



## HOUSING AUTHORITY OF BREVARD COUNTY PROJECT BASED VOUCHER PROGRAM

**Application Confirmation Number:** \_\_\_\_\_  
**ONLY for use after the  
Online Application has been completed**

### VERIFICATION PACKAGE

STEP 1 Complete this verification package & attach all documents from the checklist that apply to your household. *(Additional forms may be needed for additional admits.)*

STEP 2 Return this completed verification package within 10 days to:

Housing Authority of Brevard County

PO Box 360916

OR [SSAPP@HABC.US](mailto:SSAPP@HABC.US)

Melbourne, FL 32936

*(Applications returned to any other location will NOT be accepted.)*

STEP 3 CALL **(321) 301-1982** for your waitlist status (allow 10 business days for processing)

#### QUALIFICATIONS:

- > You must be an adult, 62 years of age or older. Or be an adult, 18 years of age or older and disabled.
- > You must pass a criminal history check & landlord reference check (all adults 18 years of age or older)
- > You must meet income guidelines

#### IMPORTANT INFORMATION FOR YOU TO KNOW:

- > Please keep your phone number, address, income and family size 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 If we are unable to update your file at the necessary time, you will be withdrawn and must re-apply.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.
- > You will be notified if your application has been approved or denied. If approved, you will be required to sign additional paperwork at the time you move in. Your packet will be returned to you if it is incomplete.
- > The Housing Authority of Brevard County will conduct the following screenings on all applicants 18 years and older: criminal record check, registered sex offender check, and landlord references check.
- > Notify the Housing Authority of Brevard County of any changes within 10 days (phone number, address, income, family size, preference, etc.) and update your application at least once every 12 months.

*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 If the applicant refuses the offer without good cause, the application will be withdrawn from the waiting list and the applicant will not be permitted to reapply for 12 months.*

*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.*

*Pursuant to Section 504 [24 CFR S.4(b)(j). 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. The Housing Authority of Brevard County operates a site-based application and waitlist system and applicants should apply to the properties where they desire to live.*

**HOUSING AUTHORITY OF BREVARD COUNTY**  
**PROJECT BASED VOUCHER PROGRAM**  
**APPLICATION CHECKLIST**

You MUST provide copies of the following verification documents within 10 days.  
ALL DOCUMENTS MUST INCLUDE YOUR CONFIRMATION NUMBER

**HOUSEHOLD MEMBER INFORMATION**

- 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 or divorce decree verification** (affidavit may be used instead of divorce decree)

**HOUSEHOLD INCOME** (include any expected income within the next 12 months)

- Employment verification** (provide income verification form to your employer OR three (3) consecutive paystubs)
- All Household Income** (*Including but not limited to VA, social security, food stamps, cash, regular contributions from a friend or family member, etc.* (verification of support amount & frequency))
- Child support or unenforceable support verification** (court documents that outline current/future support amount and frequency)
- School enrollment verification** for K-12, college, vocational training, and/or job training (current enrollment, class schedule or current transcript)

**HOUSEHOLD ASSETS**

- Assets verification** (including cash on hand, in banks, stocks, bonds, notes, Real Estate-Home, Trailer, Property, other personal property (i.e., gems, antiques), etc.)
- Bank statements verification** (most recent three (3) monthly statements)

**HOUSEHOLD EXPENSES**

- Child care expenses verification - Note: Per HABC ACOP: 6-II.A. ADJUSTED INCOME - (4) Any reasonable child care expenses necessary to enable a member of the family to be employed or to further his or her education. If applies, please provide statement on agency's letterhead outlining childcare expenses and frequency.*
- Medical expenses and insurance verification (elderly and persons with disabilities only)

**PREFERENCE VERIFICATIONS**

- Working (30 hours or more per week for the last 3 months or more)
- Displacement due to domestic violence verification (court documents)
- Displacement due to natural disaster (i.e., flood, hurricane, earthquake, etc.) verification
- Veterans (DD214)
- Participants of educational and training program verification.
- Participants of transitional housing verification.

**OTHER VERIFICATIONS**

- Pregnancy verification (from medical facility or provider)
- Special accommodations verification (from medical facility or provider)

# Authorization for Criminal and Landlord History

I hereby authorize the Housing Authority of Brevard County to complete a criminal and landlord history check for all household members age 18 or older. This check will be conducted according to the Admissions and Continued Occupancy Policy for Public Housing and HUD regulations.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_ \_\_\_\_

PRINTED NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY#: \_\_\_\_\_

ADDITIONAL ADULTS:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_ \_\_\_\_

PRINTED NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY#: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_ \_\_\_\_

PRINTED NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY#: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_ \_\_\_\_

PRINTED NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY#: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_ \_\_\_\_

PRINTED NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY#: \_\_\_\_\_

# Authorization for the Release of Information/Privacy Act Notice

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

to the U.S. Department of Housing and Urban Development (HUD)

and the Housing Agency/Authority (HA)

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

PHA requesting release of information; **(Cross out space if none)**

(Full address, name of contact person, and date)

Housing Authority of Brevard County  
1401 Guava Ave  
Melbourne FL 32935

IHA requesting release of information: **(Cross out space if none)**

(Full address, name of contact person, and date)

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

## Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.**

This consent form expires 15 months after signed.

Signatures:

_____	_____	_____	_____
Head of Household	Date		
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA 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 the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. 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 HA or the owner responsible for the unauthorized disclosure or improper use.

**Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants**

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** 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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

**Check this box if you choose not to provide the contact information.**

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information.

Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

EXTRACT

STATE of FLORIDA  
HOUSING AUTHORITIES LAW  
CHAPTER 421.101

421.101 False representations to obtain lower rent in housing accommodations;  
penalty.--Whoever makes a false statement or representation, knowing it to be false,  
or knowingly fails to disclose a material fact in order to obtain a lower rent for housing accommodations  
in a low-rent housing development operated pursuant to this chapter, than the rental such person is  
required to pay pursuant to federal or state statutes, schedule of rents or rules and regulations as  
determined and fixed by housing authorities created pursuant to this chapter, aforesaid, shall be guilty  
of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083; and each  
such false statement or representation or failure to disclose a material fact as aforesaid shall constitute  
a separate offense.

i (we) have read or had read to me (us) by HOUSING AUTHORITY OF BREVARD COUNTY Chapter 421.101, Housing Authorities  
Law of the State of Florida and understand its meaning and the penalties which may result from its violation. I (we) further  
understand that family income as defined in housing authority policy determines eligibility for low income housing and rent, and  
that any and all changes in family income must be reported to housing management immediately following the change.

I (we) further understand that all persons residing on the premises, excepting bona fide guests as defined in housing authority  
policy, must be reported to management at admission or immediately following any change in family composition. It is  
understood that all persons residing on the premises are considered family members. With this knowledge i (we) state that I  
(we) have reported to housing management all persons residing on the premises and all family income and that no family member  
received, receives, or expects to receive any other income from any source as of this day.

WITNESS:

TENANT(S):

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

# Income Verification

We are required by law to verify the income of all individuals living in or applying for Public Housing. We ask your cooperation by supplying the information requested below about the referenced person. This information will be held in confidence for use only in determining the family's eligibility and rent.

We would greatly appreciate your prompt return of this letter. You may fax it to the number listed above or mail it to the office address listed above.

Sincerely,

Management

I, \_\_\_\_\_ authorize the release of the information requested by the Housing Authority.

Tenant / Applicant signature

Employee Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date employed: \_\_\_\_\_ Job Title: \_\_\_\_\_

Date terminated / resigned: \_\_\_\_\_

Current Base Pay Rate: \$ \_\_\_\_\_ per hour, \$ \_\_\_\_\_ per week, \$ \_\_\_\_\_ per month

Average hours worked at Base Pay Rate: \_\_\_\_\_ hrs/week, or \_\_\_\_\_ hrs/month in year

Is this person likely to get Overtime?  No  Yes If yes, Overtime Pay Rate: \$ \_\_\_\_\_ hour

Average number of Overtime hours expected during the next 12 months: \_\_\_\_\_ hrs/month

*Any other compensation not listed.: Please specify for commissions, bonuses, tips, different pay, etc?*

For: \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_

Is increase in earnings anticipated?  No  Yes If yes, amount \$ \_\_\_\_\_ Eff. Date: \_\_\_\_\_

Effective date of last increase: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Total Gross pay (without overtime) earnings for the last 12 months: \$ \_\_\_\_\_

Total Overtime earnings for the last 12 months: \$ \_\_\_\_\_

Company Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Person Completing this Form: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_