



PRESBYTERIAN TOWERS

Dear Applicant:

Thank you for your interest in Presbyterian Towers. We are a 15-story non-profit rental community located in beautiful downtown St. Petersburg, Florida. We have been providing quality, affordable housing in St. Petersburg for over 50 years. Presbyterian Towers is also proud to be a non-smoking building.

We offer spacious studio and one-bedroom apartments. The studio apartments rent for \$605 to \$618 a month, depending on location and are approximately 360 square feet. The one-bedroom apartments rent for \$757 to \$770 a month and are approximately 480 square feet. Rent includes everything except cable, internet and telephone. We have free Wi-Fi access in the lobby.

To be eligible for residency you must be 62 years of age or older and your current gross annual income cannot exceed the limits of \$53,500 for a single individual and \$61,150 for 2 persons. Submission of a completed application is required to be placed on the waiting list.

If you are interested in applying for residency, please visit our website at http://www.phhf.com/presbyterian_towers or contact us at (727) 822-3823. We'll be happy to answer your questions, provide you with an application or schedule a tour of our community during normal business hours, 8:00 a.m. to 5:00 p.m., Monday through Friday, excluding public holidays.

Sincerely,

Administrator

430 Bay Street N.E. • St. Petersburg, FL 33701-3059 • Phone: 727-822-3823 • Fax: 727-895-3715



TTY 1-800-955-8771

Phone		Fax	TTY (800) 955-8771

For Office Use Only	Completed Application Received		Date	
	By		Time	

Rental Application

#1	Head of Household				
Applicant Name					
E-mail					
Phone Number(s)					
Are you a current resident requesting a different apartment?				Yes	No
If yes, what is your current apartment number?					

Current Residence					
Type	Rent *	Own	Other		
Address					
City, State, Zip					
*Landlord Name					
*Landlord Phone Number					
Reason for leaving?					
How long have you lived there?		From		To	
Monthly rent or mortgage payment?					
Are you currently receiving any housing assistance? (i.e. HUD, RHS or a PHA)				Yes	No
Have you given this landlord notice that you will be moving?				Yes	No
Are you required to provide at least 30 days notice to your current landlord?				Yes	No
Have you been evicted or is this landlord attempting to evict you or another person living with you?				Yes	No



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Residential History

Please provide previous residence information if you have lived at your current residence for less than 3 years.

Previous Residence

Type	Rent *	Own	Other	
Address				
City, State, Zip				
*Landlord Name				
*Landlord Phone Number				
Reason for leaving?				
How long did you live there?	From		To	
Monthly rent or mortgage payment?				

Previous Residence

Type	Rent *	Own	Other	
Address				
City, State, Zip				
*Landlord Name				
*Landlord Phone Number				
Reason for leaving?				
How long did you live there?	From		To	
Monthly rent or mortgage payment?				



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Household Financial Information

In order to determine eligibility you must list **all** sources of income you and any member(s) of your household currently receive or expect to receive in the next 12 months.

Income

Type	Source Name	Source Address	Gross Annual Amount	Name of Recipient
			\$	
			\$	
			\$	
			\$	

Income includes wages, welfare payments, alimony, social security, pension, annuity, unemployment compensation, workers' compensation, income from property you own, child support, social security for children, AFDC, earnings from a second or part time job and any anticipated income such as a bonus or pay raise you expect to receive.

Asset Income

Type	Source Name	Source Address	Gross Annual Amount	Name of Recipient
			\$	
			\$	
			\$	
			\$	

Asset income includes interest from a checking, money market, savings account, credit union, certificate of deposit, mutual funds, bonds, securities, dividend from stocks, business income and any other form of income.

Asset Divestiture Certification

Have you disposed of any assets for less than the Fair Market Value in the last 2 years?			Yes	No
			If Yes, please describe below	
Description	Disposition Date	Market Value	Sold For	
		\$	\$	
		\$	\$	



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Preferences

How many individuals will be living in the apartment?	Adults:		Minors:	
What apartment size(s) are you applying for?	Studio		1 Bedroom	
Do you have any additional apartment requests?				
Does a disability you or any household member have require the features of an accessible apartment?			Yes	No
If yes, what features are required?				
Does a disability you or any household member have require a reasonable accommodation?			Yes	No
If yes, what accommodations are required?				
Have you been involuntarily displaced by government action/presidentially declared disaster?			Yes	No
Are you or any household member under imminent threat for another reason?			Yes	No

Pets

Do you plan to house an animal in the apartment?			Yes	No
Animal Type	Breed	Weight	License Number	Expiration Date
The presence of any animal must be approved before it is allowed to be kept in the apartment.				

Vehicles

Do you have a car or vehicle you will be parking on the property?			Yes	No
Year	Make	Model		
Due to limited parking availability we permit only 1 vehicle per licensed driver.				

Marketing Information

How did you hear about us?	Newspaper	Website	Drove By	Current Resident
	Church	Organization	Another Person	Other
Please choose one or all that apply.				



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Applicant Household Summary

Provide the information requested below for each person who will be living in the apartment.

#1	Head of Household Full Name	Date of Birth	Social Security Number**
List All States Where This Person Has Lived			

#2	Household Member's Full Name	Date of Birth	Social Security Number**
List All States Where This Person Has Lived			
	Relationship to the Head of Household	Co-Head Spouse	Minor Child Other Adult
		Foster Child Foster Adult	Live-in Aide None of the Above

#3	Household Member's Full Name	Date of Birth	Social Security Number**
List All States Where This Person Has Lived			
	Relationship to the Head of Household	Co-Head Spouse	Minor Child Other Adult
		Foster Child Foster Adult	Live-in Aide None of the Above

#4	Household Member's Full Name	Date of Birth	Social Security Number**
List All States Where This Person Has Lived			
	Relationship to the Head of Household	Co-Head Spouse	Minor Child Other Adult
		Foster Child Foster Adult	Live-in Aide None of the Above

#5	Household Member's Full Name	Date of Birth	Social Security Number**
List All States Where This Person Has Lived			
	Relationship to the Head of Household	Co-Head Spouse	Minor Child Other Adult
		Foster Child Foster Adult	Live-in Aide None of the Above

**Social Security Number Exemption

Social Security Number disclosure is mandatory for all non-exempt household members at move-in.

If you do not have a SSN, you claim you are exempt because?

Member is an ineligible non-citizen
Member is under 6 without an assigned SSN

Member was 62 as of 1/31/2010 **and** began receiving HUD housing assistance before 1/31/2010



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Applicant Background		
Are you or any household member a student enrolled in an institute of higher education?	Yes	No
Have you or any household member ever had an eviction filed against you?	Yes	No
Have you or any household member ever left owing money to any owner/landlord?	Yes	No
Are you or any household members enrolled in the U.S. Military or a veteran of the U.S. Military?	Yes	No
Do you or any household member have any current outstanding balances owed to any utility provider(s)? (<i>electricity, water, etc.</i>)	Yes	No
Were you or any household member ever asked to allow or participate in the extermination of pests other than when regularly scheduled? (<i>roaches, bed bugs, rodents, etc.</i>)	Yes	No
Have you or any household member ever had adjudication withheld or been convicted of a crime?	Yes	No
Are you or any household member currently engaged in illegal use of a drug or have a pattern of illegal drug use?	Yes	No
Do you or any household member currently abuse alcohol or have a pattern of alcohol abuse?	Yes	No
Have you or any household member interfered with other resident's health, safety, or right to peaceful enjoyment of the premises due to drug or alcohol abuse?	Yes	No
Are you or is any member of the household required to register with any state lifetime sex offender or other sex offender registry?	Yes	No

If you answered <u>Yes</u> to any of the above questions, please explain the circumstances regarding the situation.
<u>ALL</u> information provided on this application will be <u>verified</u> prior to move-in. You are committing fraud if you knowingly provide false or misleading information.

PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).



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Applicant Certification

By signing this document, I/we certify that all of the statements and information provided above on this application for rental are true and complete to the best of my/our knowledge and understand it is collected only to determine eligibility and/or level of benefits for what will serve as my/our household's only residence. I/We hereby authorize an investigative consumer report and verification of any and all information relating to residential history (rental or mortgage), employment history, criminal history records, court records and credit records. I/We acknowledge that false or omitted information herein may be grounds for rejection of this application, termination of occupancy and/or forfeiture of fees or deposits and may constitute a criminal offense under the laws of this State. I/We hereby release Realpage, Inc. and any of the above from any liability and responsibility arising from their doing so. Facsimiles of this authorization may be used to facilitate multiple inquiries. In the event you receive a facsimile of this authorization, it should be treated as an original and the requested information should be released to facilitate my/our application.

Applicant Signature		Date
#1		
#2		
#3		
#4		

Administrator Signature	Date

If you are disabled or have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs.

(Estimado inquilino, si está usted discapacitado o necesita asistencia en su idioma, por favor déjenos saber sus necesidades. Con mucho gusto le daremos acceso a servicios individualizados basados en su pedido.)

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Kaitlyn Richter
1050 Burlington Avenue North • St Petersburg, Florida 33705
Phone: (727) 894-0368 • TTY: (800) 955-8771



Presbyterian Towers, Inc.
Resident Information Form

RESIDENT NAME	APARTMENT	PHONE

MEDICAL INFORMATION			
Doctor		Phone	
Hospital			

PRIMARY PERSON	
In the event of an emergency or other warranted situation, the person named below will be contacted as necessary for assistance in handling your affairs.	
Name	
Relationship	
Address	
City, State, Zip	
Phone (Home)	
Phone (Work)	
Phone (Cell)	

SECONDARY PERSON	
In the event of an emergency or other warranted situation, the person named below will only be contacted when the primary person is unreachable.	
Name	
Relationship	
Address	
City, State, Zip	
Phone (Home)	
Phone (Work)	
Phone (Cell)	

PRIMARY SIGNATURE	
I hereby agree to accept the above responsibilities:	
Signature	
Date	

RESIDENT SIGNATURE	
I hereby permit the above persons to be contacted in the event of an emergency or warranted situation:	
Signature	
Date	

REMINDER: Your apartment key will **NOT** be given to anyone, including the primary person. If you want the primary person or any other person to have access to your apartment in your absence, **YOU** will need to give them a key.



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Optional Disclosure Notice

Please review the following statement and provide the requested information, if you are willing.

The information regarding race, ethnicity and sex designation solicited on this form is requested for statistical purposes to ensure that the Federal laws prohibiting discrimination against resident applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your Application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

#1	Head of Household Full Name	Gender	Ethnicity
		Male Female	Hispanic or Latino Not Hispanic or Latino
Race (Choose all that apply)			
	American Indian or Alaskan Native Asian	Black or African American Native Hawaiian or Other Pacific Islander	White
OFFICE USE ONLY <input type="checkbox"/> Provided by Applicant <input type="checkbox"/> Observed			

#2	Household Member's Full Name	Gender	Ethnicity
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race (Choose all that apply)			
	American Indian or Alaskan Native Asian	Black or African American Native Hawaiian or Other Pacific Islander	White
OFFICE USE ONLY <input type="checkbox"/> Provided by Applicant <input type="checkbox"/> Observed			

#3	Household Member's Full Name	Gender	Ethnicity
		Male Female	Hispanic or Latino Not Hispanic or Latino
Race (Choose all that apply)			
	American Indian or Alaskan Native Asian	Black or African American Native Hawaiian or Other Pacific Islander	White
OFFICE USE ONLY <input type="checkbox"/> Provided by Applicant <input type="checkbox"/> Observed			

#4	Household Member's Full Name	Gender	Ethnicity
		Male Female	Hispanic or Latino Not Hispanic or Latino
Race (Choose all that apply)			
	American Indian or Alaskan Native Asian	Black or African American Native Hawaiian or Other Pacific Islander	White
OFFICE USE ONLY <input type="checkbox"/> Provided by Applicant <input type="checkbox"/> Observed			

#5	Household Member's Full Name	Gender	Ethnicity
		Male Female	Hispanic or Latino Not Hispanic or Latino
Race (Choose all that apply)			
	American Indian or Alaskan Native Asian	Black or African American Native Hawaiian or Other Pacific Islander	White
OFFICE USE ONLY <input type="checkbox"/> Provided by Applicant <input type="checkbox"/> Observed			



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PERMISSION TO ASSIST APPLICANT/RESIDENT

Date: ____/____/____

Applicant or
Resident: _____ Apt #: _____

- | | | |
|---------------|---|---|
| Permitted | <input type="checkbox"/> Administrator | <input type="checkbox"/> Certified Occupancy Specialist |
| Assistant(s): | <input type="checkbox"/> Administrative Assistant | <input type="checkbox"/> Service Coordinator |
| | <input type="checkbox"/> Leasing Agent | <input type="checkbox"/> Other: _____ |

I hereby authorize the individual(s) above to assist me with completing any or all documents and forms necessary to process my application/recertification for housing/subsidy as required by the United States Department of Housing and Urban Development and/or Presbyterian Towers, Inc. I understand that document assistance may include filling in any missing information such as dates, the printing of my name and/or personal information or any other blank questions, marking appropriate empty check boxes, and translation assistance. I understand that document assistance does not include my signature. I understand that the individual(s) above may not assist with any document or form unless I am present physically, virtually, or on the telephone or any other equally effective manner. I understand that this form and its consent expire 14 months after signature.

I understand that it is a criminal offense, punishable by a \$10,000 fine or 5 years imprisonment or both, to intentionally make false or inaccurate statements to any department or agency of the United States about any matter within its jurisdiction per the provisions of Section 1001 of Title 18 of the U.S. Code.

Applicant/Resident Signature

Date

Assistant Signature

Date

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