FORT MYERS PRESBYTERIAN COMMUNITY, INC.

1925 VIRGINIA AVENUE • FORT MYERS, FLORIDA 33901

PHONE (239) 332-1050 • FAX (239) 332-7185 • TTY 1-800-955-8771

Dear Applicant:

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

Our beautiful 16 story high-rise community is located downtown on the Caloosahatchee River and it offers 180 spacious unfurnished apartments. There are 90 studio apartments that are approximately 375 square feet (or 435 for the wide studios), and there are 90 one-bedroom apartments that are approximately 555 square feet. Rent is adjusted annually and varies based on apartment size and view. Rent includes 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 FtMyersPresbyterian@phhf.com or visiting our website at www.phhf.com/fort_myers_presbyterian_community. We look forward to hearing from you!

Sincerely,

Administrator

Fort Myers Presbyterian Community, Inc.

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			
	$62,950	$71,900			
Effective: 5/1/2026	The Low-Income limits above are determined annually by HUD 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	View	Studio	Studio Wide	1-Bedroom	Reserved Parking (optional)
	City	$671	$757	$833	$12.78 per month
Effective: 10/1/2026	River	$728	$805	$884	

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

EQUAL HOUSING OPPORTUNITY

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.

Fort Myers Presbyterian Community, Inc.					
1925 Virginia Ave Fort Myers, Florida 33901					
Phone	(239) 332-1050	Fax	(239) 332-7185	TTY	(800) 955-8771
FtMyersPresbyterian@phhf.com					
www.phhf.com/fort_myers_presbyterian_community					

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?	☐ Yes	☐ No
Are you required to provide at least 30 days notice to your current landlord?	☐ Yes	☐ No
Have you been evicted or is your landlord attempting to evict you or another person living with you?	☐ Yes	☐ No
Are you currently receiving any housing assistance? *(i.e. HUD, RHS or a PHA)*	☐ Yes	☐ 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? *(If Yes or NA, skip the rest of this page)*	☐ 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? (*If yes, please describe below)*	☐ 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 *(optional)*
			☐ Male ☐ Nonbinary ☐ Female ☐ Other
List All States Where This Person Has Lived		Social Security Number** *(or Exemption Code)*	

#2	Household Member's Full Legal Name	Date of Birth	Gender *(optional)*
			☐ Male ☐ Nonbinary ☐ Female ☐ Other
List All States Where This Person Has Lived		Social Security Number** *(or Exemption Code)*	
Member's Relationship to Head of Household	☐ Co-Head ☐ Minor Child ☐ Foster Child ☐ Live-in Aide ☐ Spouse ☐ Other Adult ☐ Foster Adult ☐ None of the Above		

#3	Household Member's Full Legal Name	Date of Birth	Gender *(optional)*
	NA		☐ Male ☐ Nonbinary ☐ Female ☐ Other
List All States Where This Person Has Lived		Social Security Number** *(or Exemption Code)*	
Member's Relationship to Head of Household	☐ Co-Head ☐ Minor Child ☐ Foster Child ☐ Live-in Aide ☐ Spouse ☐ Other Adult ☐ Foster Adult ☐ None of the Above		

#4	Household Member's Full Legal Name	Date of Birth	Gender *(optional)*
	NA		☐ Male ☐ Nonbinary ☐ Female ☐ Other
List All States Where This Person Has Lived		Social Security Number** *(or Exemption Code)*	
Member's Relationship to Head of Household	☐ Co-Head ☐ Minor Child ☐ Foster Child ☐ Live-in Aide ☐ Spouse ☐ Other Adult ☐ Foster Adult ☐ None of the Above		

**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? *(college, university, etc.)*	☐ 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)? *(electricity, water, etc.)*	☐ Yes	☐ No
Were you or any household member ever asked to allow or participate in the extermination of pests other than when regularly scheduled? *(roaches, bed bugs, rodents, etc.)*	☐ 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 Yes to any of the above questions, please explain the circumstances regarding the situation.

ALL information provided on this application will be verified 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).

PHHF
Presbyterian Homes & Housing Foundation

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

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PERMISSION TO ASSIST APPLICANT/RESIDENT

Date: ____/____/____

Applicant or
Resident: _____ Apt #: _____

Permitted Assistant(s):
☐ Administrator ☐ 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 Fort Myers Presbyterian Community, 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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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 ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ Asian ☐ White ☐ 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 ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ Asian ☐ White ☐ Other	☐ Hispanic or Latino ☐ Not Hispanic or Latino

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

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

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