



CLAY COUNTY
NEIGHBORHOOD STABILIZATION PROGRAM (NSP)
Neighborhood Housing & Development Corporation (NHDC)
633 NW 8th Avenue
Gainesville, FL 32601
(352) 380-9119 • Fax: (352) 380-9170

NSP HOME LEASE ASSISTANCE APPLICATION PACKET

Clay County working with the Neighborhood Housing and Development Corporation (NHDC) a nonprofit housing organization is accepting applications from low, moderate and middle income households interested in participating as tenants in the Clay County Neighborhood Stabilization Program - 3 (NSP-3) rental program. The housing units available for lease through the program are being acquired and renovated is part of the federally funded Neighborhood Stabilization Program - 3. Funding is being provided by the Federal Department of Housing and Community Development (HUD). The program is being administered through the Florida Department of Economic Opportunity (DEO).

NHDC is in the process of acquiring, refurbish, and leasing eight (8) single family housing units located in designated areas of Clay County through the program. These eight (8) properties are currently being acquired and are undergoing rehabilitation. NHDC is beginning the process of selecting qualified households to occupy these properties when they are completed. Occupancy of these eight housing units is scheduled to begin in March of this year.

Two (2) of the properties have been set aside for low income families. The Maximum Household Incomes for qualifying tenants for these two (2) properties is based upon the applicant's total household income being at or below 50% of HUD's Area Median Income adjusted for household size for Clay County. The maximum household income allowed to qualify for the two (2) low income family properties in the Clay County Neighborhood Stabilization Program-3 rental housing program is as follows:

**50% OF HUD'S AREA MEDIAN INCOME
HOUSEHOLD SIZE**

| | | | | | | | |
|----------|----------|----------|----------|----------|----------|----------|----------|
| 1 person | 2 person | 3 person | 4 person | 5 person | 6 person | 7 person | 8 person |
| \$22,400 | \$25,600 | \$28,800 | \$32,000 | \$34,600 | \$37,150 | \$39,700 | \$42,250 |

The Six (6) remaining housing units will be occupied by middle income families. The Maximum Household Incomes for qualifying tenants for these six (6) properties is based upon the applicant's total household income being at or below 120% of HUD's Area Median Income adjusted for household size for Clay County. The maximum household income allowed to qualify for the six (6) middle income family properties in the Clay County Neighborhood Stabilization Program-3 rental housing program is as follows:

**120% OF HUD'S AREA MEDIAN INCOME
HOUSEHOLD SIZE**

| | | | | | | | |
|----------|----------|----------|----------|----------|----------|----------|-----------|
| 1 person | 2 person | 3 person | 4 person | 5 person | 6 person | 7 person | 8 person |
| \$53,750 | \$61,450 | \$69,100 | \$76,800 | \$82,950 | \$89,100 | \$95,250 | \$101,400 |

- **Clay County NSP funds will be utilized to assist qualifying households in the leasing of a primary residence which has been acquired and rehabilitated by NHDC within predetermined target areas of Clay County.**
- **Eligible applicant's household income must be equal to or below 120% of HUD's Area Median Income based upon household size.**
- **NSP rental assistance will be provided only to pre-approved applicants.**
- **Only lender Real Estate Owned (REO) properties purchased and renovated by Neighborhood Housing & Development Corporation are eligible for leasing under the NSP program.**
- **Applicants must submit a completed application with all supporting documentation**

To apply for assistance utilizing Clay County's Neighborhood Stabilization Program Affordable Rental Activity, please complete this application and submit it to Neighborhood Housing & Development Corporation at 633 NW 8th Avenue, Gainesville, FL 32601. For additional information contact Neighborhood Housing & Development Corporation at (352) 380-9119. **Following is the list of items needed for the review of your application:**

A. COMPLETED APPLICATION

1. Complete all questions on pages 4 thru 17 and sign where indicated.
2. Sign all verification forms on the left side. Leave the right side blank. Additional forms, if needed, may be obtained from Neighborhood Housing & Development Corporation. **(NEIGHBORHOOD HOUSING & DEVELOPMENT CORPORATION will mail these forms to the appropriate third party for independent verification of information. Sign only the left side of the forms that apply to you).**
3. Proof of each dependent claimed – submit the following:
 - a. Copy of birth certificate on which the parent/applicant's name is listed
 - b. Copy of court ordered letters of guardianship (if applicable)
 - c. Copy of letters of adoption (if applicable)
 - d. Copy of divorce decree (this is essential in determining court ordered child support)
 - e. Copy of Social Security cards for each member of the household
 - f. Copy of current SS benefits statement (see page 14, if applicable)
 - g. Picture I.D. if available
4. A **notarized** copy of the **original** tax return for the previous year for **all** members of the household 18 years or older (A free transcript may be obtained by calling 1-800-829-1040, option 2, then option 2 again, follow prompts).

B. COPY OF DRIVERS LICENSE OR PHOTO I.D. SUCH AS STATE I.D. OR PASSPORT FOR EVERY HOUSEHOLD MEMBER AGED 18 AND OLDER.

***NOTE: Staff may ask for more information on a case-by-case basis.**

NOTICE:

1. **THE NEIGHBORHOOD HOUSING & DEVELOPMENT CORPORATION STAFF WILL MAIL ALL the verification forms to the appropriate third party (bank, employer, social and government agencies, etc). These forms must be completed by the third party and returned to directly to Neighborhood Housing & Development Corporation.**
2. **UPON APPROVAL, A LIST OF HOMES AVAILABLE FOR LEASE WILL BE PROVIDED**
3. **Please do not bring originals of documents. There will be limited copying opportunity at the application submittal site (please bring copies with the application).**

NSP HOME LEASE ASSISTANCE

Flow Chart

Applicant submits a completed application package to Neighborhood Housing & Development Corporation



Neighborhood Housing & Development Corporation verifies all income and asset information



Neighborhood Housing & Development Corporation determines the applicant's eligibility and their priority position on the list of applications received and processed and sends a notification of unit availability when a housing unit is available for their occupancy



The applicant will be informed of the housing unit they can lease from the available pool of units



Applicant leases housing unit



CLAY COUNTY NEIGHBORHOOD STABILIZATION PROGRAM
NEIGHBORHOOD HOUSING & DEVELOPMENT CORPORATION
633 NW 8th AVENUE
Gainesville, FL 32601
(352) 380-9119

| | |
|--|--|
| FOR OFFICE USE ONLY: RESIDENT INCOME CATEGORY <i>50% of Area Median or Below</i> <i>120% of Area Median or Below</i> | |
|--|--|

I. RESIDENT HOUSEHOLD CONTACT INFORMATION

| APPLICANT AND CO-APPLICANT NAME | CURRENT STREET ADDRESS | MAILING ADDRESS IF DIFFERENT THAN STREET ADDRESS |
|---------------------------------|------------------------|--|
| | | |
| | | |
| | | |
| | | |

Contact Phone #: _____ Work #: _____ Cell #: _____

Please list past 5 years of residential history:

| Address | City, State, Zip | How long at this residence | If rental, contact Name and Phone Number |
|---------|------------------|----------------------------|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Number of persons in household: Adults 18 or older: _____ Children younger than 18: _____

II. EMPLOYMENT INFORMATION

Employment information for all jobs (full time or part time) must be provided for all persons, aged 18 and older, who will occupy the identified housing unit.

| NAME OF ALL MEMBERS IN HOUSEHOLD | AGE/ DATE OF BIRTH | SOURCE'S OF INCOME EMPLOYER'S MAILING ADDRESS & PHONE NUMBER | DATE OF HIRE | POSITION/ TITLE | SEX/ RAC E |
|-------------------------------------|--------------------------|--|-----------------|--------------------|------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Provide 5 years of employment history.

Applicant or Co-Applicant Name: _____

Name and Address of Previous Employer: Self Employed (Submit affidavit)

Dates: From _____ To _____ Monthly Income \$ _____

Position/Title/Type of Business _____ Business Phone
() - _____

Name and Address of Previous Employer: Self Employed (Submit affidavit)

Dates: From _____ To _____

Monthly Income \$ _____

Position/Title/Type of Business

Business Phone
() _____ - _____

Name and Address of Previous Employer: Self Employed (Submit affidavit)

Dates: From _____ To _____

Monthly Income \$ _____

Position/Title/Type of Business

Business Phone
() _____ - _____

Is anyone handicapped in the household? Yes No

If yes, please provide information regarding the special needs on the attached unit resident household information form.

III. INCOME AND ASSET INFORMATION

A) Income

In the table below, list household's income for all persons, aged 18 and older, who will occupy the identified unit. As proof of income the applicant must sign all applicable verification forms attached to the back of this application.

| SOURCE OF INCOME (EMPLOYMENT, SOCIAL SECURITY, DISABILITY, CHILD SUPPORT, WELFARE PAYMENT, TIPS, AND OTHERS) | NAME OF HOUSEHOLD MEMBERS EARNING THE INCOME | AMOUNT (\$) GROSS MONTHLY INCOME |
|---|--|----------------------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 7. | | |
| 8. | | |
| TOTAL | | |



B) Other Income and Assets Information

Provide assets information on the following tables for all household members aged 18 and older.

| NAME OF FINANCIAL INSTITUTION (PLEASE LIST THE NAME THAT APPEARS FIRST FOR EACH INDIVIDUAL ACCOUNT) | CHECKING | SAVINGS | ADDRESS AND PHONE NUMBER OF THE FINANCIAL INSTITUTION | ACCOUNT NUMBER | CASH/ MARKET VALUE |
|--|-----------------|----------------|--|-----------------------|---------------------------|
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |

| OTHER ASSETS | ADDRESS/NAME & PHONE NUMBER | Name on Account/ Account Number | Cash/ Market Value | Income from Assets |
|-----------------------------------|--|--|---------------------------|---------------------------|
| Rental Property | | | | |
| Business Owned or Co-owned | | | | |
| Property | | | | |
| Other | | | | |



IV. ACKNOWLEDGMENT AND AGREEMENT

The undersigned specifically acknowledge(s) and agree(s) that: (1) the property will not be used for any illegal or prohibited purpose or use; (2) all statements made in this application are made for the purpose of obtaining the assistance indicated herein; (3) occupation of the property will be as indicated above; (4) verification or re-verification of any information contained in the application may be made at any time by the Owner, its agents, successors, and assigns, either directly or through a credit reporting agency, from any source named in this application, and the original copy of this application will be retained by the Owner, even if the application is not approved; (5) the Owner, its agents, successors, and assigns will rely on the information contained in the application and I/we have a continuing obligation to amend and/or supplement the information provided in this application if any of the material facts which I/we have represented herein should change prior to rental agreement; (6) the Owner, its agents, successors, and assigns may request and obtain a credit report(s) providing a credit history for me/us in completing the Owner's review of this application.

Applicant initials _____

NOTICE - BE AWARE THAT:

FLORIDA STATUTE SECTION 837.06 - FALSE OFFICIAL STATEMENTS LAW STATES THAT: "WHOEVER KNOWINGLY MAKES A FALSE STATEMENT IN WRITING WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OFFICIAL DUTY SHALL BE GUILTY OF A MISDEMEANOR OF THE SECOND DEGREE," PUNISHABLE AS PROVIDED BY A FINE TO A MAXIMUM OF \$500.00 AND/OR MAXIMUM OF A SIXTY DAY JAIL TERM.

Applicant initials _____

Certification: I/We certify that the information provided in this application is true and correct as of the date set forth opposite my/our signature(s) on this application and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001, et. seq. and liability for monetary damages to the Lender, its agents, successors and assigns, insurers and any other person who may suffer any loss due to reliance upon any misrepresentation which I/we have made on this application.

X _____ / / _____
Applicant's Signature Date

X _____ / / _____
Co-Applicant's Signature (if any) Date



**CLAY COUNTY NSP APPLICATION
ADDITIONAL INFORMATION
APPLICANT MAY NEED TO PROVIDE TO NHDC.**

Please review the following list. If the applicant, spouse, dependent, or household member derive any INCOME from these sources, additional information is required.

| | | |
|-----------------------------|-----|----|
| Military Payment | Yes | No |
| Social Security Benefits | Yes | No |
| Public Assistance | Yes | No |
| Pensions and Annuities | Yes | No |
| Unemployment Benefits | Yes | No |
| Veterans Administration | Yes | No |
| Educational Assistance | Yes | No |
| Full-Time Student | Yes | No |
| Recurring Cash Contribution | Yes | No |
| Child Support or Alimony | Yes | No |

During the processing of your application and before the rental agreement is signed, if your income changes, you MUST notify this office, so that written verification can be obtained. Withholding information could cause the cancellation or delay of NSP assistance.

Applicant

Date

Co-Applicant

Date



**CLAY COUNTY NSP
UNIT RESIDENT HOUSEHOLD INFORMATION FORM**

PLEASE PRINT OR TYPE ALL INFORMATION:

This form must be completed for ALL persons, adults and children, who will occupy the NSP housing unit.

Primary Resident Applicant Name (Including Jr. or Sr., if applicable):

_____ Age: ____ D.O.B. __/__/____

Phone Home Number:

Phone Work Number:

(____) ____ - _____

(____) ____ - _____

- ❖ Marital Status:
- ____ Married
- ____ Separated
- ____ Unmarried

- ❖ Citizenship/Residency:
- ____ U.S. Citizen
- ____ Registered Alien

(IDENTIFY: single, divorced, or widowed)

Second Resident/Co-Applicant (Including Jr. or Sr., if applicable):

_____ Age: ____ D.O.B. __/__/____

Relationship to Primary Resident _____

Phone Home Number:

Phone Work Number:

(____) ____ - _____

(____) ____ - _____

- ❖ Marital Status:
- ____ Married
- ____ Separated
- ____ Unmarried

- ❖ Citizenship/Residency:
- ____ U.S. Citizen
- ____ Registered Alien

(IDENTIFY: single, divorced, or widowed)

Household Composition: Please list the head of your household (HOH) and all members who live in your home. Give the relationship of each family member to the head of household.

***STATEMENT REQUIRED PURSUANT TO FLORIDA STATUTES SECTION 119.771(5) FOR THE COLLECTION OF SOCIAL SECURITY NUMBERS.**

Neighborhood Housing & Development Corporation collects your social security number and the social security numbers of all members of your household for the following purposes: identification and identity verification; income and employment verification; verification of assets; verification of number of persons in household; verification of receipt of federal housing assistance; and data collection and reconciliation to detect benefits fraud. Please note that social security numbers are also used as a unique numeric identifier and may be used for search purposes.

| MEMBER # | FULL NAME | RELATIONSHIP | DATE OF BIRTH | AGE | *SOCIAL SECURITY # | RACE* |
|----------|-----------|--------------|---------------|-----|--------------------|-------|
| 1 | | HOH | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |

*This information is requested for data reporting purposes only.

- Black Hispanic
 Caucasian Other (Please Identify)
 Native American/Eskimo

EMPLOYMENT RELATED INFORMATION

PRIMARY RESIDENT/APPLICANT:

Is anyone handicapped in the household? Yes No

If claiming special needs status, you must provide sufficient documentation to verify your claim.

Please provide the name of the person(s) with a disability and a brief description of the disability to include any Handicap Accessibility Housing needs requested:

Name: _____

Dissability: _____

Description: of Handicap Accessibility Housing Needs: _____

Name: _____

Dissability: _____

Description: of Handicap Accessibility Housing Needs: _____



**CLAY COUNTY
 NEIGHBORHOOD STABILIZATION PROGRAM (NSP)
 NEIGHBORHOOD HOUSING & DEVELOPMENT CORPORATION (NHDC)
 633 NW 8th AVENUE
 Gainesville, FL 32601
 (352) 380-9119**

APPLICANT/TENANT RELEASE AND CONSENT

I/We, _____, the undersigned hereby authorize the below listed groups and individuals, to release without liability, information regarding my/our employment, income, and/or assets to Clay County and Neighborhood Housing & Development Corporation for purposes of verifying information provided as part of my/our request for assistance under the Neighborhood Stabilization Program.

INFORMATION COVERED:

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, employment, income, and assets, and medical or childcare allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my/our eligibility for the Neighborhood Stabilization Program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED:

The groups or individuals that may be asked to release the above information include, but are not limited to:

- | | | |
|--|-----------------------------|--|
| Past and Present Employers | Welfare Agencies | Veterans Administration |
| Previous Landlords (including Public Housing Agencies) | State Unemployment Agencies | Retirement Systems |
| Support and Alimony Providers | Social Security Admin. | Banks and other Financial Institutions |
| | Credit Agencies | |

CONDITIONS:

I/We agree that a photocopy of this authorization may be used for the purposes stated above. **THE ORIGINAL OF THIS AUTHORIZATION IS ON FILE AND WILL STAY IN EFFECT FOR ONE YEAR AND ONE MONTH FROM THE DATE SIGNED.** I/We understand that I/We have a right to review this file and correct any information therein that I/We find to be incorrect or outdated.

SIGNATURES:

| | | |
|-------------------|--------------|-------|
| _____ | _____ | _____ |
| Head of Household | (print name) | Date |
| _____ | _____ | _____ |
| Spouse | (print name) | Date |
| _____ | _____ | _____ |
| Adult Member | (print name) | Date |
| _____ | _____ | _____ |
| Adult Member | (print name) | Date |

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.



**CLAY COUNTY
 NEIGHBORHOOD STABILIZATION PROGRAM (NSP)
 NEIGHBORHOOD HOUSING & DEVELOPMENT CORPORATION
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- | | | |
|--|-----------------------------|--|
| Past and Present Employers | Welfare Agencies | Veterans Administration |
| Previous Landlords (including Public Housing Agencies) | State Unemployment Agencies | Retirement Systems |
| Support and Alimony Providers | Social Security Admin. | Banks and other Financial Institutions |
| | Credit Agencies | |

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SIGNATURES:

| | | |
|-------------------|--------------|-------|
| _____ | _____ | _____ |
| Head of Household | (print name) | Date |
| _____ | _____ | _____ |
| Spouse | (print name) | Date |
| _____ | _____ | _____ |
| Adult Member | (print name) | Date |
| _____ | _____ | _____ |
| Adult Member | (print name) | Date |

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SOCIAL SECURITY BENEFITS

If any household member receives any type of Social Security benefits please provide a current benefits statement which may be obtained, free of charge, from the local Social Security office located at Suite 1, 7185 Bonneval Road, Jacksonville, FL 32256 or you may call at 1-800-772-1213, between 7:00am and 7:00pm to request a benefits verification letter or a proof of income letter.

You may also request this information on line at:

www.socialsecurity.gov



VERIFICATION OF: Assets on Deposits Name of Financial Institution _____

(Applicant Information)

Name of Applicant or Tenant:

Social Security
Number: _____

Return to:
Agency: Neighborhood Housing & Development
Corporation
Name: Rental Program Director – NSP
Program
Address: 633 NW 8th Ave.,
Gainesville, FL 32601
Fax: 352-380-9170
E-Mail: jcrews@gnhdc.org

AUTHORIZATION: State and Federal
Regulations require us to verify Public
Assistance Income of all members of the
household applying for assistance. We ask your
cooperation in supplying this information. This
information will be used only to determine the
eligibility status of the household.

Your prompt return of the requested information
will be appreciated. A self-addressed return

Checking Account Number _____

Average Balance for Last 6 months _____

Current Interest Rate _____

Savings Account Number _____

Current Balance _____

Current Interest Rate _____

Certificate of Deposit Account Number _____

Amount _____

Withdrawal Penalty _____

Current Interest Rate _____

IRA, Keogh, Retirement Accounts

Account Number _____

Amount _____

Withdrawal Penalty _____

Current Interest Rate _____

Money Market Funds Amount (Avg. 6 month balance)

Interest Rate _____

Signature of _____
or

Authorized Representative _____

Agency Name: _____

Title: _____

Date: _____

Telephone: _____

RELEASE: I hereby authorize the release of
the requested information.

X

(Signature of Applicant/Tenant)

Date:

or; A copy of the executed "Release of
Information Form" is attached which
authorizes the release of information
requested.

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under S 775.082 or 775.83.

HUD

CHILD SUPPORT INCOME VERIFICATION LETTER

From: Neighborhood Housing & Development Corporation
Title: Rental Program Director – NSP Program
Address: 633 NW 8th Ave., Gainesville, FL 32601
Phone: 352-380-9119 Fax: 352-380-9170
E-Mail: jcrews@gnhdc.org

DATE: _____

TO: DEPARTMENT OF REVENUE
CHILD SUPPORT ENFORCEMENT
1845 Town Center Blvd. Ste. # 215,
Orange Park, FL 32003-3359

+
The following applicant has applied for public housing assistance. Our agency is required to conduct a third party verification of all applicants applying or living in federally assisted housing.

STATEMENT OF AUTHORIZATION:

I, _____, AUTHORIZE THE DEPARTMENT OF REVENUE TO RELEASE ANY INFORMATION OR MATERIALS WHICH ARE DEEMED NECESSARY TO COMPLETE MY DETERMINATION OF ELIGIBILITY FOR PARTICIPATION IN THE NEIGHBORHOOD STABILIZATION PROGRAM.

Name of Applicant (Printed) X _____
Signature of Applicant _____
Date

Social Security Number of Applicant _____
Housing Agency Representative _____
Date

DOR VERIFICATION:

- Find attached records on child support paid to the custodial family for the past 12 months.
The above mentioned person has registered with our agency and has applied for enforcement action, but is not currently receiving support.
The above mentioned person has not registered with our agency or has not received child support payments,

DOR Representative (Signature) _____
Title _____
Date



VERIFICATION OF: Employment

Name of Employer: _____

(Applicant Information)

Name of Applicant or Tenant:

Social Security Number: _____

Return to:

Agency: Neighborhood Housing & Development Corporation

Name: Rental Program Director – NSP Program

Address: 633 NW 8th Ave.,
Gainesville, FL 32601

Fax: 352-380-9170

E-Mail: jcrews@qnhdc.org

AUTHORIZATION: State and Federal Regulations require us to verify Public Assistance Income of all members of the household applying for assistance. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status of the household.

Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.

RELEASE: I hereby authorize the release of the requested information.

X _____

(Signature of Applicant/Tenant)

Date: _____

or;
A copy of the executed "Release of Information Form" is attached which authorizes the release of information requested.

Employed Since _____ Occupation _____

Pay rate: _____ Date of Next Increase _____

Pay Frequency (Hr, Wk, Mo):

Average Hours per Week at Base Pay Rate: _____

Hours _____ Weeks _____ or Months _____ worked per year.

Average number of **overtime hours** *expected* during the next

12 months _____ Overtime Pay Rate: Per Hour _____

Total Base Pay expected for the next 12 months\$ _____

Any other compensation not included above (specify for commissions, bonuses, tips, etc.)

FOR _____ \$ _____ **Per** _____

Vacation Pay (Y or N) _____ If yes, Number of days per year _____

Total Base Pay Earnings for past 12 months \$ _____

Total Overtime Earnings for past 12 months \$ _____

Probability & Expected Date of Any Pay Increase: _____

Does the employee have access to a Retirement Account?
 Yes No

If yes, what amount can they get access to? \$ _____

* Employers – Please complete this sect

Signature of _____ or

Authorized Representative _____

Agency Name: _____

Title: _____

Date: _____

Telephone: _____

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under S 775.082 or 775.83.