

BAYSHORE PRESBYTERIAN APARTMENTS

2909 WEST BARCELONA STREET • TAMPA, FLORIDA 33629

PHONE (813) 839-3381 • FAX (813) 839-3584 • TTY 1-800-955-8771

Dear Applicant:

Thank you for your interest in Bayshore Presbyterian Apartments. We are a non-profit rental community that has provided quality, affordable housing for low-income seniors in sunny Tampa, Florida for over 50 years. We are also proud to be a smoke-free community.

Our beautiful 15 story high-rise community is located in South Tampa adjacent to Hillsborough Bay and it offers 210 spacious unfurnished apartments. There are 56 studio apartments that are approximately 450 square feet and 154 one-bedroom apartments that are approximately 550 square feet. Rent is adjusted annually and varies based on apartment size. Rent includes electric, water, pest control, and free Wi-Fi access in certain ground floor common areas. Preliminary eligibility requirements, including current rents, are found on the Initial Requirements page of this package.

The submission and approval of a fully completed application package is required to be placed on our waiting list, which is managed according to the date and time each completed application is received. After you have completed all of the documents in this application package, please contact us to schedule an interview appointment or return them to our office by mail, fax, or email. Along with your completed application, please bring or include the following items for each household member:

1. Proof of Social Security Number (*i.e.*, SSA card or benefit letter showing full SSN)
2. Proof of Identity (*i.e.*, driver's license, state ID, or other photo identification showing name)
3. Proof of Age (*i.e.*, birth certificate, passport, baptismal certificate, or benefit letter showing full date of birth)
4. If you have a pet: Proof of current immunizations, licenses, and being neutered/spayed

Upon receipt of your fully completed application package, an evaluation of the unverified information you provided will determine if you meet our preliminary eligibility requirements. You will then be notified in writing of your application's acceptance or rejection based on our preliminary eligibility requirements. Placement on the waiting list does not guarantee an apartment. We will notify you when it is your turn to proceed with a final eligibility determination in which your credit, criminal, and rental histories and your current financial information will be screened and verified in accordance with our Resident Selection Plan.

You are required to notify us if your contact information changes. If we cannot reach you when your name comes up on the waiting list, your application may be skipped or removed.

If you have any questions, would like to schedule a tour of our community, or need assistance with your application, please contact us by phone during normal business hours, 8:00 a.m. to 5:00 p.m., Monday through Friday, excluding public holidays, or anytime by emailing BayshorePresbyterian@phhf.com or visiting our website at www.phhf.com/tampa_presbyterian_community. We look forward to hearing from you!

Sincerely,

Administrator



Managed by:

PRESBYTERIAN HOMES AND HOUSING FOUNDATION OF FLORIDA, INC.
Non-Profit Organization of the Presbytery of Tampa Bay and the Presbytery of Peace River



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| Initial Occupancy Requirements | | | | | |
|--------------------------------|--|----------|--|--|--|
| Age | The head, co-head or spouse of the applicant family must be 62 years of age or older. | | | | |
| Maximum Income | 1 Person | 2 Person | | | |
| | \$41,662 | \$46,773 | | | |
| Effective: 1/1/2025 | Income limits are determined annually by the State of Florida and adjust based on applicant family size. | | | | |
| Minimum Income | There is a minimum income limit of twice the current market rent per month, per household. | | | | |
| Occupancy Limits | There is an applicant household maximum of two persons per bedroom, including studios. | | | | |

Preliminary eligibility based on age, income, and household size is determined at the time of application.

| | | | | | |
|----------------------|--------|-----------|--|--|-----------------------------|
| Market Rent | Studio | 1-Bedroom | | | Reserved Parking (optional) |
| | \$685 | \$894 | | | \$9.14 per month |
| Effective: 10/1/2024 | | | | | |

| | |
|----------|---|
| Vouchers | Housing Choice Vouchers (HCV) are accepted. The minimum income limit above does not apply to applicants with an active HCV. |
|----------|---|



This company does not discriminate on the basis of disabled status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. Persons with disabilities have the right to request reasonable accommodations to participate in the informal hearing process.

| | | | | |
|-------|--|-----|--|--------------------|
| | | | | |
| | | | | |
| Phone | | Fax | | TTY (800) 955-8771 |
| | | | | |
| | | | | |

| | | | | |
|----------------------------------|---------------------------------------|--|------|--|
| Office Staff Use Only | Completed Application Received | | Date | |
| | By | | Time | |

Rental Application

| | | |
|-------------------|----------------------------------|---------------|
| #1 | Name of Head of Household | |
| | | |
| Cell Phone Number | Home Phone Number | Email Address |
| | | |

| Contact Method(s) | | | | | | |
|---|--------|-----|----|-------|-----|----|
| Check Yes for contact method(s) that you consent to us using to contact you. (If any method is unsafe, check No) | Mail: | Yes | No | Call: | Yes | No |
| | Email: | Yes | No | Text: | Yes | No |

| Existing Resident Transfer Request | | |
|--|------------|----|
| Are you a current resident requesting a different apartment? (If Yes, enter your current apartment number and skip to final signature page) | Yes: Apt # | No |

| Current Residence | | | |
|--|--------------|--------------------|----|
| Check the type of residence | Rent Own | Other: | |
| Landlord/Owner Name | | Street Address | |
| | | | |
| Landlord/Owner Phone Number | | City, State, Zip | |
| | | | |
| Date of Move In | Monthly Rent | Reason for Leaving | |
| | | | |
| Have you given your current landlord notice that you will be moving? | | | No |
| Are you required to provide at least 30 days notice to your current landlord? | | | No |
| Have you been evicted or is your landlord attempting to evict you or another person living with you? | | | No |
| Are you currently receiving any housing assistance? (i.e. HUD, RHS or a PHA) | | | No |



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Residential History - Head of Household

At least 3 years of residential history is required. If the Head of Household has lived at their current residence for less than 3 years, provide previous residence information below starting with the most recent. The residential history for other members of the applicant household can be provided on the following page(s).

Previous Residence

| | | |
|------------------------------|------------------|--------------------|
| Check the type of residence: | Rent Own | Other: |
| Landlord/Owner Name | Street Address | |
| | | |
| Landlord/Owner Phone Number | City, State, Zip | |
| | | |
| Date of Move In | Date of Move Out | Reason for Leaving |
| | | |

Previous Residence

| | | |
|------------------------------|------------------|--------------------|
| Check the type of residence: | Rent Own | Other: |
| Landlord/Owner Name | Street Address | |
| | | |
| Landlord/Owner Phone Number | City, State, Zip | |
| | | |
| Date of Move In | Date of Move Out | Reason for Leaving |
| | | |

Previous Residence

| | | |
|------------------------------|------------------|--------------------|
| Check the type of residence: | Rent Own | Other: |
| Landlord/Owner Name | Street Address | |
| | | |
| Landlord/Owner Phone Number | City, State, Zip | |
| | | |
| Date of Move In | Date of Move Out | Reason for Leaving |
| | | |



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Residential History - Household Member

At least 3 years of residential history is required. Any other adult members of the applicant household that have not lived with the Head of Household for the last 3 years must provide their alternate residence information below, starting with the most recent. Check NA if applicant is a single person household.

| | | | |
|---|----|-----|----|
| Have all other adult members of the applicant household lived with the Head of Household for the last 3 years? <i>(If Yes or NA, skip the rest of this page)</i> | NA | Yes | No |
|---|----|-----|----|

Alternate Residence

| | | | |
|------------------------------|------------------|----------------------------------|--------|
| Check the type of residence: | Current Previous | Rent Own | Other: |
| Landlord/Owner Name | | Household Member Name | |
| | | | |
| Landlord/Owner Phone Number | | Street Address, City, State, Zip | |
| | | | |
| Date of Move In | Date of Move Out | Reason for Leaving | |
| | | | |

Alternate Residence

| | | | |
|------------------------------|------------------|----------------------------------|--------|
| Check the type of residence: | Current Previous | Rent Own | Other: |
| Landlord/Owner Name | | Household Member Name | |
| | | | |
| Landlord/Owner Phone Number | | Street Address, City, State, Zip | |
| | | | |
| Date of Move In | Date of Move Out | Reason for Leaving | |
| | | | |

Alternate Residence

| | | | |
|------------------------------|------------------|----------------------------------|--------|
| Check the type of residence: | Current Previous | Rent Own | Other: |
| Landlord/Owner Name | | Household Member Name | |
| | | | |
| Landlord/Owner Phone Number | | Street Address, City, State, Zip | |
| | | | |
| Date of Move In | Date of Move Out | Reason for Leaving | |
| | | | |



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Household Financial Information

In order to determine eligibility, you must list **all** sources of income including assets that you and all applicant family members currently receive or expect to receive in the next 12 months.

Income

| Type of Income | Name of Income Source | Name of Recipient | Gross Annual Income | Income Source Contact Info |
|----------------|-----------------------|-------------------|---------------------|----------------------------|
| | | | \$ | |
| | | | \$ | |
| | | | \$ | |
| | | | \$ | |

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. Income also includes any regular or required minimum distributions from IRS recognized retirement accounts.

Assets and Asset Income

| Type of Asset | Name of Asset Source | Name of Owner/Recipient | Gross Annual Asset Income | Asset Cash Value |
|---------------|----------------------|-------------------------|---------------------------|------------------|
| | | | \$ | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |

Assets include financial and investment accounts such as checking, money markets, savings, certificates of deposit, mutual funds, bonds, real estate, stocks, and certain trusts and their interest and dividends or other earnings as asset income. Non-necessary personal property is included if its value exceeds the current Asset Threshold. Assets do not include IRS recognized retirement accounts or any necessary personal property. Assets also include Real Property.

Asset Divestiture Certification

| Have you or any household member disposed of any assets for less than the Fair Market Value in the last 2 years? <i>(If yes, please describe below)</i> | | | Yes | No |
|---|------------------|--------------|----------|----|
| 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 applicant family member have require the features of an accessible apartment? | | | Yes | No |
| If yes, what feature(s) is/are required? | | | | |
| Does a disability you or any applicant family member have require a reasonable accommodation? | | | Yes | No |
| If yes, what accommodation(s) is/are required? | | | | |
| Have you been involuntarily displaced by government action or 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 legally operable 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 **all** the information requested below for each person who will be living in the apartment. Please use the Name that is on file with the Social Security Administration or other valid federal identification. All fields are required for each household member except for Gender, which may be left blank for undisclosed.

| #1 | Head of Household (HOH) Full Legal Name | Date of Birth | Gender <i>(optional)</i> |
|----|---|---|---|
| | | | <div style="display: flex; justify-content: space-between;"> Male Nonbinary </div> <div style="display: flex; justify-content: space-between;"> Female Other </div> |
| | List All States Where This Person Has Lived | Social Security Number** <i>(or Exemption Code)</i> | |
| | | | |

| #2 | Household Member's Full Legal Name | Date of Birth | Gender <i>(optional)</i> |
|--|--|--|---|
| | | | <div style="display: flex; justify-content: space-between;"> Male Nonbinary </div> <div style="display: flex; justify-content: space-between;"> Female Other </div> |
| | List All States Where This Person Has Lived | Social Security Number** <i>(or Exemption Code)</i> | |
| | | | |
| Member's Relationship to Head of Household | <div style="display: flex; justify-content: space-between;"> Co-Head Minor Child </div> <div style="display: flex; justify-content: space-between;"> Spouse Other Adult </div> | <div style="display: flex; justify-content: space-between;"> Foster Child Live-in Aide </div> <div style="display: flex; justify-content: space-between;"> Foster Adult None of the Above </div> | |

| #3 | Household Member's Full Legal Name | Date of Birth | Gender <i>(optional)</i> |
|--|--|--|---|
| | | | <div style="display: flex; justify-content: space-between;"> Male Nonbinary </div> <div style="display: flex; justify-content: space-between;"> Female Other </div> |
| | List All States Where This Person Has Lived | Social Security Number** <i>(or Exemption Code)</i> | |
| | | | |
| Member's Relationship to Head of Household | <div style="display: flex; justify-content: space-between;"> Co-Head Minor Child </div> <div style="display: flex; justify-content: space-between;"> Spouse Other Adult </div> | <div style="display: flex; justify-content: space-between;"> Foster Child Live-in Aide </div> <div style="display: flex; justify-content: space-between;"> Foster Adult None of the Above </div> | |

| #4 | Household Member's Full Legal Name | Date of Birth | Gender <i>(optional)</i> |
|--|--|--|---|
| | | | <div style="display: flex; justify-content: space-between;"> Male Nonbinary </div> <div style="display: flex; justify-content: space-between;"> Female Other </div> |
| | List All States Where This Person Has Lived | Social Security Number** <i>(or Exemption Code)</i> | |
| | | | |
| Member's Relationship to Head of Household | <div style="display: flex; justify-content: space-between;"> Co-Head Minor Child </div> <div style="display: flex; justify-content: space-between;"> Spouse Other Adult </div> | <div style="display: flex; justify-content: space-between;"> Foster Child Live-in Aide </div> <div style="display: flex; justify-content: space-between;"> Foster Adult None of the Above </div> | |

**Social Security Number Disclosure Exemption Codes

Social Security Number (SSN) disclosure is mandatory for all non-exempt household members prior to move-in. If any member does not have a SSN and/or is claiming exemption from disclosure, enter the applicable exemption letter code in that member's SSN field above. Additional documentation may be required to certify and/or verify a member's eligibility for any claimed SSN disclosure exemption prior to being permitted to move-in.

C Member is an ineligible non-citizen and does not contend eligible immigration status

M Member is under 6 without an assigned SSN

F Member is a foster whose SSN hasn't been disclosed by the foster agency and HUD has approved a waiver

E 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? <i>(college, university, etc.)</i> | 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 landlord/owner? | 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 another resident's health, safety, or right to peaceful enjoyment of the premises due to drug or alcohol abuse? | Yes | No |
| Are you or any household member 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. |
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| |
| <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, incomplete, and/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.)

This company does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).



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



Tampa Presbyterian Community, Inc. dba Bayshore Presbyterian Apartments
2909 Barcelona Street

Tampa, FL 33629

Phone (813) 839-3381 • Fax (813) 839-3584 • TTY (800) 955-8771

PERMISSION TO ASSIST APPLICANT/RESIDENT

Date: ____/____/____

Applicant or
Resident: _____

Apt #: _____

Permitted

☐ Administrator

☐ Service Coordinator

Assistant(s):

☐ Administrative Assistant

☐ 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 Bayshore Presbyterian Apartments. 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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Kaitlyn Richter
1050 Burlington Ave N • St Petersburg, FL 33705
Phone: (727) 894-0368 • TTY: (800) 955-8771



Tampa Presbyterian Community, 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 and ethnicity 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, and disability are complied with. You are not required to provide 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.

| | | |
|----|--|--|
| #1 | Head of Household Full Legal Name | |
| | | |
| | Race (Choose one or more) | Ethnicity (Choose one) |
| | American Indian or Alaskan Native Asian Black or African American White Native Hawaiian or Other Pacific Islander Other | Not Hispanic or Latino Hispanic or Latino |

| | | |
|----|--|--|
| #2 | Household Member's Full Legal Name | |
| | | |
| | Race (Choose one or more) | Ethnicity (Choose one) |
| | American Indian or Alaskan Native Asian Black or African American White Native Hawaiian or Other Pacific Islander Other | Hispanic or Latino Not Hispanic or Latino |

| | | |
|----|--|--|
| #3 | Household Member's Full Legal Name | |
| | | |
| | Race (Choose one or more) | Ethnicity (Choose one) |
| | American Indian or Alaskan Native Asian Black or African American White Native Hawaiian or Other Pacific Islander Other | Hispanic or Latino Not Hispanic or Latino |

| | | |
|----|--|--|
| #4 | Household Member's Full Legal Name | |
| | | |
| | Race (Choose one or more) | Ethnicity (Choose one) |
| | American Indian or Alaskan Native Asian Black or African American White Native Hawaiian or Other Pacific Islander Other | Hispanic or Latino Not Hispanic or Latino |



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