

Housing Authority of Brevard County HCV Waiting List Instructions



Thank you for your interest in the Housing Authority of Brevard County's Section 8 Housing Choice Voucher Program. We maintain a waiting list for our housing program according to Federal housing laws. Our application is an easy, step-by-step way to get your name entered for our waiting list.

DO NOT complete and submit more than one application for the waitlist. Multiple entries will be voided.

****** Completed applications should be emailed to Greaterheights@hbc.us******

Before you begin the application, you must have the names, dates of birth, and Social Security Numbers available for all household members. You should also know the amount of income for each household member.

Accessibility/Reasonable Accommodation

In accordance with the Americans with Disabilities Act, if you are a disabled person and need a reasonable accommodation to complete an application, please call the Housing Authority of Brevard County at 32.1-775-1592.

Completing the Application

As you complete the application, look for the following symbol:

*Indicates that the information *is* required

Before you apply....

Before applying, you must read the following document from the U.S. Department of Housing and Urban Development:

It informs you that you are committing fraud if you knowingly provide false or misleading information to obtain assisted housing. There are penalties that apply if you knowingly omit information or give false information.

Yes, I have read and understand this document.

Application Program

Section 8 Housing Choice Voucher

Application Preferences

The waiting list gives selection preferences to households that meet certain conditions. Check any conditions that apply to the head of household, spouse, or co-head:

- Elderly
Is the Head/Co-Head or Spouse 62 years of age or older?
- Disabled
Is the Head/Co-Head or Spouse receiving SS1?
- Veteran
Is the Head/Co-Head or Spouse an honorably discharged Veteran of the US Armed Forces?
- Displaced by Natural Disaster
Is the Family displaced due to Presidentially Declared Natural Disaster?
- Homeless
Are you homeless as defined by the Brevard Homeless Coalition, Inc and have a Case Manager?
- Chronic Homeless
Are you chronically homeless as defined by the Brevard Homeless Coalition, Inc and have a Case Manager?
- Housing Choice Voucher Foster Youth to Independence Voucher Holder
Are you currently receiving a Foster Youth to Independence Voucher through the U.S. Department of Housing and Urban Development?
- Housing Choice Voucher Current Disabled Public Housing Resident?
Are you currently a Public Housing Resident who is disabled?

Head of Household

* Social Security Number

*First Name

MiddleInitial

*Last Name

*Birth Date

* Gender Female Male

*Birthplace (City, State)

*Citizenship

*Race

White

Black/ African American

American Indian /Alaska Native

Asian

Native Hawaiian / Other Pacific Islander

Head of Household

***Hispanic or Latino**

Yes

No

***Disabled**

Yes

No

***Student**

Non-Student

Part Time

Full Time

List School or Educational Program

Household Member Information

If there is anyone else in your household then enter the information. Repeat these pages for each additional member of your household.

*Social Security Number

*First Name

*Middle Initial

*Last Name

*Relationship to Head of Household

*Birth Date

*Gender Female Male

*Birthplace (City, State)

*Citizenship

*Race

- White
- Black/ African American
- American Indian /Alaska Native
- Asian
- Native Hawaiian / Other Pacific Islander

Household Member Information

***Hispanic or Latino**

- Yes
 No

***Disabled**

- Yes
 No

***Student**

- Non-Student
 Part Time
 Full Time

List School or Educational Program

Applicant Address

Address with Apartment Number

City/State

Zip Code

Applicant Mailing Address

If your mailing address is different, complete the following:

My mailing address is different from my living address.

Mailing Address with Apartment Number

Mailing City/State

Mailing Zip Code

Phone and E-mail Information

Home Phone

Work Phone

Message Phone

E-mail Address

Current Home

Lived Here from

Number of Bedrooms

Housing Type:

Rental

Own

Other/Explain

Rental Amount:

Current Landlord

Landlord Name

Landlord Address

Landlord City/State

Landlord Zip Code

Landlord Phone

Previous Residences

Other than your current residence,repeat the next page for each residence lived
In the past five (5) years.

Previous Home

Lived Here from

Number of Bedrooms

Housing Type:

Rental

Rental Amount:

Own

Other/Explain

Previous Landlord

Landlord Name Landlord

Address Landlord

City/State Landlord

Landlord Zip Code

Landlord Phone

Subsidized Housing History

If any member of your household has previously lived in subsidized housing, repeat this page for each different public housing authority (PHA).

Member Name

PHA Name

PHA Address

City/State

Zip Code

Phone

Name on Lease

Lived Here From

Lived Here To

INCOME SECTION

Repeat this page for every source on income.

Member

Income Type

Position

How Long (Years)

Source/Employer

Address

City/State

Zip

Phone

Program Integrity Information

It is important that you answer these questions fully and honestly. Criminal history does not necessarily keep you from obtaining housing assistance.

- 1) *Is any household member subject to a sex offender registration program in Any state?

Yes No

If yes, which member(s) and which state(s)?

- 2) *Have you, or any member of the applicant household ever been arrested or convicted of a crime other than a traffic violation?

Yes No

If yes, please explain:

- 3) *Is anyone in your household currently on parole or probation?

Yes No

If yes, please explain:

Program Integrity Information

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

Yes No

If yes, please explain:

5) *Has any household member used any other name(s) in the past *five* (5) years {Including maiden names or aliases}?

Yes No

If yes, which member(s) and what name(s)?

6) *Does the Head of Household, spouse, or co-head collect Social Security benefits based on disability?

Yes No

Certification

WARNING: Title 18. Section 1001 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any department or Agency of the U.S. government is guilty of a felony.

I understand that submitting false or incomplete information to obtain housing assistance is a criminal offense punishable under federal law.

I do hereby certify that all statements contained in this application are true and complete, to the best of my knowledge. I understand that deliberate misrepresentation of my circumstances will result in my being rejected for admission to a subsidized housing unit. I hereby authorize the Housing Authority of Brevard County to verify all information contained in this application and to conduct criminal and credit checks on all members of my household.

I understand it is my responsibility to notify the housing authority **in** writing of any changes in my household composition, income, address, or phone number. Failure to inform the housing authority may result in my name being removed from the waiting list.

Do you understand and accept the terms of this certification?

Yes, I Understand and Accept Signature _____