

Palatka Housing Authority
Accepting Applications
for the Assisted Housing Program (Housing Choice Voucher / Section 8)

The Palatka Housing Authority (PHA) will be accepting Pre-applications for the Assisted Housing Program (Housing Choice Voucher/Section 8) starting **Wednesday, January 15, 2025 until Thursday, February 27, 2025.**

Pre-application eligibility is based on family income **ONLY**. Housing Choice Vouchers will be issued based on availability, local preferences, time and date of application, and eligibility screening, including background and landlord checks.

TO APPLY

In order to be placed on the waiting list, you must complete a pre-application that can be obtained from the lobby of the PHA. The pre-application can be mailed to Palatka Housing Authority, P. O. Box 1277, Palatka, FL 32178-1277 (***must be post-marked no later than 02/27/25***); or placed in the drop box at the PHA located at 400 North 15th Street, Palatka, FL 32177 (***no later than 02/27/25***). You may also visit the PHA website at www.palatka.org to download a pre-application. Applicants that require a reasonable accommodation can contact the PHA at (386) 329-0132 or submit a written request.

To qualify, annual gross household income cannot exceed:

FAMILY SIZE	MAXIMUM GROSS INCOME
1 Person	\$22,850
2 Persons	\$26,100
3 Persons	\$29,350
4 Persons	\$32,600
5 Persons	\$35,250
6 Persons	\$37,850
7 Persons	\$40,450
8 Persons	\$43,050

All applicants will be screened for eligibility. The PHA gives local preferences to military veterans; families whose head of household or spouse is elderly or near-elderly; families that include a person who is the head of household or spouse that has a disability; families that have been displaced through no fault of their own due to a federally-declared natural disaster; victims of domestic violence; victims of a pandemic; and families that are homeless.

If you have any questions, please contact the PHA Monday thru Thursday at (386) 329-0132, between the hours of 8:00 a.m. and 6:30 p.m.





LOCAL PREFERENCES

The Palatka Housing Authority (PHA) implements Local Preferences in providing housing for those who qualify. If you feel that you qualify for a preference listed below, check the appropriate box. Each preference must be, and will be verified at the time you are selected from the waiting list.

- Elderly/Disabled/Near Elderly**
- Elderly – Head of household, spouse, or co-head is age 62 or older
 - Disabled – Head of household, spouse, or co-head is a person with disabilities
 - Near Elderly – Head of household, spouse, or co-head is age 50 - 61
- Involuntary Displacement**
- Residents of PHA that due to modernization, rehabilitation, demolition/disposition, or loss of funding, have been displaced through no fault of their own
 - Victims of Federally-declared natural disasters who are displaced
 - Victims of domestic violence, dating violence, sexual assault, or stalking that are displaced or are attempting to flee due to domestic violence, dating violence, sexual assault, or stalking
 - Victims of a pandemic (Family has been displaced from their home due to pandemic related actions)
- Homeless**
- Individuals graduating from or aging out of the foster care program
 - Currently or formerly homeless individuals who are ready to transition from a supportive housing program
 - Living in a place not meant for human habitation, a safe haven, or in an emergency shelter, or if there is a lack of a fixed, regular and adequate nighttime residence
 - Fleeing or attempting to flee domestic violence or other life-threatening conditions
- Veteran**
- Head of household, spouse, or co-head is serving in the active military, or has been discharged under circumstances other than dishonorable

NOTE: IT IS THE APPLICANT'S RESPONSIBILITY TO NOTIFY THE PHA OF ANY PREFERENCE CHANGE

WARNING***WARNING*****WARNING**

In accordance with Florida Statute § 421.101, whoever makes a false statement or representation, knowing it to be false, shall be guilty of a misdemeanor of the second degree, punishable as provided in Florida Statute §§ 775.082 or 775.083; and each such false statement or representation or failure to disclose a material fact as aforesaid shall constitute a separate offense.

Print Name of Head of Household

Signature of Head of Household

PHA USE ONLY:

Date / Time of application: _____

PRE-APPLICATION FOR SECTION 8 HOUSING CHOICE VOUCHER PROGRAM

1. Name of Head of Household: _____
2. Name of Adult Co-Head of Household: _____
3. Current Physical Address: _____ City, State, Zip _____
 Current Mailing Address: _____ City, State, Zip _____
 Current Phone # (_____) _____ Email Address: _____

Please be aware that the Palatka Housing Authority uses Preferences. In order for your application to be considered and placed properly on the Waiting List you **MUST** complete the entire application and do not skip any parts.

For Statistical Purposes Only

4. Race of **Head** of Household: ___ African American/Black ___ Asian or Pacific Islander
 ___ Native America/Alaskan Native ___ Caucasian/White
5. Ethnicity of Head of Household: ___ Hispanic/Latino ___ Non-Hispanic/Non-

FAMILY INFORMATION

(Name) Last, First & Middle Initial	Date of Birth (MM/DD/Year)	Sex (M/F)	Social Security Number	Relation to Head of Household	Disabled Person (Y/N)	Birthplace City & State	Full Time Student (Y/N)	Military Veteran (Y/N)
				Head				

(List relation to Head as spouse, co-head, other adult, son, daughter, foster, mother, father, sister, brother, niece, nephew, aunt, uncle, etc.)

6. Is the applicant family currently displaced by a declared Natural Disaster, such as flood, hurricane, earthquake, tornado, other? ___ Yes ___ No (If yes, circle which Disaster) Date: _____
7. Is the applicant family currently displaced by domestic violence? ___ Yes ___ No (If yes, request/complete a Certification Form or provide documentation)
8. Does the applicant family require accessible accommodations to accommodate a disability? ___ Yes ___ No
9. Has anyone in the household ever lived in government-subsidized housing or participated in a government-subsidized program? ___ Yes ___ No Name of household member: _____
 Date of participation: From _____ to _____
 Name of Housing Agency or development site/landlord: _____
 Address: _____
 Do you owe money to any government-subsidized agency or management company? ___ Yes ___ No

10. Is any member of the household a lifetime registered sex offender? _____ Yes _____ No

11. Have you or any member of the household be charged/convicted of a felony offense in the last 7 years?
_____ Yes _____ No Date/Offense: _____

FAMILY INCOME INFORMATION: Please list the source and amount of all current income received by all family members, including yourself. Include all earnings and benefits received from AFDC/TANF, VA, Social Security, Unemployment, Worker's Compensation, Pension, Child Support, Wages, etc.

Name of Family Member	Income Source	Amount Received	Frequency
		\$	__Weekly __Bi-Weekly __Monthly __Yearly
		\$	__Weekly __Bi-Weekly __Monthly __Yearly
		\$	__Weekly __Bi-Weekly __Monthly __Yearly
		\$	__Weekly __Bi-Weekly __Monthly __Yearly

12. Are you currently homeless? ___ Yes ___ No (Check yes if you live in a place not meant for human habitation, a safe haven, or in an emergency shelter; or if you lack a fixed, regular and adequate nighttime residence; or you are fleeing or attempting to flee domestic violence or other life-threatening conditions)
Date you became homeless: _____

13. Name of current landlord and phone number: _____
Date family moved to this location: _____

Prior address, street, apartment number _____
City, State and Zip _____
Landlord Name and Phone number: _____
Date lived at this address: From _____ To: _____

I/we certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified. I/we authorize the release of information to the Housing Authority by my/our employer(s), the Department of Public Assistance, the Social Security Administration, and/or other business or government agencies. I/we understand that any false statements made on this application will cause me/us to be disqualified for admission.

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 a department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five (5) years, or both.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.