



Collier County Housing Authority Farm Worker/Collier Village Application

Date: _____ Unit Size: _____ Application #: _____

Applicant Name _____ Sex _____ Social Security #: _____

Head of Household

Phone number: _____

List all other members who will be living in household:

Name	Relationship	Social Security #	DOB	Age	Sex

Applicant:

Are you a U.S. Citizen? Yes * No Are you resident Alien? Yes * No RA# _____

Co-Applicant:

Are you a U.S. Citizen? Yes * No Are you resident Alien? Yes * No RA# _____

*** "Yes, I have valid documentation from U.S. Department of Homeland Security"**

If any of the above was born outside of the United States or its possessions, they must furnish proof of citizenship or of admission to the United States for permanent residence.

Would you or anyone in your household benefit from the features of a handicap-accessible unit? Yes No

Identify any special housing needs required as a result of the handicap. _____

a. Would you like to be placed on a priority waiting list for a handicap-accessible unit? Yes No

b. If you are disabled, do you require any modifications to the unit for any disability? Yes No
(For instance, additional grab bars, ramp, accessible appliances or plumbing fixtures.) If so, please list the specific accommodation being requested. _____

c. Will you or any household member require a live-in caregiver or care assistant? Yes No

Name of Care Attendant: _____ Relationship: _____

Phone Number: _____ Date of Birth: _____

Current Address: _____

Social Security Number: _____ Driver's License Number: _____

NOTE: Written documentation of medical need for a live in assistance or caregiver from the disabled household member's healthcare provider must accompany the application and applicant's request for the above named individual to be approved to join the household. The Care Attendant cannot occupy the leased premises unless or until approved by the landlord. (A criminal history or background report, including sexual offender registry report and rental references will be used to determine caregiver's eligibility to occupy the leased premises.)

- Does your household qualify as an "elderly" household, i.e., one of which the HEAD of household/tenant, or co-tenant is at least 62 years of age or older, or handicap/disabled regardless of age? Yes No
- Will your household be applying to receive the landlord's approval to have an assistance or companion animal in the leased apartment? Yes No

Have you ever made an application for a unit at Farm Worker/Collier Village? Yes No

Were you ever a tenant____, co-tenant____, or household member____ at Farm Worker/Collier Village? If so when?_____

Have any adult members been engaged in domestic farm work for the past 12 months? _____,

If not, how many months were worked in farm work ? _____

Rental History Information:

Present Address: _____ City/State: _____ Zip: _____

Dates to and from: _____ Landlord's name: _____ Phone: _____

Monthly Payment (\$): _____ Reason for moving: _____

Previous Address: _____ City/State: _____ Zip: _____

Dates to and from: _____ Landlord's name: _____ Phone: _____

- Have you ever had an eviction action filed against you? Yes No
- Have you or anyone else named in this application ever been convicted of a felony? Yes No
- Have you or anyone else named in this application ever been required to register as a sex offender? Yes No
- Have you or anyone else named in this application ever engage in or have been convicted for any drug-related activity, such as use, possession, distribution, trafficking or manufacturing illegal drugs? Yes No

Employment Information:

Present Employer: _____ Position: _____
Work Phone #: _____ Date Hired: _____ Hrs. /week: _____
Hourly Wage: (\$) _____ Monthly Salary: (\$) _____

Previous Employer: _____ Position: _____
Work Phone #: _____ Date Hired: _____ Hrs. / week: _____
Hourly Wage (\$): _____ Monthly Salary: (\$) _____

INCOME INFORMATION: Also to include other income sources such as: alimony, child support; welfare; unemployment; AFDC; TANF; social security; annuities; pensions; insurance policies; investment income; interest earned; disability; regular monetary gifts; and any other regular income.

1. Is any member of your household employed? Yes No
If yes, circle: Full-time Part-time Seasonal
2. Does any member of your household expect to work for any period _____ Yes No
during the next twelve months?
3. Does any member of your household work for someone who pays _____ Yes No
them in cash?
4. Is any member of your household on leave of absence from work, _____ Yes No
due to lay-off, medical, maternity or military leave?
5. Does any member of your household now receive _____ Yes No
or expect to receive child support?
6. Does any member of your household now receive or expect to _____ Yes No
receive unemployment benefits?
7. Does any member of your household now receive or expect _____ Yes No
to receive alimony payments?
8. Does any member of your household receive or expect to _____ Yes No
receive welfare/AFDC assistance?
9. Does any member of your family receive or expect to receive _____ Yes No
Social Security benefits?
10. Does any member of your household receive or expect to _____ Yes No
receive income from a pension or annuity?
11. Does any member of your household receive regular cash _____ Yes No
contributions from individuals not living in the unit or from any agency?
12. Does any member of your household receive income from assets including _____ Yes No
interest on checking or saving accounts, interest and dividends from
certificates of deposit, stocks or bonds, income from rental of property?

Financial Information:

Bank Name for Checking Account: _____ Savings Account: _____

Credit References/Credit Cards:

Account Type	Account Number	Bank Name	Balanced Owed
1. _____	_____	_____	_____
2. _____	_____	_____	_____

ASSETS: Net family assets include: cash, investment accounts, any bank account (checking, savings, etc.), certificates of deposit, IRA's retirement and pension funds, personal items held for investment (e.g., gems, art, antiques). Net Family assets also include the value of equity of any business or household assets disposed of by a member of the household for less than fair market value (including disposition in trust, but not in a foreclosure or bankruptcy sale) in excess of the consideration received there from during the 2 years preceding the effective date of certification. In the case of a disposition as part of a divorce settlement, the disposition shall not be considered to be less than fair market value if the household member received important consideration not measured in dollar terms.

Have you disposed of any assets for less than Fair Market Value during the past 24 months? Yes No
 If yes, please explain:

Type of Asset	Value of Asset	Annual Income Derived from Asset
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

RELATIVES /EMERGENCY CONTACT (Not residing with You)

Name _____ Relationship _____ Phone _____
 Street _____ City _____ State _____ ZIP _____

APPLICANT CERTIFICATION:

- I, _____, (Applicant) and or (Co-Applicant) certify that I (we)
- Received a copy of Instructions To Applicants and have read and understand the requirements of admission for tenancy at Farm Worker/Collier Village, or same has been explained to me; and
 - To the best of my (our) knowledge, I (We) affirm that all the information on this application is true, accurate, complete and correct and agree that if this is not so, my application may be denied and/or my lease will be held in default and I (We) could be subject to eviction.
 - I (We) hereby authorize Management of Farm Worker/Collier Village to verify all information contained on the application and conduct a full background check including but not limited to credit, bank account, employment, eviction, criminal background checks and authorization to contact any persons or companies listed on the application.
 - I (we) certify that this unit will serve as the household's primary residence.

Applicant (Signature): _____ **Date:** _____

Co-Applicant or Spouse (Signature): _____ **Date:** _____

Agent: _____ **Date:** _____

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: (Mark one or more)

- 1. American Indian/Alaska Native _____
- 2. Asian _____
- 3. Black/African American _____
- 4. Native Hawaiian/Other Pacific Islander _____
- 5. White _____

Gender: Male Female

Disclosure Notice:

Rural Development has implemented a verification system through the State Department of Labor for the purpose of wage and benefit matching. Therefore whenever a new or renewed Tenant Certifications is completed, all information given will be subject to verification by our Agency. You hereby give authorization for the release of any information (including documentation and other materials) pertinent to eligibility for participation under any housing subsidy program administered by the Collier County Housing Authority. This authorization applies to every member of the household.



“This institution is an equal opportunity provider, and employer.”

FOR OFFICE USE ONLY

APPLICATION # _____ **DATE:** _____ **TIME:** _____

Total Family Members _____

Total Income of all household members _____

Farm Worker % _____

Priority Status _____