

Date/Time Received:
Dates Application Was Updated:
Date Application Was Withdrawn:

APPLICATION FOR ELIGIBILITY DETERMINATION FOR RESIDENCY WITH JEFFERSON CENTER



Instructions to Applicant:

1. All household members must be listed on the application
2. All lines must be filled in. You may write 'NONE' or N/A in a line, but do not leave a line blank.
3. All information should be complete and correct. False, incomplete, or misleading information will cause your application to be declined. *If it is discovered at a later date that the applicant and/or household members misrepresented information, it can be grounds for rejection and/or eviction.*
4. If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change.
5. After we receive your complete application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on the Waiting List. This does not mean that your household will be offered an apartment. If later processing establishes that your household is not actually eligible, or does not meet our Tenant Selection Plan (TSP), your application will be declined.
6. We process your application according to our standard procedures which are summarized in our TSP, available in the Management Office.

1. Household Composition and Characteristics & Family Summary Sheet: *(List the head of the household and all other members who will be living in the unit. Give the relationship of each family member to the head of household. Please Print)*

Mbr. No.	Last Name	First Name	Rel. to HOH	Age	Sex*	Date of Birth	Social Security Number
1			Head				
2			Spouse/Co Head				

****Disclosure of this column's information is strictly voluntary**

Current Mailing Address: _____
Street Apt.

City State Zip Code

Home Phone Mobile or Cell Phone

Email Address

2. **Live-In Attendant:** Do you require the aid of a live-in care attendant? Please note that this need will be verified with your doctor/physician. Yes No

If a Live-In Attendant is needed, name of Attendant: _____

Name/Address of a Doctor who can verify this need: _____

3. **Current/Former Housing Status:** Please list your current and last two addresses where you resided, **plus every state you or any household member has ever lived in**. Verification may be sent to these locations to confirm this information.

Address	City/State/Zip	Dates	Please select:
			<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other
			<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other
			<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other
			<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other

Please list every state each person in the household has ever resided in, by state/household member:

4. **Employment:** Are you or a household member currently employed? Yes No. If yes, give name and address of your employer(s):

Name: _____ Address: _____ Telephone: (Area Code) _____ Name: _____ Address: _____ Telephone: (Area Code) _____
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5. **Income:** Do you or any members of your household receive any of the following types of income on a regular basis?

Answer	Source	Mbr. #	Monthly or Periodic Amt	Documentation Needed at Eligibility Interview
<input type="checkbox"/> Yes <input type="checkbox"/> No	Wages/Salaries			Pay stub/letter from employer
<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security, SSI or Railroad Benefit			Current Award Letter
<input type="checkbox"/> Yes <input type="checkbox"/> No	Private Pensions			Most Recent Statement/Check Stub
<input type="checkbox"/> Yes <input type="checkbox"/> No	Annuities			Most Recent Statement/Check Stub
<input type="checkbox"/> Yes <input type="checkbox"/> No	Disability Insurance			Most Recent Statement/Check Stub
<input type="checkbox"/> Yes <input type="checkbox"/> No	Interest from Investments			Bank Statement; Forms 1099
<input type="checkbox"/> Yes <input type="checkbox"/> No	Dividends			Dividend Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Trust Income			Most Recent Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Student or Financial Aid Income			Current Award Letter
<input type="checkbox"/> Yes <input type="checkbox"/> No	Income from Self-Employment			Tax Documents or Written Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other (specify)			Written Documentation

Do you or any members of your family have any regular sources of income not previously listed?

Yes No. If yes, please describe _____

6. Assets: Do you or any members of your family have any of the following assets?

Answer	Asset	Mbr. #	Current Value	Documentation Needed at Eligibility Interview
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash (in excess of \$1,000)			Signed Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Checking Account(s)			Copy of Most Recent Bank Statement(s)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Savings/Money Market Account(s)			Most Recent Statement(s)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Stocks and Bonds			Most Recent Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate of Deposit			Copy of Certificate
<input type="checkbox"/> Yes <input type="checkbox"/> No	Collectibles held for Investment			Current Appraisal
<input type="checkbox"/> Yes <input type="checkbox"/> No	Trusts, IRA, or Pension Accounts			Most Recent Statement

Do you or any members of your household own a home, commercial property, or other real estate either here in the United States and/or in a foreign country?

Yes No. If yes, please list and provide documents.

Address _____

Estimated Value
\$ _____

7. Do you or any members of your household have any **life insurance policies** with permanent cash value? (May be called “whole life,” universal,” or “paid up” coverage.) Yes No. If yes, please list policies below:

Mbr. #	Name of Company	Policy #	Face Value	Current Cash Value

8. Do you have any **dependents** who live with you? Yes No

Do you pay for child care for any **dependents** who live with you? Yes No

If Yes, please list amount and frequency _____

9. Have you or any members of your household **disposed of assets** totaling more than \$2,000 for less than fair market value during the past two years? Yes No

If yes, please describe: _____

10. List names, addresses, and phone numbers of two relatives or friends who know how to contact you.

Name	Address, City, St., Zip	Phone

11. Have you or any member of your household ever been convicted or adjudicated of a felony or any other criminal activity, including a violation of the Controlled Substance Act, within the past five (5) years? This also includes harassment, sexual assault, drug abuse, and other crimes.

Yes No. If Yes, please explain and name household member:

Are you or any member of your household subject to a lifetime registration requirement under a state/federal sexual offender registration program? Yes No. If Yes, please explain and name household member:

Have you or any member of your household ever been evicted from housing? This specifically includes drug-related criminal activity. Yes No. If Yes, please explain and name household member:

Are you or any member of your household currently engaged in illegal drug use?

Yes No. If Yes, please explain and name household member: _____

Are you or any member of your household currently engaged in alcohol abuse that may threaten the health and safety of the residents or staff or hinders the peaceful enjoyment of the housing premises?

Yes No. If Yes, please explain and name household member: _____

Jefferson Center may prohibit admission of a household to housing if it is determined that any household member is currently engaging in, or has engaged in during a reasonable time before the admission decision:

(1) Drug-related criminal activity;

(2) Violent criminal activity;

(3) Other criminal activity that would threaten the health, safety, or right to peaceful enjoyment of the premises by other residents; or

(4) Other criminal activity that would threaten the health or safety of the owner or any employee, contractor, subcontractor or agent of the owner who is involved in the housing operations.

13. Other Information:

Do you have a reasonable accommodation request due to a disability that would allow you to meet the requirements of the application process and/or potential tenancy? Yes No

If yes, please list the request: _____

Do you plan to use a service or assistance animal in this facility? Yes No

If yes, please describe the animal: _____

Do you have pet you wish to bring onto the property? Yes No

If yes, please describe the animal: _____

Have you had bed bugs? Yes No

Do you have a vehicle(s) you wish to bring onto the property? Yes No

If yes, is the car(s) registered, insured, in operable condition, and owned by a member of the household?

Yes No

How did you hear about *Jefferson Center*?

- ___ Current resident or resident family member
- ___ Friend
- ___ Employee
- ___ Religious organization
- ___ Information provided by a government agency?
- ___ Advertisement (Where?) _____
- ___ Other _____

NOTE: If there is a member of your family who is the survivor of domestic violence, **HUD** has a form you can voluntarily fill out. The Violence Against Women Reauthorization Act of 2013 (VAWA) protections apply to families (adults and children) applying for or receiving rental assistance payments under the various HUD programs. The law protects victims of domestic violence, dating violence, sexual assault, or stalking, as well as their immediate family members, from being evicted or being denied housing assistance if an incident of violence that is reported and confirmed. Applicants and residents may certify their status as victims of domestic violence by using the optional HUD Form-5382, Certification of Domestic Violence. Additionally, Notification of Occupancy Rights and Certification forms under VAWA will be given to applicants during the move-in process as well as to when assistance is being denied to an applicant household. Furthermore, management will have each household sign HUD Form-91067, VAWA Lease Addendum, at move-in and at recertification.

NOTE: In the event you wish to designate a person or entity to represent you during the application process, **HUD** has a form you can voluntarily fill out. You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form. Applicants can request **HUD-92006** form during the application process.

14. Applicant(s) Certification

I/we certify that if selected to move into this project, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility for housing. I/we authorize the owner/management to verify all information provided on this application and to contact previous or current landlords or other sources for criminal background check and verification information which may be released to appropriate Federal, State or Local agencies. I/we understand that our information will be kept confidential, but may be reviewed by a housing auditor. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal Law, and could result in this application being rejected. I/we am/are aware that the applicant may be given less than thirty (30) days notice to move into an available apartment. If for any reason I/we am/are unable to move in within the allowed time, I/we understand that our offer may be forfeited. I/we also understand that it is a requirement of our placement on the Waiting List that I/we contact **Jefferson Center** in writing every six (6) months should we decide to remain on the List. I/we understand that failure to complete this application in its entirety will result in the rejection of this application.

Signature of Head of Household: _____ Date _____

Signature of Spouse / Co-Head: _____ Date _____

Signature of Person Assisting the Applicant on Filling-In the Appl. _____ Date _____

Signature of JC Rep: _____ Date _____

Jefferson Center does not discriminate in any fashion based upon a person's race, color, religion, sex, national origin, disability, familial status, sexual orientation, gender identity, marital status, and any other State protected classes.

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8)



**Jefferson Center
930 N. Tamiami Tr.
Sarasota, FL 34236
(941) 953-9585 or 711**

**ATTACHMENT 1
Jefferson Center
Owner's Notice for Applicant Family**

Dear Applicant:

Jefferson Center requires you to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing. You must do the following:

1. Complete a Family Summary Sheet, using the attached blank format to list all family members who will reside in the unit.
2. Each family member (including you) listed on the Family Summary Sheet must complete a Citizenship Declaration. If there are 2 people listed on the Family Summary Sheet, you should have 2 completed copies of the Citizenship Declaration. The Citizenship Declaration has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each Citizenship Declaration.
3. Submit the Family Summary Sheet, the Citizenship Declarations, and any other forms and/or evidence to the **Jefferson Center** rental office with your application.

If you have any questions or difficulty in completing the attached items or determining the type of documentation required, please contact the **Jefferson Center** rental office. We will be happy to assist you. Also, if you are unable to provide the required documentation, you should immediately contact this office and request an extension, using the block provided on the Citizenship Declaration Format. Failure to provide this information or establish eligible status may result in your not being considered for housing.

Sincerely,

Management Representative

ATTACHMENT 2
 Jefferson Center
 Family Summary Sheet

Name: _____

FAMILY SUMMARY SHEET

Family Member	Last Name of Family Member	First Name	Relation to Head	Sex*	Date of Birth
HEAD					
2					

** Disclosure of this column's information is strictly voluntary*

Signature of Head of Household: _____

Date: _____

CITIZENSHIP DECLARATION

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO _____ DATE OF

HEAD OF HOUSEHOLD _____ SEX _____ * BIRTH _____

SOCIAL _____ ALIEN _____

SECURITY NO. _____ REGISTRATION NO. _____

ADMISSION NUMBER _____ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

** Disclosure of this field's information is strictly voluntary*

SAVE VERIFICATION NO. _____

(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

DECLARATION

I, _____ hereby declare, under penalty of perjury, that I am _____
(print or type first name, middle initial, last name):

1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

- a. If you claim that you are a citizen or national of the United States, you must submit proof of such status.
- (1) The following documents will be accepted as proof of citizenship
 - (a) United States (U.S.) Passport
 - (2) The following documents will be accepted as proof of citizenship when proof of identity is also provided
 - (a) U.S. Birth Certificate
 - (b) Certification or Report of Birth Abroad issued by USCIS or the State Department
 - (c) U.S. Citizen ID card issued by USCIS
 - (d) U.S. Naturalization Certificate issued by U.S. Citizenship & Immigration Services (USCIS)
 - (e) Certificate of Citizenship issued by USCIS
 - (f) American Indian card issued by USCIS for the Kickapoo tribe
 - (g) Final Adoption Decree
 - (h) Evidence of Civil Service employment by U.S. Government before 6/1/1976
 - (i) Official Military Record of Service showing U.S. place of birth (i.e. a DD-214)
 - (j) Northern Mariana ID card issued by USCIS to a naturalized citizen born before 11/4/1986
 - (k) Extract of U.S. hospital birth record established at the time of birth
 - (3) Proof of Identity includes
 - (a) Driver's License
 - (b) Certain government issued ID cards with photo (if no photo, must include identifying information)
 - (c) Tribal government issued ID and documents, including Certificate of Indian Blood
 - (d) Day care or nursery record (minors only)
 - (e) School record or report card (under 16 only)
 - (f) School ID with picture
 - (g) U.S. Military ID, U.S. Military Dependent ID or U.S. Military Draft Record (over 16 years only)

Signature

Date

Check here if adult signed for a child,

2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

If you checked this block, you must submit the following documents:

From non-citizens claiming eligible status who is 62 or older:

- a. This signed declaration of eligible immigration status and
- b. Proof of age

From non-citizens claiming eligible status who is not 62 or older:

- a. This signed declaration of eligible immigration status and
- b. Verification Consent Form

AND

- c. One of the following documents:
 1. Form I-551, Permanent Resident Card.
 2. Form I-94, Arrival-Departure Record annotated with one of the following:
 - a. "Admitted as a Refugee Pursuant to Section 207";
 - b. "Section 208" or "Asylum";
 - c. "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - d. "Paroled Pursuant to Section 212(d)(5) of the INA."
 3. Form I-94, Arrival-Departure Record (with no annotation) accompanied by one of the following:
 - a. A final court decision granting asylum (but only if no appeal is taken);
 - b. A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (application filed was before October 1, 1990);
 - c. A court decision granting withholding of deportation; or
 - d. A letter from an asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
 4. A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
 5. Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below. If for any reason, the documents shown in subparagraph c above are not currently available, complete the Request for Extension block below.

Signature

Date

Check here if adult signed for a child.

EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature Date

Check here if adult signed for a child.

3. I am not contending eligible immigration status and I understand that I am not eligible for housing assistance.

If you checked this block, the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature Date

Check here if adult signed for a child.