



PALM CITY GARDEN APARTMENTS

1625 MARSH AVENUE

FORT MYERS, FL 33905

PHONE: (239) 334-1303 FAX: (239) 334-8133

TTY: 1-800-545-1833

APPLICATION FOR ADMISSION

Applicant Name: _____

Other Names I Have Used: _____

Applicant Social Security #: _____ Age: _____ Sex: _____

Birthplace: _____ Date of Birth: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Home Telephone #: _____ Work/Cell #: _____

Spouse Name: _____

Spouse Social Security #: _____ Date of Birth: _____

How did you learn about this facility? _____

Are you a former tenant? Yes No If yes, when? _____

List names, addresses and telephone numbers of two relatives and/or close friends who generally know how to contact you and can be notified in the case of an emergency:

1. Name: _____ 2. Name: _____

Address: _____ Address: _____

City: _____ City: _____

State: _____ State: _____

Telephone: _____ Telephone: _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List all family members who will be living in the unit, including yourself. Give the relationship of each family member to the head of household.

Member Full Name Relationship/Head Birth date Birthplace Age/Sex Social Security#

Member Full Name	Relationship/Head	Birth date	Birthplace	Age/Sex	Social Security#

INCOME INFORMATION

List all income for all family members, from all sources, such as: Social Security, SSI, VA benefits, employment, welfare, etc.

Family Members	Monthly Amount	Source

EMPLOYMENT EARNINGS (Present)

Employer, Address, Phone, Length of Time:	Hourly	Annually

ASSET INFORMATION

List all assets for all family members (checking, savings, certificates of deposit, stocks, bonds, annuities, trusts, real estate, etc.)

Type of Asset	Value of Asset Or Balance	Name of Bank or Institution	Account(s) #
1.	\$		
2.	\$		
3.	\$		

Did you own a home or real estate? _____ Yes _____ No

Have you sold or given away any real property or other assets in the past two years?

_____ Yes _____ No

If yes, what is the current market value of the asset(s)? \$ _____

EXPENSES

Do you pay for a care attendant or for any equipment for the disabled member(s) of the family to permit that person or someone in the family to work: _____ Yes _____ No

If yes, describe expenses: _____

Do you have medical insurance? ____ Yes ____ No. If yes, what is the premium? \$ _____

Do you have any other kind of medical insurance? ____ Yes ____ No, What type? _____

Do you have outstanding medical bills that you are paying? _____ Yes _____ No

Do you expect to have any medical expenses during the next twelve (12) months? ____ Yes ____ No. If yes, amount of medical expenses: \$ _____

PRESENT LANDLORD

Name: _____

Address: _____

Telephone #: _____ From/To _____

Have you ever been evicted? _____ Yes _____ No. If yes, please explain: _____

MISCELLANEOUS

Are you living in a government subsidized unit? _____ Yes _____ No

Has your residency/tenancy of government assistance in a subsidized housing program ever been terminated for fraud, non-payment of rent or failure to comply with recertification procedures? _____ Yes _____ No

Will this unit be your only place of residence? _____ Yes _____ No

If no, please explain: _____

Do you own a motorized vehicle (car, truck, motorcycle, etc.)? _____ Yes _____ No

If yes, what is your driver's license #: _____

Are you or any member listed on this application, required to report as a sex offender?

_____ Yes _____ No If yes, in what state? _____

Have you, your spouse or any other household member listed on this application, ever been convicted of a felony? _____ Yes _____ No

Please list all states where you have lived since the age of 18:

STUDENT ELIGIBILITY

Are you a student? Yes _____ No _____

Are you enrolled full time or part time? _____

COMMENTS/ADDITIONAL INFORMATION

APPLICANT RELEASE/CERTIFICATION

I/We understand that the information listed in this application is being collected to determine my/our eligibility for Section 8 assistance. I/We authorize the owner to verify all information provided on this application that may include but is not limited to, previous and current landlord checks, police reports and/or other sources for credit and verification information which may be released to appropriate federal, state or local agencies.

I/We certify that the statements made in this application are true and complete to the best of my knowledge and belief. I/We understand that false statements or information are punishable under federal law and that my/our application could be rejected for providing false information.

I/We certify that if selected to move into this housing community, the unit I/We occupy will be my/our only residence.

Signature of Head: _____ Date: _____

Signature of Spouse _____ Date: _____

(or other adult)

Management: _____ Date: _____



We Do Business in Accordance With the Federal Fair Housing Law

(The Fair Housing Amendments Act of 1988)

Owned by Dunbar Improvement Association, Inc
Equal Employment Opportunity