



4515 Babcock St. Palm Bay, FL 32905
Mail: PO Box 1253, Melbourne, FL 32902-1253
Telephone: 321-474-0966
Fax: 206-984-2176

Application for Housing Programs

Community of Hope is a faith-based non-profit organization that provides housing to families with children who are homeless or in danger of becoming homeless. We are a **drug-free environment**. All applicants must undergo a background screening. For the safety of our families, certain criminal convictions will result in denial of application including but not limited to violent offenses, drug-related offenses and sexual offenses. Any false statements in the application process will be cause for denial. Applications will be evaluated on a first come, first qualified, first served basis, so it is important to fully complete the application and submit all required documentation in a timely manner.

A key aspect of our application process is the verification of income. Some of our housing programs are available only to families who have income less than 50% of the area median income and some are available only to those who have income less than 30% of the area median income. Please provide complete information so that we can accurately verify income.

The following documents will be required for acceptance into housing programs. Please be prepared to supply them when requested:

- Social Security Card for each member of the family
- Birth Certificate for each minor
- Picture ID for each adult

Please fax completed application to Fax # 206-984-2176
Or email completed application to info@hopeofbrevard.com



If you have questions in the application process, please call us: (321) 474-0966.

<i>Please use Blue or Black Ink</i>	Applicant	Co-Applicant
Full Name		
Maiden Name/s or Aliases		
Social Security #		
Date of Birth/Age		
Driver's License # & State		
Email Address		
Phone/Cell #		
Street Address		
City, State, Zip Code		
Legal Marital Status: Single, Widowed, Married, or Divorced only		

Other Household Members:

Name(s)	Social Security #	Date of Birth/Age	Relationship to Applicant (child, stepchild, ward, etc.)

Applicant/Co-Applicant Employment Information: (Fill in the following information completely so that we can verify income. If necessary, ask your employer for this information.)

Applicant Name:		Name of Employer:	
Position:		Supervisor Name:	
Supervisor Title:		Supervisor Phone:	
Address:		Supervisor Email:	
Fax Number:		Time Employed:	
Pay Rate \$:	Hours worked per week:	Pay Frequency:	
Annual Income (gross salary, overtime, tips, bonuses, etc.): \$			

Co-Applicant Name:		Name of Employer:	
Position:		Supervisor Name:	
Supervisor Title:		Supervisor Phone:	
Address:		Supervisor Email:	
Fax Number:		Time Employed:	
Pay Rate \$:	Hours worked per week:	Pay Frequency:	
Annual Income (gross salary, overtime, tips, bonuses, etc.): \$			

NOTE: Income information must be provided for all household members 18 years and over.

Other Sources of Income:

(For ALL Household Members 18 and Over, List *Child Support, Alimony, Social Security, Pensions, Unemployment or Workers Compensation, Welfare Payments, Business or Rental Income, etc.*)

Name	Type of Income	Gross Annual Amount
1.		
2.		
3.		
4.		
5.		
		Total: \$ _____

Assets and Asset Income:

(For ALL Household Members, *Including Minors*, List Checking and Savings Accounts, IRA, CD, etc.)

Bank/Institution Name	Amount	Account #	Annual Income
1.			
2.			
3.			
Total: \$ _____			Total: \$ _____

Liabilities:

(For ALL Household Members 18 and Over, List Credit Card Debt, Student Loans, Auto Loans, etc.)

Type Credit/Loan	Creditors Name	Balance Owed	Monthly Payment
1.			
2.			
3.			
4.			
5.			
Total Annual Payments: \$ _____			

Do you own a vehicle that is legally registered and functional? Yes___ No ___
 If yes, what state is it registered in? _____

Have you or any member of your household ever been convicted of, plead guilty to or been placed on probation for any crime? Yes___ No ___
 If YES, provide the name of the household member and nature of the crime(s):

Date: State: City: County:

Are any of the above convictions a felony? Yes___ No ___ If YES, Please explain:

How did you hear about Community of Hope? _____

Why are you seeking assistance? _____

What are your goals and objectives for your family? _____

Any additional information you would like Community of Hope to consider while reviewing your application:

Please provide the names and phone numbers of two references, people who are not related to you and who have known you for at least one year.

Name and Phone Number:

1. _____

2. _____

I/we understand that Florida Statute 817 provides that willful false statements or misrepresentation concerning income, asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83. I/we further understand that any willful misstatement of information will be grounds for disqualification and immediate removal from the housing. I/we certify that the application information provided is true and complete to the best of my/our knowledge. I/we consent to the disclosure of information for the purpose of income verification related to making a determination of my/our eligibility for housing assistance. I/we agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided are a matter of public record.

Signature of Applicant

Date

Signature of Co-Applicant

Date



AUTHORIZATION FOR THE RELEASE OF INFORMATION

I _____, the undersigned, hereby authorize *any of the agencies listed below* to release without liability, information regarding my employment, income, and/or assets to Community of Hope, for the purposes of verifying information provided as part of determining eligibility for assistance under the Community of Hope program. I understand that only information necessary for determining eligibility can be requested.

Types of Information to be verified:

I understand that previous or current information regarding me may be required. Verifications that may be requested are, but not limited to: employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds, certificates of deposit, Individual Retirement Accounts, interest, dividends; payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment, worker’s compensation, welfare assistance, net income from the operation of a business, and alimony or child support payments.

Organizations/Individuals that may be asked to provide written/oral verifications are, but not limited to:

- | | |
|--|---|
| Past/Present Employers
Banks, Financial or Retirement Institutions
Unemployment Agency
Welfare Agency | Alimony/Child Support Providers
Social Security Administration
Veteran’s Administration
Other: _____ |
|--|---|

Agreement to Conditions:

I agree that a photocopy of this authorization may be used for the purposes stated above. I understand that I have the right to review this file and correct any information found to be incorrect.

Signature of Applicant	Printed Name	Date
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Signature of Co-Applicant	Printed Name	Date
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Note: This general consent may not be used to request a copy of a tax return. If one is needed, contact your local IRS office for Form 4506, “Request for Copy of Tax Return” and prepare and sign separately.