6PM

Gardens at Southbay 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 us at (813) 831-4000. Gardens at Southbay operates a site-based application and waitlist system and applicants should apply directly at the property.

Please note:

We are accepting applications for 1-4 bedroom apartments only.

QUALIFICATIONS:

- 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 meet income guidelines.
- You must have good creditable landlord references with **no evictions in the last three years.**

PLEASE PROVIDE THE FOLLOWING REQUIRED DOCUMENTS WITH YOUR APPLICATION:

- Birth certificates for all family members or voter's registration card & Resident Alien Card or Citizenship
- Social Security cards for all family members
- Picture ID for all adult members (such as driver's license)
- Marriage License, Divorce Decree, or affidavit certifying separation
- 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)
- Child care expenses (employed & students only)
- All out of pocket medical expenses (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)

IMPORTANT INFORMATION FOR YOU TO KNOW:

- Please keep you 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 **If we are unable to update your file at the necessary time, you will be withdrawn and must re-apply.**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 you attention to detail with this requirement. Please write N/A where a question is not applicable. Do not leave blank spaces.

GARDENS AT SOUTHBAY PRELIMINARY APPLICATION

Gardens at SouthBay

Application Date: _____ **Time:** _____ **Accepted by:** _____

Heads of Household Information:

First Head of Household Information:

Social Security Number: _____ Last Name: _____ First Name: _____ MI _____
 Date of Birth: _____ Place of Birth: _____ Sex: Male or Female Race: _____
 Driver's License Number: _____ Maiden Name: _____ Also Known As: _____

Co-Head of Household Information:

Social Security Number: _____ Last Name: _____ First Name: _____ MI _____
 Date of Birth: _____ Place of Birth: _____ Sex: Male or Female Race: _____
 Driver's License Number: _____ Maiden Name: _____ Also Known As: _____

Your Current Address: _____ City/State: _____ Zip _____

Your Mailing Address: _____ City/State _____ Zip _____

Your Day/Work Phone: _____ Alternate/Message Phone: _____ Home Phone: _____

Emergency Contact Information:

Name	Address	City	State & Zip	Phone	Relationship to Head

Please circle the one that applies to you:

<u>Marital Status</u> C = Separated D = Divorced L = Legal M = Married S = Single W = Widowed	<u>Ethnicity</u> 1 = Hispanic 2 = Non-Hispanic 3 = Other	<u>Language</u> C = Chinese E = English F = French G = German I = Italian J = Japanese P = Polish R = Russian S = Spanish V = Vietnamese	<u>Are you living with another family member?</u> Y = Yes N = No	<u>Which of the following family members are disabled?</u> H = Head of Household C = Co-Head of Household F = Family Member
			<u>Are you a resident to Tampa?</u> Y = Yes N = No	
	<u>U. S. Citizen</u> Y = Yes N = No		<u>Veteran Status</u> Y = Yes N = No	<u>Do you pay Rent?</u> Y = Yes How Much? N = No

Race Codes: 1= White 2= Black 3=American Indian/Alaskan Native 4=Asian Pacific Islander 5=Hispanic 6=Other 7=Unknown

Family Member Information:

Children or other Adults other than Spouse or Significant Other who will be living in the household with you once you are approved.

Last Name, First Name	MI	Relationship	Sex	Age	SS#	Date of Birth	Place of Birth	Race

Are all family members Citizens or Legal Aliens YES No If no, please explain: _____

If Applicable please provide alien registration numbers for the household members who are alien's _____

Have you lived in any other cities or states? If so, Please list all that apply: _____

Have you ever lived in public housing, section 8 or any subsidized housing complex? YES NO

If so, Where: _____ When: _____ Do you owe a balance? _____

Have you ever been evicted or terminated from public housing, section 8 or any subsidized housing complex? YES NO

If so, Where: _____ When: _____ Why: _____

Have you ever been **arrested** for any of the following criminal activities? Drug Related Activity Violent Criminal Activity Sexual Offenses

YES NO

If yes, explain and give as much detail as possible:

Date:	Location:	Details:

Source of Income:

(Employment, Social Security, SSI, TANF, Veteran’s Benefits, Child Support, Unemployment, Gifts, Self-Employment, Workers Comp, or any and all other sources where you obtain money to pay your bills.)

Source of Income	Amount of Income

Assets:

(Savings and Checking Accounts, CD’s Property, Stocks, & Bonds, etc)

Description of Assets	Amount of Assets	Name of Bank /Credit Union

**Preferences:
Must select only one Per Category in order to receive the maximum preference points**

Category One: (Ranking Preferences – Maximum of 20 Preferences Points)

- | | | | |
|----|--|------------|-----------|
| 1. | Are you or the co-head of household employed, over 62, or disabled?
(Have you been working 90 consecutive days or more?) | Yes | No |
| 2. | Are you or any adult over 18 years of age in job training?
(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?
(Are you currently enrolled in a program at the collegiate or vocational/technical level?) | Yes | No |

Category Two: (Local Preferences - Maximum of 10 Preferences Points)

- | | | | |
|----|---|------------|-----------|
| 1. | Are you living in substandard housing?
(Has your dwelling been determined to be substandard by a government agency or are you homeless?) | Yes | No |
| 2. | Have you been involuntarily displaced?
(Have you had to vacate your property <u>through no fault of your own</u> , including fleeing domestic violence?)
If so, name of person or place where you stay? _____ Phone number? _____
How long have you stayed there? _____ days _____ weeks _____ months _____ years | Yes | No |
| 3. | Are you paying 50% of your income for rent?
(Are you paying half or more of your income towards rent and utilities for the past 90 days?) | Yes | No |

If so, Monthly Rent Payment \$ _____ Average Utilities per month (electric/water/gas) \$ _____

Additional Disclosures:

Are you an employee of the Tampa Housing Authority? YES NO If yes, in which department? _____

Do you have any relatives working for the Tampa Housing Authority? YES NO If yes, in which department? _____

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 Tampa Housing Authority to acquire my criminal record in order to determine my eligibility for housing.

Head of Household Signature

Co-Head of Household Signature

Date

Revised 5/28/04

References for Gardens at SouthBay Application

Please provide the Gardens at SouthBay with three (3) rental references. If you do not have rental references list three (3) personal references. These references will be verified in order for the Gardens at SouthBay to rent to the most qualified applicant.

Applicant Name

Social Security Number

Landlord Reference: Unit Address: _____ (*where you were renting*)

Personal Reference

Reference Name: _____

Reference Address: _____

Reference Phone: _____

Landlord Reference: Unit Address: _____ (*where you were renting*)

Personal Reference

Reference Name: _____

Reference Address: _____

Reference Phone: _____

Landlord Reference: Unit Address: _____ (*where you were renting*)

Personal Reference

Reference Name: _____

Reference Address: _____

Reference Phone: _____

Have you ever been prosecuted for writing bad checks? Yes No If Yes, please explain: _____

I give my permission for Gardens at SouthBay to gain any information necessary to process my Application which will allow me to have the potential to become a resident at this community.

Applicant Signature

Date