

Resurrection Property Management

Pathways To New Hope

500 S. Holly Avenue
Sanford, FL 32771

Dear Applicant:

Thank you for your interest in our community. Pathways to New Hope provides affordable housing to families and individuals whose annual income does not exceed 60% of Area Median Income.

The current Gross Income limits are:

1 Person	2 Persons	3 Persons	4 Persons
\$33,800	\$38,600	\$43,450	\$48,250

If you feel you fit these requirements, please complete the application and all attachments. Return the signed documents, **along with a \$25 Money Order (per adult 18+) and** copies of:

- **A valid, government Issued Photo ID for each person, everyone over the age of 18**
- **Birth Certificates (Everyone)**
- **Social Security cards (Everyone)**
- **Alien Registration cards (if applicable)**
- **Bank Statements for the preceding 6 months for all accounts (everyone over 18)**
- **Last 8 Consecutive paystubs if paid weekly or Last 4 Consecutive Paystubs if paid bi-weekly (everyone over 18)**
- **Proof of any other applicable income such as Social Security, SSI, Pension, Child support etc.**

Incomplete applications will not be accepted.

If you have any questions, please do not hesitate to contact the office. **Requests for reasonable accommodation, including materials in alternate formats, may be made by contacting the site office:**

Resurrection Property Management
A Ministry of Catholic Charities Housing Inc.
1819 North Semoran Blvd, Orlando, FL 32807
PH: 407-658-1818; Ext 1331

Resurrection Property Management will aid applicants with disabilities or with limited English proficiency in completing this document. If you have any special needs that might impact your access to the application process and require reasonable accommodation or alternate ways to communicate with you, please notify the office.

It is the policy of Resurrection Property Management to provide housing on an equal opportunity basis. We do not discriminate against any person because of Race, Color, Religion, Sex, Handicap, Familial Status, National Origin, Sexual Orientation, Gender Identity or Marital Status or any other protected class. If you feel that you have been discriminated against, please contact this office, or the HUD field office to report such action.





Pathways to New Hope

500 S. Holly Avenue
 Sanford, FL 32771
 (407) 658-1818 Ext. 1237

FOR OFFICE USE ONLY – TO BE COMPLETED UPON RECEIPT OF APPLICATION

Date & Time:	Mgmt. Signature:
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The type of apartment you are applying for:

- Studio Unit (Up to 2 people)
 1 Bedroom Unit (Up to 2 people)
 2 Bedroom Unit (Up to 3 people)

ALL UNITS REQUIRE SECURITY DEPOSIT OF \$500

INSTRUCTIONS TO APPLICANT

- ALL lines must be filled in. You may write "NONE" or "NO" in a line, but DO NOT leave a line blank or write N/A.
- All information should be complete and correct. False, incomplete or misleading information will cause your application to be declined.
- If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change.
- If your application is on file with us, it is your responsibility to contact us whenever your address, telephone number or income situation changes, or whenever you need to add or remove a household member from your application.
- After we receive your complete application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on a Waiting List. This does not mean that your household will be offered an apartment. If later processing establishes that your household is not actually eligible, or does not meet our Resident Section Criteria, your application will be declined.
- We will process your application according to our standard procedures, which are summarized in the Tenant Selection Plan that is posted in the Management Office.

APPLICANT INFORMATION

Applicant Name (Head of Household):			
Home Address:	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:
Home Phone:	Cell Phone:	Email:	

HOUSEHOLD COMPOSITION

List your name and the names of people who **will be** living with you. Please list the head of household first.

Full Name of Household Member	Date of Birth	Sex M/F	SSN	Photo ID#	Marital Status	Relationship to Head
						HEAD



RESIDENCE HISTORY

You **must** report **ALL** places you have lived for the past five (5) years. Attach additional sheet if necessary.

Present Address Do you: Own your home? <input type="checkbox"/> Rent? <input type="checkbox"/> Live with others? <input type="checkbox"/>	Street Address:				From:	Landlord Name:			
	City:	County:	State:	Zip Code:	To:	Landlord Phone:			
	Reason for Moving:						Landlord Street Address:		
	Is this Subsidized Housing? Yes <input type="checkbox"/> No <input type="checkbox"/>				Amount of Rent:	City:	State:	Zip Code:	
Previous Address	Street Address:				From:	Landlord Name:			
	City:	County:	State:	Zip Code:	To:	Landlord Phone:			
	Reason for Moving:						Landlord Street Address:		
	Is this Subsidized Housing? Yes <input type="checkbox"/> No <input type="checkbox"/>				Amount of Rent:	City:	State:	Zip Code:	
Previous Address	Street Address:				From:	Landlord Name:			
	City:	County:	State:	Zip Code:	To:	Landlord Phone:			
	Reason for Moving:						Landlord Street Address:		
	Is this Subsidized Housing? Yes <input type="checkbox"/> No <input type="checkbox"/>				Amount of Rent:	City:	State:	Zip Code:	

You **must** report **ALL** states you have resided in since the age of 18, and the last address in each state. It is not necessary to repeat the addresses listed above. All applicants over 18 are required to report this information. Use additional sheets if necessary.

State:	From:	To:	Last Street Address in that State:	City:	County:
	___/___/___	___/___/___			
State:	From:	To:	Last Street Address in that State:	City:	County:
	___/___/___	___/___/___			
State:	From:	To:	Last Street Address in that State:	City:	County:
	___/___/___	___/___/___			
State:	From:	To:	Last Street Address in that State:	City:	County:
	___/___/___	___/___/___			



- Have you or any member of your household ever been evicted from federally assisted housing for drug-related activity? Yes: No: If YES, please explain with notes on the back of this page (where, when, why?).
- Have you or any member of your household ever committed fraud in a Federally Assisted Housing Program or been asked to repay money for knowingly misrepresenting information for such housing programs? Yes: No:
- Have you, or any household member, ever been convicted of a felony and/or sexual offense? Yes: No: If YES, please explain with notes on the page of this page (provide state and county).
- Are you or any member of your household subject to a lifetime state sex offender registration program in any state? Yes: No: If YES, please explain with notes on the back of this page (provide state and county).

• **Alias:** Please list any names any member of the household has used, including maiden names or any alias:

• **Pets:** Do you have support animals? Yes: No: If YES, what type of service animal? _____

Service animals are permitted as required by law; however, no other pets are allowed in any units.

HOUSEHOLD INCOME

List all money earned or received **by everyone** living in your household. Attach additional sheet if necessary.

Household Member: _____

<input type="checkbox"/> Employment	\$ _____/month	Employer: _____ Address: _____ City: _____ State: _____
<input type="checkbox"/> SSI/SSDI/Social Security Benefits	\$ _____/month	Zip: _____ Phone: _____
<input type="checkbox"/> Employer Disability Payments	\$ _____/month	SUBMIT CURRENT AWARDS LETTER
<input type="checkbox"/> Child Support	\$ _____/month	Source: _____
<input type="checkbox"/> Retirement Benefits	\$ _____/month	Source: _____
<input type="checkbox"/> Veteran's Benefits	\$ _____/month	Source: _____
<input type="checkbox"/> Worker's Compensation	\$ _____/month	Source: _____
<input type="checkbox"/> W2/TANF	\$ _____/month	Source: _____
<input type="checkbox"/> Contributions	\$ _____/month	Source: _____
<input type="checkbox"/> Other: _____	\$ _____/month	Source: _____ Source: _____

Household Member: _____

<input type="checkbox"/> Employment	\$ _____/month	Employer: _____ Address: _____
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City: _____ State: _____

<input type="checkbox"/> SSI/SSDI/Social Security Benefits	\$ _____/month	Zip: _____ Phone: _____
<input type="checkbox"/> Employer Disability Payments	\$ _____/month	SUBMIT CURRENT AWARDS LETTER
<input type="checkbox"/> Child Support	\$ _____/month	Source: _____
<input type="checkbox"/> Retirement Benefits	\$ _____/month	Source: _____
<input type="checkbox"/> Veteran's Benefits	\$ _____/month	Source: _____
<input type="checkbox"/> Worker's Compensation	\$ _____/month	Source: _____
<input type="checkbox"/> W2/TANF	\$ _____/month	Source: _____
<input type="checkbox"/> Contributions	\$ _____/month	Source: _____
<input type="checkbox"/> Other: _____	\$ _____/month	Source: _____

ASSETS

List all assets and account numbers for all family members (checking, savings, credit unions, money market funds, certificates of deposit, stocks, bonds, real estate, cash value of life insurance, etc.) Attach additional sheet if necessary. You must include any assets you have sold within the last 2 years.

Household Member	Name & Address of Financial Institution	Type of Asset	Account #	Value of Asset

MARKETING

It is important to know how our marketing efforts work. How did you hear about our community?

- Newspaper Ad Signage Drive By Referral (who referred you)

SUPPORTIVE SERVICES/VOCATIONAL TRAINING

Pathways to New Hope offers a range of supportive services to all residents, including career counseling, housing counseling, vocational training, and personalized case management. While participating in these services is not required for residency, understanding your interests will help us serve you better.

Please indicate your interest in any of the following supportive services:

- **Career Counseling**
Yes: No: Unsure:
- **Housing Counseling**
Yes: No: Unsure:
- **Hospitality and Culinary Training**
Yes: No: Unsure:
- **Computer Skills Training**
Yes: No: Unsure:
- **Self-Authored Program:** Pathways to New Hope provides residents with the opportunity to explore their past, present, and future through a self-authoring program.
Would you be interested in learning more about this?
Yes: No: Unsure:
- **Personalized Case Management:** We offer one-on-one case management to help you achieve your personal and professional goals.
Would you be interested in this service?
Yes: No: Unsure:
- **Tell Us More**
What specific services or support are you looking for that would help you achieve your personal and professional goals?

DEMOGRAPHIC INFORMATION (Optional)

We are committed to ensuring equal housing opportunities for all applicants. To help us better understand the diverse needs of our community, we invite you to provide the following demographic information. Your response is optional and will not affect your application status in any way.

Age Group:

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+

Gender:

- Male
- Female
- Prefer not to say

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

Race (check all that apply):

- American Indian or Alaska Native
 - Asian
 - Black or African American
- Native Hawaiian or Other Pacific Islander
 - White
- Other: _____
 - Prefer not to say

Level of Education

- Did not complete High School
 - High school or GED
- Technical or occupational certificates
 - Associate degree
- Some college coursework completed
 - Bachelor's degree
 - Master's degree
 - Doctorate
 - Professional

Disability Status

- I identify as having a disability
- I do not have a disability
 - Prefer not to say



APPLICANT CERTIFICATION

Read each statement below and initial that you understand and agree.

_____ I have read and understand the information in this application, in particular the Instructions to Applicant, and agree
(Initial) to comply with all information and instructions.

_____ I certify that all information given in this application is true, complete and accurate. I understand that if any of this
(Initial) information is false, misleading or incomplete, Management may decline my application, OR, if move-in has occurred, terminate my lease and evict me and my household.

_____ I understand that ALL CHANGES in the income of any member of the household, as well as any changes in the
(Initial) household members must be reported to Management in writing immediately.

_____ If my application is approved and move-in occurs, I certify that only those people listed in this application will
(Initial) occupy the apartment, and that they will maintain no other place of residence.

_____ If this application is approved and move-in occurs, I certify that all household members will accept and comply with
(Initial) all conditions of occupancy as set forth therein, including but not limited to, rules regarding pets, rent, damages, and security deposits.

_____ I authorize Management to make any and all inquiries to verify this information either directly or through
(Initial) information exchanged now or later with rental and credit screening services, previous and current landlords, law enforcement agencies or other sources for verification confirmation which may be released to the appropriate Federal, State or local agencies.

_____ I understand that it is a crime to knowingly provide false information for the purpose of obtaining or maintaining
(Initial) occupancy and/or for the purposes of securing a lower rent in a subsidized housing development.

_____ I understand that the penalty for knowingly providing false information is up to five (5) years in prison and/or up to
(Initial) \$10,000 fine upon conviction.

ALL adult (18 + years old) members of the household must sign below:

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____