



**Palm Lake Village**  
 1515 County Road One, Dunedin, FL 34698  
 Phone: 727.733.8880  
 Fax: 727.736.0129  
 www.PinellasHousing.com

### Lease Application

Applicant Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_  
 Co-Applicant Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_  
 Present Address: \_\_\_\_\_ Apt #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email address: \_\_\_\_\_

**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:** \_\_\_\_\_  
 Landlords Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Landlords Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**Previous Landlord:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
 Landlords Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Landlords Email: \_\_\_\_\_ Fax: \_\_\_\_\_

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							

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
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.

# 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 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: \_\_\_\_\_

Landlord Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**1st Previous Address:** \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long did you live at this previous address? \_\_\_\_\_ Years \_\_\_\_\_ Months

Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

Landlord Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**2nd Previous Address:** \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long did you live at this previous address? \_\_\_\_\_ Years \_\_\_\_\_ Months

Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

Landlord Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**3rd Previous Address:** \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long did you live at this previous address? \_\_\_\_\_ Years \_\_\_\_\_ Months

Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

Landlord Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**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: \_\_\_\_\_

## 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: \_\_\_\_\_

Landlord Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**1st Previous Address:** \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long did you live at this previous address? \_\_\_\_\_ Years \_\_\_\_\_ Months

Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

Landlord Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**2nd Previous Address:** \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long did you live at this previous address? \_\_\_\_\_ Years \_\_\_\_\_ Months

Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

Landlord Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**3rd Previous Address:** \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long did you live at this previous address? \_\_\_\_\_ Years \_\_\_\_\_ Months

Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

Landlord Email: \_\_\_\_\_ Fax: \_\_\_\_\_

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**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: \_\_\_\_\_