



GOODWILL INDUSTRIES BIG BEND, INC. | RESIDENTIAL SERVICES

300 MABRY STREET | TALLAHASSEE, FL 32304

(850) 576-7145 | Fax: (850) 576-4691

TTY: Florida 1-800-955-8771 | TTY: Georgia 1-800-255-0056

APPLICATION PART 1

PRELIMINARY ELIGIBILITY

To properly process your application, it is important that you perform the following tasks. Signatures and dates are required throughout the application. Be sure to provide these.

In order to be placed on the waiting list for any apartment complex, the Basic Application and Verification of Disability form. If the applicant does not supply these first 2 items, the household will not be placed on the waiting list. Placement on the waiting list does NOT mean the household is eligible. You may complete Application Part II if you wish, but you will not be placed on the waiting list until Application Part I, fully completed, is received.

When an applicant is about 5th on the waiting list, management will contact the applicant and set up an interview to obtain current information about the applicant household circumstances. Management will identify missing information and explain any additional application requirements.

Please be sure to inform us of any address or telephone number changes you may have.

Complete the application thoroughly including the attached forms, as follows:

1. A completed **Basic Application (p.2-6)**: All questions and blanks should be completed.
2. **The Verification of Disability Form (p.7)**: **MUST** be signed by the applicant first, the health/medical professional next, then **MUST** be returned directly by the health/medical professional to GIBB Residential Services or to apartment complex management. The medical professional can be an RN, ARNP, MD or DO, or a counseling professional licensed to diagnose developmental disabilities (LMFT, LCSW, LMHC, etc). The applicant gives the form to the medical professional.

You will be contacted if any information is missing.

GIBB MABRY VILLAGE

2441 Roberts Avenue
Tallahassee, FL 32310
(850) 574-4663

GIBB GULF COAST VILLAGE

6200 N. Lagoon Drive
Panama City Beach, FL 32408
(850) 235-4663

GIBB CAIRO VILLAGE

211 Ridge Avenue, S.W.
Cairo, GA 39828
(229) 377-4668

**GIBB OAKRIDGE VILLAGE OR
OAKRIDGE TOWNHOUSES**

274 Ross Road
Tallahassee, FL 32305
(850) 942-4777

GIBB SPRINGFIELD VILLAGE

3207 E. 4th Street
Springfield, FL 32401
(850) 235-4663
Mail to:
6200 North Lagoon Drive,
Panama City Beach, FL 32408

GIBB THOMASVILLE VILLAGE

272 Old Boston Road
Thomasville, GA 31792
(229) 226-4663

GIBB MARIANNA VILLAGE

2933 Milton Avenue
Marianna, FL 32448
(850) 482-4663

GIBB BAINBRIDGE VILLAGE

101 Hubert Dollar Drive
Bainbridge, GA 39818
(229) 246-4663

GIBB THOMASVILLE VILLAGE II

272 Old Boston Road
Thomasville, GA 31792
(229) 226-4663

GIBB PERRY VILLAGE

800 Stephens Court
Perry, FL 32347
(850) 584-4668



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Management Only
 Date and time received:

 Management signature:

APPLICATION FOR HOUSING ASSISTANCE
GIBB VILLAGES AND OAKRIDGE TOWNHOUSES

Applicant Name: _____

Current Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Other: _____

List the head of household and other members who will be living in the assisted unit. Two (2) persons may live in a one-bedroom and up to four (4) persons may live in a two-bedroom apartment. Give the relationship of each family member. Use additional pages or the back of this application if necessary.

Name	Relationship	Date of Birth	Sex	SS#
	Head of Household			

Does anyone live with you now, who is not listed above? Yes No

If yes, please explain: _____

If you become a tenant, do you plan to have anyone living with you in the future who is not listed above?

Yes No

GIBB Residential Services uses a priority system. We give first priority to individuals who utilize wheelchairs, walkers and canes. Second, we give preference to individuals with other physical disabilities who do not require the use of a mobility aid. Third, we give preference to those with developmental disabilities. For example: A person who utilizes a wheelchair may be offered an apartment before an individual who has the ability to walk, even if the person who can walk has been on the waiting list for a longer period of time. For Oakridge Townhouses, you may be 62 or older with no disability to qualify.

Do you meet one of the descriptions stated above for housing at one of our apartment complexes? Yes No



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Identify any special housing needs required because of your disability:

CURRENT HOUSING STATUS

How many people live in your home now? _____ How many bedrooms do you have? _____

Are you being evicted? ____ Yes ____ No

If yes, please explain:

Are you now living, or have you in the past, lived in a government subsidized unit (e.g., Section 8, Section 236, Housing Authority, Farmers Home 515, or any other subsidized project)? ____ Yes ____ No.

Have you ever been evicted from a government subsidized house or apartment? ____ Yes ____ No

If yes, please explain: _____

Current Landlord: _____ Phone Number: _____

Address: _____

OTHER CHARACTER REFERENCES (Required. Do not leave blank)

Name: _____ Name: _____

Phone: _____ Phone: _____

Address: _____ Address: _____



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INCOME INFORMATION

For each type of income that your household receives, give the source of the income and the amount of income that can be expected from the source during the next 12 months.

Family Member Income	Source of Income (Wages, Disability, S.S., Retirement, etc.)	Annual Income

ASSETS INFORMATION

List all checking and savings accounts (including IRS's, Keogh Accounts, and Certificates of Deposits) of all household members including amounts disposed of during the last two years. Use additional pages if necessary.

YES / NO

1. _____ Is any member of your household employed full-time, part-time, or seasonally?
2. _____ Does any member of your household expect to work for any period during the next 12 months?
3. _____ Does any member of your household work for someone who pays them in cash?
4. _____ Is any member of your household on a leave of absence from work due to a lay-off, medical reasons, maternity or military leave?
5. _____ Does any member of your household now receive unemployment benefits?
6. _____ Does any member of your household now receive, or expect to receive child support?
7. _____ Is any member of your household entitled to child support that he/she is not receiving now?
8. _____ Does any member of your household now receive, or expect to receive alimony payments?
9. _____ Is any member of your household entitled to alimony payment that he/she is not receiving now?
10. _____ Does any member of your household now receive, or expect to receive welfare assistance?
11. _____ Does any member of your household now receive, or expect to receive Social Security benefits?
12. _____ Does any member of your household now receive, or expect to receive income from a pension or an annuity?
13. _____ Does any member of your household receive regular cash contributions from individuals not living in the household, or from any other agencies?
14. _____ Does any member of your household receive income from assets, including interest on checking or savings accounts, interest and dividends from certificates of deposits, stocks, bonds, or income from rentals?
15. _____ Does any member of your household receive, or expect to receive an earned income tax credit?
16. _____ Do you own a home or other real estate property?
17. _____ Have you sold, or given away real property or other assets in the past two years?
If yes, what was the market value of the assets? _____



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EXPENSES

Do you pay for child care, which enables you or another family member to work or go to school?

_____ Yes _____ No

If yes, give an address of the child care provider, weekly cost and name of family members enabled to work.

MEDICAL EXPENSES

1. Do you receive medical assistance through the welfare department? _____ Yes _____ No
2. Do you have any outstanding medical bills on which you are paying? _____ Yes _____ No
3. Do you expect to have any medical expenses during the next 12 months? _____ Yes _____ No
4. If yes, amount of medical expense expected \$_____.

Please provide information about your Doctor:

Name: _____ Phone: _____

Address: _____

OTHER INFORMATION

How did you learn of GIBB apartments? _____

Have you or any family members ever lived at a GIBB property in the past? _____ Yes _____ No

If yes, please explain when and where: _____

STUDENT INFORMATION

Are you currently a student at an institution of higher learning? _____ Yes _____ No

Is anyone in your household currently a student at an institution of higher learning? _____ Yes _____ No



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APPLICANT CERTIFICATION

I/we certify that if selected to receive assistance, the unit that I/we occupy will be my/our only residence. I/we understand the above information is being collected to determine my/our eligibility for Housing /assistance (Section 8, 515, 811). I/we authorize GIBB to verify all information provided on this application and to contact my doctor, previous or current landlord, or other sources for credit and verification of information which may be released to appropriate Federal, State or local agencies. Also, I understand that I may be disqualified for assistance based upon verified information regarding income, assets, disability or history. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge. I/we understand that false statements or information are punishable under federal law. I/we understand that a criminal background investigation will occur.

Signature of head of household

Date

Signature of other household member

Date

Signature of other household member

Date

Signature of other household member

Date

PLEASE INDICATE THE GIBB PROPERTY WHERE YOU WISH TO LIVE

(Check as many as you wish)

_____ GIBB MABRY VILLAGE
2441 Roberts Avenue, Tallahassee, FL 32310, (850) 574-4663

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272 Old Boston Road, Thomasville, GA 31792
(229) 226-4663

_____ GIBB OAKRIDGE VILLAGE OR OAKRIDGE TOWNHOUSES
274 Ross Road, Tallahassee, FL 32305, (850) 942-4777

_____ GIBB THOMASVILLE VILLAGE II
272 Old Boston Road, Thomasville, GA 31792
(229) 226-4663

_____ GIBB MARIANNA VILLAGE
2933 Milton Avenue, Marianna, FL 32448, (850) 482-4663

_____ GIBB PERRY VILLAGE
800 Stephens Court, Perry, Florida 32347
(850) 584-4668

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APPLICANT: You are responsible for providing this form to your medical professional. YOU MUST SIGN BEFORE MEDICAL PROFESSIONAL RECEIVES THE FORM. The applicant is authorizing release of information to Goodwill Industries Big Bend, Inc. Residential Services department.

HEALTH/MEDICAL PROFESSIONAL: PLEASE FAX OR MAIL DIRECTLY TO GOODWILL

VERIFICATION OF DISABILITY

To: _____
 (Physician's Name)

 (Physician's Address)

_____, has applied for occupancy at one of Goodwill Industries properties. We must determine whether this individual qualifies as "disabled" under federal law and whether the person requires the services of a live-in aide, in order to have an equal opportunity to use and enjoy the apartment, common and public areas.

In order to be eligible for occupancy, the above-named individual must have a physical or developmental disability according to the following definition:

Disability: An adult, at least 18 years of age, with a physical or developmental impairment which is expected to be of **long-continued and indefinite duration**, and is a **substantial impediment** to the person's ability to **live independently**, and is of such a nature that such ability can be improved by living in a **barrier free environment**.

1. In your professional opinion, does this household member need the services of a live-in aide in order to have the same opportunity that a non-disabled individual has to use and enjoy the site? ___ Yes ___ No
2. **ACCORDING TO THE ABOVE DEFINITION** does this person have:
 - A physical disability? ___ Yes ___ No
 - A developmental disability? ___ Yes ___ No
3. Does the above named person have a physical disability and use a wheelchair ___? Walker ___? Cane ___?

 (Applicant's Signature)

 (Applicant's Printed Name)

 (Date)

 (Physician's Signature)

 (Physician's Printed Name)

 (Date)