



Crystal Lakes Manor (a 55 and older community)
 4100 62nd Avenue North, Pinellas Park, FL 33781
 Phone: 727.522.2074
 Fax: 727.521.2564
 www.PinellasHousing.com

Lease Application

Applicant Name: Last: _____ First: _____ MI: _____

Co-Applicant Name: Last: _____ First: _____ MI: _____

Present Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____ Phone: _____

For Statistical Purpose Only

Race: White/Caucasian Black/African-American Asian/Pacific Islander Native American/Alaskan Native
 Ethnicity: Hispanic/Latino Non-Hispanic/Non-Latino

How long have you been living at your present address? _____ Years _____ Months Monthly Rent: \$ _____

Utilities: \$ _____ Is your rent payment current? Yes No If no, please explain: _____

Present Landlord: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Previous Address: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Have you ever been evicted? Yes No If yes please explain: _____
A "yes" answer will not automatically disqualify you for housing.

Have you ever lived in Public Housing or any federally subsidized program? Yes No From: _____ To: _____

Agency Name: _____ Program: _____

Address: _____ City: _____ State: _____ Zip: _____

Do you owe that agency money? Yes No If yes please explain: _____

Do you require a reasonable accommodation? Yes No If yes please explain: _____

Family Composition: Begin with yourself. List all persons who will live in the apartment including live-in aides who are necessary for the care of a family member. We will not process this application if the information is incomplete for each person.

	Last Name	First Name	SSN	Relationship	Sex	Date of Birth	Place of Birth
1							
2							
3							
4							

Will any other people be living with you or joining your family? Yes No

Family Income: List the source and the amount of all money received for the last 12 months for each member of the household including yourself. Be sure to include earning from employment, VA benefits, welfare, TANF, General Assistance, Social Security, SSI, Disability, Unemployment, and Workers' Compensation.

Name	Income Source	Amount	Frequency

Are you currently employed? Yes No Employer's Name: _____

Address: _____ Phone: _____



Assets: Do you have a savings account, checking account, stocks, bonds, etc.? Yes No

Type(s): _____ Amount: \$ _____

Driver's License #/Florida ID #: Applicant: _____ Co-Applicant: _____

Car Year	Make	Model	Tag #

Criminal History: Has applying member of your household ever engaged in, been cited, arrested, indicted, convicted, placed on probation, or had adjudication withheld, or had charges dropped, or nolle prossed in connection with a crime? Yes No

If yes please explain: _____

A "yes" answer will not automatically disqualify you for housing.

Is any household member currently on parole and/or probation? Yes No

If yes please explain: _____

Probation Officer Name: _____ Phone: _____

Other

Do you currently reside at any Pinellas County Housing Authority property? Yes No

Lease Holder's Name: _____ Address: _____

Emergency Contact: Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Do you authorize this person to enter your apartment and remove your contents in the event of illness or death? Yes No

Authorized Entrant's Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact this physician in the event of serious illness. Name: _____ Phone: _____

Pet Type	Description	Weight

I/We certify that the statements on this application are true to the best of my/our knowledge and belief and understand that inquiries must be made to verify them. I/We authorize the release of information to the Pinellas County Housing Authority by my/our employer(s), the Department of Public Service, the Social Security Office, and/or other businesses or government agencies.

I/We understand that any false or omitted statements made on this application will result in my/our denial of tenancy.

Applicant Signature

Co-Applicant Signature

Date

Date

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned not more than five years or both.

Chapter 409.325 of Florida Statutes makes it a crime, punishable by fines of \$50 to \$5,000 or imprisonment of up to five years, or both, if a housing applicant or tenant deliberately makes false statements about his or her income or fails to disclose material facts affecting income and rent.

State of _____

County of _____

The forgoing instrument was acknowledged before me this

_____ Day of _____, 20____ by

Name of person acknowledging
who is personally known to me _____ and/or produced

Notary Signature

Type of identification

Notary Name

Fair Credit Reporting Act (FCRA) Compliance

Notice/Authorization and Release for a Consumer Report

I, the undersigned consumer, do hereby authorize the Pinellas County Housing Authority (PCHA), by and through Lexis Nexis, to procure a consumer report on me. This report may include, but is not limited to, my personal credit history on reports from any credit bureau; criminal history/records; my driving history, including any traffic citations; verification of my social security number; information discerned through employment and education verifications; present and former addresses; and any other public record.

I further authorize any person, business entity or government agency who may have information relevant to the above to disclose the same to PCHA by and through Lexis Nexis. This includes, but is not limited to any and all courts, public agencies, law enforcement agencies, and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release PCHA, Lexis Nexis, their successor and assigns, any and all persons, business entities, and governmental agencies, whether public or private, from any and all liability, claims and/or demands, by me, my heirs or personal representatives, successors, assigns, or others making such claim or demand on my behalf, for providing a consumer report hereby authorized.

I understand that this Notice/Authorization and Release form shall remain in effect for the duration of housing assistance; I give permission to investigate any incidents and/or general misconduct or criminal activity for which I may be alleged to have been involved during my employment and/or lease. Further, I certify that the information contained on this Notice/Authorization and Release form is true and correct and that my application and/or lease will be terminated based on any false, omitted or fraudulent information.

Applicant Signature

Co-Applicant Signature

Printed Name

Printed Name

Date

Date

Screening Information for Co-Applicant

*All information **MUST** be complete. Failure to do so will **delay** and/or **reject** your screening process.*

* Please Print * Complete one page for every applicant * Do not use nicknames *

Name: Last: _____ First: _____ Middle: _____

Maiden Name: _____ Other Names Used: _____

Social Security #: _____ Date of Birth: _____ Phone: _____

APPLICANTS MUST SHOW THREE YEARS OF PAST ADDRESS HISTORY. USE THE BACK OF THE FORM IF NEEDED.

Present Address: _____ Apt #: _____

City: _____ County: _____ State: _____ Zip: _____

How long have you been living at your present address? _____ Years _____ Months

Landlord Name: _____ Phone: _____

Landlord Address: _____

Previous Address: _____ Apt #: _____

City: _____ County: _____ State: _____ Zip: _____

How long did you live at your previous address? _____ Years _____ Months

Landlord Name: _____ Phone: _____

Landlord Address: _____

Employer's Name: _____ Phone: _____

Pay Rate: \$ _____ Weekly Bi-weekly Monthly Hours per pay cycle: _____ Tips/Commissions: \$ _____

Other Income Sources: _____

(SS, SSI, SSD, PENSION, ANNUITIES, WORKERS' COMP, UNEMPLOYMENT, CONTRIBUTIONS, ETC.)

Signature: _____ Date: _____

Interviewed by: _____ Complex: _____

State of _____

County of _____

The forgoing instrument was acknowledged before me this

_____ Day of _____, 20____ by

Name of person acknowledging
who is personally known to me _____ and/or produced

Type of identification

Notary Signature

Notary Name

Screening Information

All information **MUST** be complete. Failure to do so will **delay** and/or **reject** your screening process.

* Please Print * Complete one page for every applicant * Do not use nicknames *

Name: Last: _____ First: _____ Middle: _____

Maiden Name: _____ Other Names Used: _____

Social Security #: _____ Date of Birth: _____ Phone: _____

APPLICANTS MUST SHOW THREE YEARS OF PAST ADDRESS HISTORY. USE THE BACK OF THE FORM IF NEEDED.

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City: _____ County: _____ State: _____ Zip: _____

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Landlord Name: _____ Phone: _____

Landlord Address: _____

Previous Address: _____ Apt #: _____

City: _____ County: _____ State: _____ Zip: _____

How long did you live at your previous address? _____ Years _____ Months

Landlord Name: _____ Phone: _____

Landlord Address: _____

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County of _____

The forgoing instrument was acknowledged before me this

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Name of person acknowledging
who is personally known to me _____ and/or produced

Type of identification

Notary Signature

Notary Name