



Preliminary Application for Senior Public Housing

Please read carefully before completing.

This application is for Clearwater Housing Authority’s (CHA) Senior Public Housing Waiting List ONLY. This application must be completed and mailed to:

Clearwater Housing Authority
 Public Housing Waiting List
 P.O. Box 14807
 Clearwater, FL 33766

All applications must be mailed.

HAND DELIVERED APPLICATIONS WILL NOT BE ACCEPTED.

Applications placed on the Public Housing Waiting List will be ranked in accordance to the application date/time.

Applications that are incomplete, ineligible, duplicated will not be placed on the Senior Public Housing Waiting List.

Only families with **ALL** household members whose **ages are fifty (50)** or over may apply. Only one (1) application per family may be submitted.

The family’s annual gross income must not exceed the low income level of:

	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Low Income	\$33,150	\$37,900	\$42,650	\$47,350	\$51,150	\$54,950	\$58,750	\$62,550

If you are disabled and need assistance completing this application, please contact our office at (727) 461-5777, Ext. 209 between the hours of 8:00 AM and 5:00 PM. For hearing impairments, our TTY access number is 1-800-955-8771 and TDD access number is 1-800-955-8770.

Preliminary Application for Senior Public Housing (cont'd)

Please complete the following information. All information must be provided. Any applications with information omitted will be considered as incomplete. If the information does not apply to you, please indicate N/A.

_____ () _____
Who is the Head of Household? (Legal Name) **Telephone Number** **Email Address**

Is the Head of Household or Spouse Disabled? (Please mark) Yes No

_____ **What is your mailing address?** Street City State Zip

List the legal names of all household members below. Start with the head of household, spouse or co-head, and then any other adults.

Legal Name	Date of Birth	Social Security Number	Male or Female? M/F	Citizen? Y/N	Race Code (see below)	Hispanic? Y/N	Gross Yearly Income Amount from: Employment, Social Security, SSI, Child Support, Cash Assistance, Unemployment, etc.
							\$
							\$
							\$
							\$
							\$
							\$

Race Codes: (1) Black (2) White (3) American Indian/Alaska Native (4) Asian Pacific Islander (5) Multi-Racial

I certify that the above information is accurate and complete to the best of my knowledge. I understand that the submission of false information may result in loss of eligibility to participate in the Public Housing Program.

 Signature of Head of Household

 Date



Equal Housing Opportunity Statement: We are pledged to the letter and spirit of the U.S. policy for the achievement of equal housing opportunity throughout the Nation. We encourage and support and affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.