



Public Housing Waiting List Notice

The Housing Authority of Brevard County and The Melbourne Housing Authority are announcing the opening of The Public Housing wait-list! You must fully complete the application with the information requested. Failure to submit documents to determine eligibility will result in your application being denied.

Make sure to answer all questions to the best of your ability. If it does not apply, write in N/A. Documents are needed to determine your eligibility for each property. Once the application is submitted, you have 10 days to hand in your documents. We highly suggest you apply for all properties you are interested in and get on the wait-list for all properties when a unit becomes available.

You may drop/mail the documents off to the following addresses:

- **1401 Guava Ave, Melbourne, FL 32935**
- **Mail to: PO Box 360916, Melbourne, FL 32936**
- **4000 N Riverside Drive, Melbourne, FL, 32937**
- **584 Player Lane, Merritt Island, 32953**
- **Or, email to: liphappl@habc.us.**



We do Business In Accordance with Federal Fair Housing Law

HOUSING AUTHORITY OF BREVARD COUNTY AND MELBOURNE HOUSING AUTHORITY

☐ **584 Player Lane, Merritt Island, FL 32953**
Phone: 321 775-1577

☐ **4000 Riverside Dr. #100 Satellite Beach, Fl, 32937**
Phone: 321 775-1572

Housing Authority of Brevard County/Melbourne Housing Authority
Public Housing Application

The Housing Authority of Brevard County and Melbourne Housing 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 the Public Housing Department at **(321) 294-2529 OR Email: liphappl@habc.us**.

Please Note: *We are accepting applications for public housing communities with 0-5 bedroom apartment homes.*

QUALIFICATION:

- 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 drugrelated, violent criminal activity, or is subject to sexual predator registration with the State Law Enforcement, you will be denied).
- You must pass a landlord reference check, and credit check on all applicants age 18 years and older
- 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 for Citizenship
- Social Security cards for all family members
- Driver's License or other Picture ID for all adult members 18 years old or older
- Marriage License, Divorce Decree, or Affidavit certifying separation
- Verification of Employment and 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)
- Verification of Food Stamps
- Veterans DD214
- Verification of all Assets; Bank Statements, Real Estate, Boat, etc.
- Child Care expenses (employed & students only) must be notarized if other than from a licensed Child Care Agency
- Verification of Pregnancy
- All out of pocket medical expenses and Insurance (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). Landlord names & addresses for the past 5 years • Verification of Special Accommodations

IMPORTANT INFORMATION FOR YOU TO KNOW:

- Please keep your 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 your attention to detail with this requirement.

PUBLIC HOUSING APPLICATION PROCEDURES

1. Fill out the attached application and “Release” forms. Please print clearly.
2. Additional adults must fill out additional forms.
3. All adults must also submit a copy of a Picture ID, Social Security Card, and Proof of Income.
4. Bring or mail completed application with copies of your picture ID and social security card to the Housing Authority of Brevard County/MHA. ***PO Box 360916, Melbourne, FL 32936 or at the drop box in front of 1401 Guava Avenue, Melbourne, FL 32935-Application email address liphappl@habc.us***
5. You will be notified if your application has been approved. If approved, you will be required to sign additional paperwork at the time of move in.
6. Pursuant to 24 CFR 960.206, HABC/MHA 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.

If your family situation changes, your ability to qualify for a preference may also change. You should notify the Housing Authority in writing if you wish to claim a preference or no longer qualify for a preference.
7. 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.***
8. The PHA will conduct a criminal record, registered sex offender check, landlord reference check, and credit check on all applicants age 18 years and older.
9. It is your responsibility to report (in writing) all changes in income, family size, residence and phone numbers and to update your application at least once every 12 months.
10. Pursuant to Section 504 [24 CFR 8.4(b)(i), 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.
11. **YOU MUST ANSWER ALL QUESTIONS ON THE APPLICATION OR YOUR APPLICATION MAY BE DENIED.**

Housing Authority of Brevard County and Melbourne Housing Authority **must** have an accurate address for you. You must notify HABC in writing within 10 business days **every** time you change your address or phone number. Your name may be removed from all waiting lists if the address on file for you is incorrect.

PRELIMINARY APPLICATION FOR PUBLIC HOUSING ASSISTANCE

PLEASE CIRCLE THE AREA YOU WISH TO APPLY TO HERE:

(You must also be involuntarily displaced due to a disaster, working, in school/job training, veteran, or a participant of transitional housing to receive the highest preference for a HABC apartment).

PUBLIC HOUSING

HOUSING AUTHORITY OF BREVARD COUNTY (NORTH)

Citrus Court (FL20-1)	Old Dixie Hwy, Wiley Ave., Mims, FL	2, 3, 4 Bedrooms
East Main Landing (FL20-7)	Warren St. , Harry T. Moore, Main St. Mims, FL.	1,2,3,4 Bedrooms
Fields Court (FL20-3)	Courtenay Parkway, Merritt Island, FL	1, 2, 3 Bedrooms
Walton Court (FL20-4)	Player Lane, Merritt Island, FL	1, 2, 3, 4 Bedrooms
Lakeview Pointe (FL20-7B)	Lake View Blvd., Lake Circle, West Cocoa, FL	1, 2, 3, 4,5 Bedrooms
Woodland Oaks (FL20-7D)	Lincoln Ave., Roosevelt Ave. Player Ln, M. I, FL	1, 2, 3, 4,5 Bedrooms

HOUSING AUTHORITY OF BREVARD COUNTY (SOUTH)

Palm Harbor Village (FL20-7F)	Monroe St., Pelham St., Saxon St., Melbourne, FL	1, 2, 3, 4, 5 Bedrooms
Tucker Heights (FL20-6)	McClendon St., Mathers St., Melbourne, FL	1, 2, 3, 4 Bedrooms
Garden Apartments (FL20-9)	4000 N. Riverside Drive, Indian Harbor, FL	0, 1 Bedrooms

MELBOURNE HOUSING AUTHORITY

Booker Heights (FL56-1)	Roberts St., Reddick St., Walker St, Walls St., Melbourne., FL	1, 2, 3, 4 Bedrooms
Temple Terrace (FL56-2)	Temple Terrace, Melbourne, FL	1, 2, 3, 4, 5 Bedrooms
Tucker Heights (FL56-5)	Mathers St., Mitchell St., Steele St., Melbourne., FL	1, 2, 3, Bedrooms

PUBLIC HOUSING – INCOME BASED

***GREATER THAN (\$19,000) ***

The Villas at Harbour City (FL56-3)	E. University, Melbourne, FL	2 Bedrooms
Tucker Heights (FL56-5)	Hickory St., Melbourne, FL	2 Bedrooms
Shady Oaks Village (FL20-7E)	Arthur Cir., Marywood Rd., White Rd., Melbourne, FL	1, 2, 3, 4 Bedrooms
Tucker Heights Melbourne (FL20-12)	1135 Mathers Street	Melbourne, FL 1,2 Bedrooms

**** At the time of submission you MUST provide copies of the following or your application will not be accepted:**

- ☐ Birth certificates, legal guardianship or eligible immigration verification of all household members – **PLEASE PROVIDE COPY(s) WITH COMPLETED APPLICATION**
- ☐ Social security cards for all household members – **PLEASE PROVIDE COPY(s) WITH COMPLETED APPLICATION**
- ☐ Driver's license or other photo ID for all members of household 18 years or older – **PLEASE PROVIDE COPY(s) WITH COMPLETED APPLICATION**
- ☐ Marriage license or divorce decree - **PLEASE PROVIDE COPY WITH COMPLETED APPLICATION**
- ☐ Displacement due to domestic violence – **PLEASE PROVIDE PROOF OF DOMESTIC VIOLENCE** (court documents)
- ☐ Displacement due to natural disaster; i.e. flood, hurricane, earthquake, etc. – **PLEASE PROVIDE PROOF OF DISPLACEMENT**
- ☐ Verification of employment - **Note:** A Income verification form has been provided by Housing Authority that needs to be submitted completed with the application; applicant also needs to supply three (3) consecutive paystubs.
- ☐ Verification of school enrollment (K-12, college, vocational training, job training) – **Note:** Please provide proof of current enrollment, class schedule or current transcript.
- ☐ Child support or verification of unenforceable support - **Note:** Provide proof of court documents that outline current support amount and frequency.
- ☐ VA, SS, SSI, AFDC, and all other income - **Note:** Provide statements showing proof of current support amount and frequency.
- ☐ Verification of all assets - **Note:** Provide proof of cash on hand, in banks, stocks, bonds, notes, Real Estate-Home, Trailer, Property, other personal property (i.e. gems, antiques), etc.
- ☐ Bank statements - **Note:** Provide copy of three (3) current monthly statements.
- ☐ Child care expenses - **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 child care expenses and frequency.
- ☐ Medical expenses and insurance (elderly and disabled only) - **PLEASE PROVIDE COPY WITH COMPLETED APPLICATION**
- ☐ Verification of pregnancy - **Note:** Provide proof from medical facility or provider.
- ☐ Landlord(s) names and addresses for past 5 years.
- ☐ Verification of special accommodation - **Note:** Provide proof from medical facility or provider.
- ☐ Verification of food stamps - **Note:** Provide proof of current support amount and frequency.
- ☐ Veterans DD214 - **PLEASE PROVIDE COPY WITH COMPLETED APPLICATION**

HOUSING AUTHORITY OF BREVARD COUNTY AND MELBOURNE HOUSING APPLICATION FOR PARTICIPATION IN THE PUBLIC HOUSING PROGRAM

FIRST HEAD OF HOUSEHOLD INFORMATION

Last Name _____ First Name _____ MI _____

Soc. Sec. # _____ - _____ - _____ Date of Birth ____/____/____ Place of Birth _____

Sex Male or Female Driver's License # _____ Race _____

Maiden Name _____ Also Known As _____

CO-HEAD OF HOUSEHOLD INFORMATION

Last Name _____ First Name _____ MI _____

Soc. Sec. # _____ - _____ - _____ Date of Birth ____/____/____ Place of Birth _____

Sex Male or Female Driver's License # _____ Race _____

Maiden Name _____ Also Known As _____

Current Address _____ City/State _____ Zip _____

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

Mailing Address If Different Than Current Address

City _____

_____ State _____ Zip _____

EMERGENCY CONTACT INFORMATION (REQUIRED)

Name	Address	City	State/Zip	Phone	Relationship to Head

PLEASE CIRCLE THE ONE THAT APPLIES TO YOU

Marital Status		Ethnicity		Language		Are You Living With Another Family Member		Which Of The Following Family Members Are Disabled?	
C	Separated	1	Hispanic	C	Chinese	<input type="checkbox"/>	Yes	H	Head of Household
D	Divorced	2	Non-Hispanic	E	English	<input type="checkbox"/>	No	C	Co-Head of Household
L	Legal	3	Other	F	French	Are You A Resident of Brevard County? <input type="checkbox"/> Yes <input type="checkbox"/> No		F	Family Member
M	Married			G	German				
S	Single			I	Italian				
W	Widowed			J	Japanese				
				P	Polish	Do You Pay Rent? <input type="checkbox"/> Yes <i>How Much?</i> _____ <input type="checkbox"/> No		Do You Or A Family Member Need An Accessible Unit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Veteran Status		U.S. Citizen		R	Russian				
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	S	Spanish				
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	V	Vietnamese				

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

Application Date: _____

Time: _____

FAMILY MEMBER INFORMATION

CHILDREN OR OTHER ADULTS OTHER THAN SPOUSE WHO WILL BE LIVING IN THE HOUSEHOLD WITH YOU ONCE YOU ARE APPROVED.

Last Name, First Name	MI	Relationship	Sex <small>M-Male F-Female</small>	Age	SS#	Date of Birth	Place of Birth	Race
		HEAD			- -	/ /		
					- -	/ /		
					- -	/ /		
					- -	/ /		
					- -	/ /		
					- -	/ /		
					- -	/ /		
					- -	/ /		

Anticipated changes in family composition: _____

Please mark if the following applies for the head of household and/or the spouse: Elderly or Disabled _____

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? Yes ☐ No ☐ If yes, please list all that apply: _____

Have you ever lived in Public Housing, Section 8 or any subsidized housing complex? Yes ☐ No ☐

If yes, When?

Under what name?

Name of Housing Agency?

Do you owe a balance? Yes ☐ No ☐

Do you have any past due utility bills? Yes ☐ No ☐ If yes, give amount owed: _____

Have you ever been evicted or terminated from Public Housing, Section 8 or any subsidized housing complex?

Yes ☐ No ☐ If yes, When? _____ Where? _____

Why? _____

Is the applicant family displaced by a Natural Disaster, such as a flood, hurricane, earthquake, etc.? Yes ☐ No ☐

If yes, who can verify this? Please give name, address and phone number: _____

Is the applicant family displaced by domestic violence? Yes ☐ No ☐

If yes, who can verify this? Please give name, address and phone number: _____

Are you or a Co-Head of household employed, over 62, or disabled? Yes ☐ No ☐

Have you been working ninety (90) consecutive days or more? Yes ☐ No ☐

Are you or any adult over 18 years of age in job training? Yes ☐ No ☐

Are you currently enrolled in a program that is preparing you for employment? Yes ☐ No ☐

Yes ☐ No ☐

Are you or any adult over 18 years of age enrolled in post-secondary education program fulltime?

Are you currently enrolled in a program at the collegiate or vocational/technical level fulltime? Yes ☐ No ☐

Have you, or any member of the applicant household **ever** been arrested or convicted of a crime other than a traffic violation? (Felony/Felonies, Misdemeanor/Misdemeanors or Drug Related Crimes)

Yes ☐ No ☐

(Please Check All That Apply) ☐ Drug Related Activity ☐ Violent Criminal Activity ☐ Sexual Offenses

If yes, please explain the nature of the problem and who was involved in detail below:

Date	Location	Detailed Explanation

Is anyone in your household currently on parole or probation? Yes ☐ No ☐ If

yes, please explain below:

Date	Location	Detailed Explanation

GUARDIAN INFORMATION:

Name: _____ Phone: _____

Address _____
Street, City, State, Zip

PAYEE INFORMATION:

Name: _____ Phone: _____

Address _____
Street, City, State, Zip

Should paperwork be sent to you or your guardian or payee? _____ Send paperwork to me
_____ Send paperwork to guardian _____ Send paperwork to payee

PREFERENCES POINTS

1. **Involuntary Displacement due to a disaster** (3 POINTS) Yes ☐ No ☐

2. **Working Preference** (5 POINTS) Yes ☐ No ☐

In order to bring higher income families into public housing, the PHA will establish a preference for “working” families, where the head, spouse, co-head, or sole member is employed at least 30 hours per week for at least the previous three months. As required by HUD, families where the head, spouse, co-head, or sole member is a person age 62 or older, or is a person with disabilities will also be given the benefit of the working preference [24 CFR 960.206(b)(2)].

3. **Participants of educational and training programs:** (1 POINTS) Yes ☐ No ☐

This includes families who are participants in educational and training programs designed to prepare the individual for the job market

4. **Veteran Preference: Veterans or surviving spouses of veterans.** (2 POINTS) Yes ☐ No ☐

(If yes, applicant must provide copy of DD214)

5. **Participants of transitional housing programs:** (1 POINTS) Yes ☐ No ☐

This includes families who are current participants of transitional housing programs for the homeless or victims of domestic abuse

DO YOU QUALIFY FOR ANY OF THE ABOVE PREFERENCES?

Yes ☐ No ☐

Head of Household Signature

Co-Head of Household Signature

Date

SOURCE OF INCOME

EMPLOYMENT, SOCIAL SECURITY, SSI, SSID, AFDC/TANF, FOOD STAMPS, VETERAN'S BENEFITS, CHILD SUPPORT, UNEMPLOYMENT, GIFTS, SELF-EMPLOYMENT, WORKERS COMP, AND ALL OTHER SOURCES OF INCOME WHERE YOU OBTAIN MONEY TO PAY YOUR BILLS. EXAMPLE: WAGES (\$150/WEEK) AND SSI (\$421/MONTH)

Family Member Name	Source of Income	Amount of Income	Frequency - Per
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
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			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year

ASSETS

SAVINGS ACCOUNT, CHECKING ACCOUNTS, CD'S, PROPERTY, STOCKS, BONDS, AND ETC.

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

Do you have a checking or savings account or own any Certificates of Deposit, stocks, bonds, etc.? If yes, list all on table above. Yes ☐ No ☐

Do you own real estate? If yes, list all addresses on table above. Yes ☐ No ☐

Have you sold any real estate in the past two (2) years? If yes, list the address, sale amount and expenses on table above. Yes ☐ No ☐

REFERENCES FOR PUBLIC HOUSING APPLICATION

PLEASE PROVIDE LANDLORD REFERENCES FOR THE PAST FIVE (5) YEARS TO THE HOUSING AUTHORITY OF BREVARD COUNTY/MELBOURNE HOUSING AUTHORITY. THESE REFERENCES WILL BE VERIFIED IN ORDER FOR THE HOUSING AUTHORITY TO RENT TO THE MOST QUALIFIED APPLICANT. (PLEASE USE ADDITIONAL PAPER FOR LANDLORD REFERENCES)

Where have you lived the last five (5) years. (THIS INFORMATION IS REQUIRED. A CONTACT NUMBER FOR LANDLORDS IS NEEDED)

Applicant Name

Social Security Number

Landlord Reference

Unit Address:

Name:

Address:

Phone:

Date Moved In _____

Date Moved Out & Reason _____

Landlord Reference

Unit Address:

Name:

Address:

Phone:

Date Moved In _____

Date Moved Out & Reason _____

Landlord Reference

Unit Address:

Name:

Address:

Phone:

Date Moved In _____ **Date Moved Out & Reason** _____

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

I give permission for the Housing Authority of Brevard County/Melbourne Housing Authority to gain any information necessary to process my public housing application which will allow me to have the potential to become a resident at a Housing Authority of Brevard County/MHA Public Housing.

Applicant Signature

Date

Qualifying for Deductions in Calculating Rent:

- a) Is the head of household or spouse age 62 or older or a person with a disability: Yes ☐ No ☐
- b) Do you have childcare expenses paid out of your pocket for children under age 13 so an adult in the family can work, go to school or attend job training: Yes ☐ No ☐
- c) Is any member of the household age 18 or older other than the family head and spouse a full-time student or a person with a disability? Yes ☐ No ☐
- d) Is anyone who will be living in the home expecting a child? Yes ☐ No ☐
- e) Does anyone in your household require any type of accommodation to fully utilize our program and services?
Yes ☐ No ☐ If yes, who? _____
- f) If so, what do they require? _____

ADDITIONAL DISCLOSURES

Are you an employee of the Housing Authority of Brevard County? Yes ☐ No ☐

If yes, in which department? _____

Do you have any relatives working for the Housing Authority of Brevard County? Yes ☐ No ☐

If yes, in which department? _____

Have you ever been in foster care? Yes ☐ No ☐

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 Housing Authority of Brevard County to acquire my criminal record in order to determine my eligibility for public housing.

Head of Household Signature

Co-Head of Household Signature

Date

APPLICANT CERTIFICATION

NOTE: PHA will be conducting a background check and contacting all former landlords for the period five (5) years from the date of application. Signing the application below authorizes the PHA to conduct such inquiries on your behalf.

CERTIFICATION AND CONSENT STATEMENT: *I/we certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified. I/we authorize the release of information to the Housing Authority by my/our employer(s), the Department of Public assistance, the Social Security Administration, and/or other business or government agencies, current and former landlords and Florida Department of Law Enforcement or other law enforcement agency for the purpose of a background check and credit check. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission.*

Applicant Signature

Date

Co-Applicant Signature

Date

Application Accepted By: _____

OFFICIAL USE ONLY

CERTIFICATION: On the basis of the information contained and verified herein, the above-named applicant has been found to be:

_____ Eligible for Admission _____ Ineligible for Admission

_____ Title _____ Date _____

Remarks: _____

Number of Bedrooms Needed:

Type of Housing Needed:

Elderly/Disabled
Over 62

Family (1 or more persons,
Elderly or Disabled)

Application Date: _____

Time: _____