



Dear Applicant:

Thank you for your interest in **Duval Park**. Enclosed is an Application Packet consisting of the following documents:

1. Application
2. Supplemental Contact Information Form

Duval Park is an 87-unit Section 42 Low Income Housing Tax Credit project with 44 vouchers for HUD Section 8 rental assistance. In order to be eligible for housing in this community, you must meet the income eligibility requirements established by the Low Income Housing Tax Credit Program. Your gross household income cannot exceed 60% of the Pinellas County area median income (AMI), which is currently set at the following limits:

1 person: \$28,140	2 people: \$32,160	3 people: \$36,180	4 people: \$40,140
5 people: \$43,380	6 people: \$46,620	7 people: \$49,800	8 people: \$53,040

Preference will be given to U.S. Military veterans and families who reside in, or are transitioning to, permanent housing. To that end, 36 of Duval Park's units (40%) will be set aside for those veterans with a service-connected disabling condition.

If you feel you fit these requirements, please complete the application and all attachments. Return the signed documents, along with copies of **Birth Certificates, Social Security cards, Alien Registration cards (if applicable) on all household members and a photo ID for all members 18 years and older**, to our office. Incomplete applications will not be accepted.

NOTE: When you come for your initial interview, you must provide originals of the above documents, as well as verification of income. If, however, you do not have a social security card at time of application and/or initial interview, you have 90 days from date you are offered a unit to provide documentation to verify your social security number. Disclosure and verification of a SSN are required before you can be housed.

Once your application has been reviewed, you will be notified in writing whether or not you appear to be eligible to be placed on our waiting list. Please keep in mind this is only a preliminary application. Verification of eligibility will be conducted when your name comes close to the top of our list.

You must notify the office **in writing** of any changes to information supplied in the application. Periodically all waiting list applicants will be contacted in writing to verify their interest in the project. Please be aware that the waiting list update conducted by Management does not relieve you of the responsibility to notify Management of a change in address or a change in other critical aspects of the application. **If the update letter is returned because your address is not current, you will be removed from the waiting list. Anyone not responding within fourteen days will be removed from the waiting list.**

If you have any questions, please do not hesitate to contact the office. **Requests for reasonable accommodations, including materials in alternate formats, may be made by contacting the site office:**

Duval Park
5025 Duval Circle, St. Petersburg, FL 33714
PH: 727-522-1400; FAX: 727-_____
FL Relay TTY: 1-800-955-8771
Email: duvalpark@carteretmgmt.com



Professionally Managed by Carteret Management Corporation

Duval Park will provide assistance to applicants with disabilities or with limited English proficiency in completing this document. If you have any special needs that might impact your access to the application process and require reasonable accommodation or alternate means of communication, please notify the office.

It is the policy of Duval Park to provide housing on an equal opportunity basis. We do not discriminate against any person because of Race, Color, Religion, Sex, Handicap, Familial Status, National Origin, Sexual Orientation, Gender Identity or Marital Status. If you feel that you have been discriminated against, please contact this office, the Florida Housing Finance Corporation, or the local housing authority to report such action.



OFFICE USE ONLY	
Date Application Received:	_____
Time:	_____
Manager's Signature:	_____

Duval Park

5025 Duval Circle
St. Petersburg, Florida 33714
(727) 522-1400
FL Relay TTY: 1-800-955-8771

APPLICATION FOR RESIDENCE

Type of apartment you are applying for:

1 Bedroom Unit 2 Bedroom Unit 3 Bedroom Unit 4 Bedroom Unit

Anticipated Move-In Date: _____

INSTRUCTIONS TO APPLICANT

- ALL lines must be filled in. You may write "NONE" or "NO" in a line, but DO NOT leave a line blank or write N/A.
- All information should be complete and correct. False, incomplete or misleading information will cause your application to be declined.
- If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change.
- As long as your application is on file with us, it is your responsibility to contact us whenever your address, telephone number or income situation changes, or whenever you need to add or remove a household member from your application.
- 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 a 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 Resident Section Criteria, your application will be declined.
- We will process your application according to our standard procedures, which are summarized in the Tenant Selection Plan that is posted in the Management Office.
- Please print and use BLUE INK.

APPLICANT INFORMATION

Applicant Name:			
Home Address:		City:	State: Zip:
Mailing Address:		City:	State: Zip:
Home Phone:	Cell Phone:	Email:	
Do you speak English? (Please check one) Yes: <input type="checkbox"/> No: <input type="checkbox"/>		If no, what language spoken? Do you need an interpreter? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	

PREFERENCES:

- Is the Head/Spouse/Co-Head a Veteran? Yes: No:
- Years of Military Service: From _____ to _____ Branch: _____
- If a Veteran, do you have a service connected disability? Yes: No:

HOUSEHOLD COMPOSITION

List your name and the names of persons who **will be** living with you. Please list the head of household first.

Full Name of Household Member	Date of Birth	Sex M/F	SSN	Driver's License/ Picture ID #	Marital Status	Relationship to Head
						HEAD

RESIDENCE HISTORY

You **must** report **ALL** places you have lived for the past five (5) years. Attach additional sheet if necessary.

Present Address Do you: Own your home? <input type="checkbox"/> Rent? <input type="checkbox"/> Live with others? <input type="checkbox"/>	Street Address:			From: _____/_____/_____	Landlord Name:			
	City:	County:	State:	Zip Code:	To: _____/_____/_____	Landlord Phone:		
	Reason for Moving:					Landlord Street Address:		
	Is this Subsidized Housing? Yes <input type="checkbox"/> No <input type="checkbox"/>			Amount of Rent:	City:	State:	Zip Code:	
Previous Address	Street Address:			From: _____/_____/_____	Landlord Name:			
	City:	County:	State:	Zip Code:	To: _____/_____/_____	Landlord Phone:		
	Reason for Moving:					Landlord Street Address:		
	Is this Subsidized Housing? Yes <input type="checkbox"/> No <input type="checkbox"/>			Amount of Rent:	City:	State:	Zip Code:	

Previous Address	Street Address:				From:	Landlord Name:			
	City:	County:	State:	Zip Code:	To:	Landlord Phone:			
	Reason for Moving:					Landlord Street Address:			
	Is this Subsidized Housing? Yes <input type="checkbox"/> No <input type="checkbox"/>				Amount of Rent:	City:	State:	Zip Code:	
Previous Address	Street Address:				From:	Landlord Name:			
	City:	County:	State:	Zip Code:	To:	Landlord Phone:			
	Reason for Moving:					Landlord Street Address:			
	Is this Subsidized Housing? Yes <input type="checkbox"/> No <input type="checkbox"/>				Amount of Rent:	City:	State:	Zip Code:	

You *must* report ALL states you have resided in since the age of 18, and the last address in each state. It is not necessary to repeat the addresses listed above. All applicants over 18 are required to report this information.

State:	From:	To:	Last Street Address in that State:	City:	County:
State:	From:	To:	Last Street Address in that State:	City:	County:
State:	From:	To:	Last Street Address in that State:	City:	County:
State:	From:	To:	Last Street Address in that State:	City:	County:
State:	From:	To:	Last Street Address in that State:	City:	County:

- Have you or any member of your household ever been evicted for drug-related activity? Yes: No:
If YES, from Where? _____ When? _____ Why? _____
- Have you or any member of your household ever committed fraud in a Federally Assisted Housing Program or been asked to repay money for knowingly misrepresenting information for such housing programs? Yes: No:
- Have you, or any household member, ever been convicted of a felony and/or sexual offense? Yes: No:
If YES, please explain (provide state and county) _____
- Are you or any member of your household subject to a lifetime state sex offender registration program in any state? Yes: No: (**Note:** Failure to respond to this question may jeopardize the approval of your application.)
If YES, please explain (provide state and county) _____
- **Alias:** Please list any names any member of the household has used, including maiden names or any alias:

- **Pets:** Do you have pets? Yes: No:
If YES, what type of pet? _____ Breed? _____ Weight? _____
- **Student:** Are you or anyone in your household a student?
Yes: No: Full-Time: Part-Time:
- Do you expect to have recurring medical expenses during the next 12 months? Yes: No:

DISABILITY

It is not necessary to give us details about your disability unless you are requesting an accommodation.

a. Do you claim a Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	b. Do you need an accommodation to help you complete the application process? <input type="checkbox"/> Yes <input type="checkbox"/> No	c. Do you need an accommodation in housing features due to your disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If "yes" to b or c, what accommodation do you request? (If necessary, attach additional sheets to explain.)

Household Member: _____

- | | | |
|--|----------------|-------------------------------------|
| <input type="checkbox"/> Employment | \$ _____/month | Employer: _____ |
| | | Address: _____ |
| | | City: _____ State: _____ |
| | | Zip: _____ Phone: _____ |
| <input type="checkbox"/> SSI/SSDI/Social Security Benefits | \$ _____/month | SUBMIT CURRENT AWARDS LETTER |
| <input type="checkbox"/> Employer Disability Payments | \$ _____/month | Source: _____ |
| <input type="checkbox"/> Child Support | \$ _____/month | Source: _____ |
| <input type="checkbox"/> Retirement Benefits | \$ _____/month | Source: _____ |
| <input type="checkbox"/> Veteran's Benefits | \$ _____/month | Source: _____ |
| <input type="checkbox"/> Worker's Compensation | \$ _____/month | Source: _____ |
| <input type="checkbox"/> W2/TANF | \$ _____/month | Source: _____ |
| <input type="checkbox"/> Contributions | \$ _____/month | Source: _____ |
| <input type="checkbox"/> Other: _____ | \$ _____/month | Source: _____ |

Household Member: _____

- | | | |
|--|----------------|-------------------------------------|
| <input type="checkbox"/> Employment | \$ _____/month | Employer: _____ |
| | | Address: _____ |
| | | City: _____ State: _____ |
| | | Zip: _____ Phone: _____ |
| <input type="checkbox"/> SSI/SSDI/Social Security Benefits | \$ _____/month | SUBMIT CURRENT AWARDS LETTER |
| <input type="checkbox"/> Employer Disability Payments | \$ _____/month | Source: _____ |
| <input type="checkbox"/> Child Support | \$ _____/month | Source: _____ |
| <input type="checkbox"/> Retirement Benefits | \$ _____/month | Source: _____ |
| <input type="checkbox"/> Veteran's Benefits | \$ _____/month | Source: _____ |
| <input type="checkbox"/> Worker's Compensation | \$ _____/month | Source: _____ |
| <input type="checkbox"/> W2/TANF | \$ _____/month | Source: _____ |
| <input type="checkbox"/> Contributions | \$ _____/month | Source: _____ |
| <input type="checkbox"/> Other: _____ | \$ _____/month | Source: _____ |

RACE/ETHNICITY

This information is optional and will not be used to evaluate your application or to discriminate against you in any way.

Household Member #1: _____

RACE: WHITE BLACK ASIAN AMERICAN INDIAN OTHER
ETHNICITY: HISPANIC NON-HISPANIC

Household Member #2: _____

RACE: WHITE BLACK ASIAN AMERICAN INDIAN OTHER
ETHNICITY: HISPANIC NON-HISPANIC

Household Member #3: _____

RACE: WHITE BLACK ASIAN AMERICAN INDIAN OTHER
ETHNICITY: HISPANIC NON-HISPANIC

Household Member #4: _____

RACE: WHITE BLACK ASIAN AMERICAN INDIAN OTHER
ETHNICITY: HISPANIC NON-HISPANIC

Household Member #5: _____

RACE: WHITE BLACK ASIAN AMERICAN INDIAN OTHER
ETHNICITY: HISPANIC NON-HISPANIC

Household Member #6: _____

RACE: WHITE BLACK ASIAN AMERICAN INDIAN OTHER
ETHNICITY: HISPANIC NON-HISPANIC

APPLICANT CERTIFICATION

Read each statement below and initial that you understand and agree.

_____ I have read and understand the information in this application, in particular the Instructions to Applicant, and
(initial) agree to comply with all information and instructions.

_____ I have read and understand the Application Processing, Tenant Selection, Waiting List Procedures, and Unit
(initial) Assignment Policies. I understand that my application may be passed over in order to maintain the income limit set aside requirements, if my combined gross household income exceeds the extremely low-income limits.

_____ I certify that all information given in this application is true, complete and accurate. I understand that if any of
(initial) this information is false, misleading or incomplete, Management may decline my application, OR, if move-in has occurred, terminate my lease and evict me and my household.

_____ I understand that ALL CHANGES in the income of any member of the household, as well as any changes in the
(initial) household members, must be reported to Management in writing immediately.

_____ If my application is approved and move-in occurs, I certify that only those persons listed in this application will
(initial) occupy the apartment, and that they will maintain no other place of residence.

_____ If this application is approved and move-in occurs, I certify that all household members will accept and comply
(initial) with all conditions of occupancy as set forth therein, including but not limited to, rules regarding pets, rent, damages, and security deposits.

_____ I authorize Management to make any and all inquiries to verify this information either directly or through
(initial) information exchanged now or later with rental and credit screening services, previous and current landlords, law enforcement agencies or other sources for verification confirmation which may be released to appropriate Federal, State or local agencies.

_____ I understand that it is a crime to knowingly provide false information for the purpose of obtaining or maintaining
(initial) occupancy and/or for the purposes of securing a lower rent in a subsidized housing development.

_____ I understand that the penalty for knowingly providing false information is up to five (5) years in prison and/or up
(initial) to \$10,000 fine upon conviction.

ALL adult members of the household must sign below:

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____

THIS INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL

SWORN DECLARATION OF STUDENT STATUS

Date: _____
Applicant/Resident Name: _____
Development Name: _____
Unit Number/Identification: _____

This rental community has received funding from a program that does not generally allow occupancy by households comprised entirely of full-time students.

A "Student" is an individual who is a full-time student at an education organization that normally maintains a regular faculty and curriculum and normally has a regularly enrolled body of pupils or students in attendance at the place where its educational activities are regularly carried on, for at least five calendar months during a calendar year.

The following information is requested as part of the household qualification process. Please mark the applicable item(s).

- A. ____ I am not a student and do not anticipate enrolling as a student in the upcoming year.
- B. ____ I anticipate enrolling as a student in the upcoming year.
- C. ____ I am a part-time student and expect to remain part-time in the upcoming year.
- D. ____ I am a full-time student.
- E. ____ I am a full-time student and offer the following explanation for eligibility consideration:
 - 1. ____ I receive Temporary Assistance for Needy Families (TANF) payments or other benefits under Title IV of the Social Security Act.
 - 2. ____ I am enrolled in a job training program receiving assistance under the Job Training Partnership Act (JTPA) or other similar Federal, State or local laws.
 - 3. ____ I am a single parent with dependent children, and none of the household members are dependents or another party other than a parent of the children.
 - 4. ____ I am married and file a joint federal tax return with my spouse.
 - 5. ____ I am a former foster child in transition to independence.

Under penalty of perjury, I certify that the information presented in this declaration is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement. I will provide proof of credit hours or other documentation that may be required for each school term during my occupancy of a unit at this rental community.

Applicant/Resident Signature

Date

Owner Representative Signature and Title

Date

SWORN DECLARATION OF CHILD SUPPORT

Applicant/Resident Name: _____

Unit Number/Identification: _____

Child support payments that are received shall be included as income whether or not there is yet a court order awarding payment. Child support amounts awarded by the courts but not received can be excluded only when the applicant/resident certifies that payments are not being made and further documents that all reasonable legal actions have been taken to collect amounts due, including filing with the appropriate courts or agencies responsible for enforcing payment.

As part of the qualification and certification process required by federal and/or state housing programs with jurisdiction over this development, the following information is needed:

A. Do you receive child support? Yes ; go to B No ; go to C.1

B. I receive:

1. Payment amount \$ _____
2. Frequency _____
3. Children's names _____
4. Name of source _____

Complete multiple declaration forms if there are multiple sources; Go to C.1

C. Court Orders

1. Have you been awarded child support by court order? Yes ; go to C.2 No ; sign form
2. Provide copy of entire document
 - i. Amount of award \$ _____
 - ii. Frequency _____

Go to C.3

3. Is payment being received as awarded? Yes ; go to 3.i No ; go to 3.ii

i. Indicate the manner by which payment is received and sign form.

1. Enforcement Agency (name agency & provide agency print out): _____
2. Court of Law (name court): _____
3. Direct from responsible party (name source & provide declaration from the source): _____
4. Other (explain): _____

ii. If payment not received or if amount received is less than amount awarded, provide details and documentation of collection efforts:

Under penalty of perjury, I certify that the information presented in this declaration is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant/Resident signature

Date