



## 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 2

In order to continue to determine whether an applicant is eligible and suitable for tenancy, the following must be submitted. Submit the following as you are able.

1. **Law Enforcement Record Check** : Fill in the top portion and **sign**. The records check will be handled by GIBB, and you will not incur any costs. Please make copies or ask for additional forms if you have multiple household members. ALL HOUSEHOLD MEMBERS must submit this release form.
2. **Landlord Reference**: **Sign** the “Landlord Reference” form. Ask your current landlord to complete the bottom portion of the form and send to GIBB Residential Services or apartment complex management.
3. **Citizenship Forms for GIBB Oakridge Village applicants and applicant households ONLY (p.7 and attachments after application)**: Please see the ‘Notice Regarding Citizenship’ in this application for details about citizenship information.
4. **Social Security Number Verification**: Please be aware that you **MUST** provide verification of the Social Security numbers for all members of your household regardless of age unless you are exempt from this requirement (see below). You must do so within 90 days from the time you are first offered an apartment, or you will be considered ineligible and lose your place on the waiting list. If delays occur because of circumstances outside of the resident’s control, the 90-day period will be extended (delays because of government agency processing, etc).

Some applicants will be exempt from the social security number requirement:

1. Individuals in an applicant household who do not contend eligible immigration status will be exempt from the SSN requirement.
2. Individuals age 62 or older as of January 31, 2010 whose initial determination of eligibility was begun before January 31, 2010. The eligibility determination is based on participation in either a HUD Public and Indian Housing or Multifamily HUD assisted program (for example, Section 8, 811, 202, public housing, etc.)

Forms of verification include providing originals of the following: social security card, driver’s license with SSN, ID card issued by a federal, state or local agency, a medical insurance provider, or an employer or trade union, earnings statements on payroll stubs, bank statement, Form 1099, benefit award letter, life insurance policy, court records letter from DHS indicating that social security number has been assigned. If an original of one of these is not available, we may ask you to certify that a copy of the document is complete/accurate.

When you are 5<sup>th</sup> on the waiting list for an apartment, management will contact you to submit the following:

### 5. PROOF OF ALL INCOME:

1. If you receive Social Security benefits, provide a copy of the “Award Letter” indicating the amount of benefits you currently receive. If you do not have a copy of this letter, contact your



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local office of the Social Security Administration and request a copy. This must be returned with your application, and must be dated by SSA within the previous 120 days.

2. If employed, return a photocopy of your paycheck stubs showing your earnings for the past three (3) months. If you cannot locate your paycheck stubs, request a record of your earnings from your employer. Please return this with your application.
3. If you have a bank account you must provide statements as follows: for savings accounts, the most recent statement; for checking accounts we will need the most recent 6-months of statements.
4. If you own ANY ASSETS, please provide records or documentation.
5. You may qualify for deductions based on medical, childcare, disability expenses, as well as others. Management will discuss these qualifications and required documentation with you prior to move in.
6. Live-in personal care attendants (PCA) must also provide a reference of past residency, and a "Criminal Background Check" from the police and/or sheriff's department of the county, city and/or state in which they have resided for the past five (5) years, as well as all states in which he/she has resided. Please return this with your completed application.

It is best to return these documents to one of the apartment complexes you are applying to. You may also send or drop off the application at Goodwill Industries- Big Bend, Inc. (see header for info). Return in person, fax or mail.

**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. 4<sup>th</sup> Street  
Springfield, FL 32401  
(850) 235-4663

**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

Mail to:

6200 North Lagoon Drive,  
Panama City Beach, FL 32408

**GIBB THOMASVILLE VILLAGE II**

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

**GIBB BAINBRIDGE VILLAGE**

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

**GIBB PERRY VILLAGE**

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



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**LANDLORD REFERENCE**

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dear Landlord:

The person listed above has applied for an apartment at one of Goodwill Industries properties and has reported current or previous tenancy at your residence. The applicant's signature indicates their permission for you to supply the following information. Please complete this brief reference form and return it to the above address as soon as possible.

Thank you.

X \_\_\_\_\_  
(Applicant's Signature)

1. Dates of tenant residency: From \_\_\_\_\_ to \_\_\_\_\_.
2. Has the tenant paid rent on time? \_\_\_ Yes \_\_\_ No. If no, how many times were they late? \_\_\_\_\_  
\_\_\_\_\_
3. Is there an outstanding balanced owed? \_\_\_ Yes \_\_\_ No.
4. Has housekeeping been acceptable? \_\_\_ Yes \_\_\_ No.
5. Have there been any complaints against the tenant, or members of their family, or guest?  
\_\_\_ Yes \_\_\_ No.
6. Reason for vacating the unit? \_\_\_\_\_
7. Any other comments? \_\_\_\_\_

Landlord's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_



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**RESIDENTIAL HISTORY**

Please provide detailed information about all locations where you and all other members of your household have resided during the last **five (5) years**. Please include landlord contact information such as name and telephone number, as well as the address and approximate dates when you resided at each location, beginning with the most recent. If you have lived with family or friends you may list their names and telephone numbers as contact information. If you are/were a home owner please list this information as well. You may use the back of this form or additional sheets of paper if necessary.

Next, please provide a list of all states you and each member of your household have resided.

**HOUSEHOLD MEMBER #1:** \_\_\_\_\_ All states in which the household member has resided (Only three rows are provided, but you must list all states. Use the margins of this page or the back):

STATE:	YOUR AGE WHEN YOU LIVED IN THIS STATE:

- Current Residence: \_\_\_\_\_ Date resided: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Landlord Name and Contact Information: \_\_\_\_\_  
 \_\_\_\_\_ Reason for vacating: \_\_\_\_\_
- Previous Residence: \_\_\_\_\_ Date resided: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Landlord Name and Contact Information: \_\_\_\_\_  
 \_\_\_\_\_ Reason for vacating: \_\_\_\_\_
- Previous Residence: \_\_\_\_\_ Date resided: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Landlord Name and Contact Information: \_\_\_\_\_  
 \_\_\_\_\_ Reason for vacating: \_\_\_\_\_
- Previous Residence: \_\_\_\_\_ Date resided: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Landlord Name and Contact Information: \_\_\_\_\_  
 \_\_\_\_\_ Reason for vacating: \_\_\_\_\_

**HOUSEHOLD MEMBER #2:** \_\_\_\_\_ All states in which the household member has resided (Only three rows are provided, but you must list all states. Use the margins of this page or the back):

STATE:	YOUR AGE WHEN YOU LIVED IN THIS STATE:



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- Current Residence: \_\_\_\_\_ Date resided: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Landlord Name and Contact Information: \_\_\_\_\_  
 \_\_\_\_\_ Reason for vacating: \_\_\_\_\_
- Previous Residence: \_\_\_\_\_ Date resided: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Landlord Name and Contact Information: \_\_\_\_\_  
 \_\_\_\_\_ Reason for vacating: \_\_\_\_\_
- Previous Residence: \_\_\_\_\_ Date resided: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Landlord Name and Contact Information: \_\_\_\_\_  
 \_\_\_\_\_ Reason for vacating: \_\_\_\_\_
- Previous Residence: \_\_\_\_\_ Date resided: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Landlord Name and Contact Information: \_\_\_\_\_  
 \_\_\_\_\_ Reason for vacating: \_\_\_\_\_
- Previous Residence: \_\_\_\_\_ Date resided: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Landlord Name and Contact Information: \_\_\_\_\_  
 \_\_\_\_\_ Reason for vacating: \_\_\_\_\_

**HOUSEHOLD MEMBER #3:** \_\_\_\_\_ All states in which the household member has resided (Only three rows are provided, but you must list all states. Use the margins of this page or the back):

STATE:	YOUR AGE WHEN YOU LIVED IN THIS STATE:

- Current Residence: \_\_\_\_\_ Date resided: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Landlord Name and Contact Information: \_\_\_\_\_  
 \_\_\_\_\_ Reason for vacating: \_\_\_\_\_
- Previous Residence: \_\_\_\_\_ Date resided: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Landlord Name and Contact Information: \_\_\_\_\_  
 \_\_\_\_\_ Reason for vacating: \_\_\_\_\_
- Previous Residence: \_\_\_\_\_ Date resided: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Landlord Name and Contact Information: \_\_\_\_\_



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Reason for vacating: \_\_\_\_\_

- Previous Residence: \_\_\_\_\_ Date resided: \_\_\_\_\_  
Address: \_\_\_\_\_  
Landlord Name and Contact Information: \_\_\_\_\_  
Reason for vacating: \_\_\_\_\_

- Previous Residence: \_\_\_\_\_ Date resided: \_\_\_\_\_  
Address: \_\_\_\_\_  
Landlord Name and Contact Information: \_\_\_\_\_  
Reason for vacating: \_\_\_\_\_

**HOUSEHOLD MEMBER #4:** \_\_\_\_\_ All states in which the household member has resided (Only three rows are provided, but you must list all states. Use the margins of this page or the back):

STATE:	YOUR AGE WHEN YOU LIVED IN THIS STATE:

- Current Residence: \_\_\_\_\_ Date resided: \_\_\_\_\_  
Address: \_\_\_\_\_  
Landlord Name and Contact Information: \_\_\_\_\_  
Reason for vacating: \_\_\_\_\_

- Previous Residence: \_\_\_\_\_ Date resided: \_\_\_\_\_  
Address: \_\_\_\_\_  
Landlord Name and Contact Information: \_\_\_\_\_  
Reason for vacating: \_\_\_\_\_

- Previous Residence: \_\_\_\_\_ Date resided: \_\_\_\_\_  
Address: \_\_\_\_\_  
Landlord Name and Contact Information: \_\_\_\_\_  
Reason for vacating: \_\_\_\_\_

- Previous Residence: \_\_\_\_\_ Date resided: \_\_\_\_\_  
Address: \_\_\_\_\_  
Landlord Name and Contact Information: \_\_\_\_\_  
Reason for vacating: \_\_\_\_\_

- Previous Residence: \_\_\_\_\_ Date resided: \_\_\_\_\_  
Address: \_\_\_\_\_  
Landlord Name and Contact Information: \_\_\_\_\_  
Reason for vacating: \_\_\_\_\_



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**NOTICE REGARDING CITIZENSHIP REQUIREMENTS  
GIBB OAKRIDGE VILLAGE ONLY**

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than U.S. citizens or nationals, or certain categories of eligible noncitizens. This applies only to GIBB Oakridge Village.

You are required to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance. You must do the following:

1. Complete the Family Summary Sheet, by listing all applicant household members including yourself, who will reside in the apartment. The form **MUST** be completed by the applicant, **NOT** a member of management.
2. Complete a Citizenship Declaration Form for each family member listed on the Family Summary Sheet. For example, if there are 4 people listed on the Family Summary Sheet, you should have 4 completed copies of the Citizenship Declaration Form. The Citizenship Declaration Form has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each Citizenship Declaration.
3. Complete Citizenship Consent Verification Forms for each family member who is a **NONCITIZEN** and declared eligible immigration status on his/her the Citizenship Declaration Form.

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached items or determining the type of documentation required, please contact Marie Brown, (850) 942-4777, TTY: 1-800-955-8771.

She will be happy to assist you. Also, if you are unable to provide the required documentation by time management begins verifying documentation because of your place on the waiting list, you should immediately contact this office and request an extension, using the block provided on the Citizenship Declaration Form. You will be notified when management begins verifying forms. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for proration of assistance. That means that when assistance is available, a reduced amount may be provided for your family based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, that assistance may be provided to you if at least one member of your household has submitted the required documentation. Following verification of the documentation submitted by all family members, assistance may be adjusted depending on the immigration status verified. You will be contacted as soon as we have further information regarding your eligibility for assistance.



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**AUTHORIZATION TO RELEASE INFORMATION**

I hereby authorize, **GOODWILL INDUSTRIES** herein referred to as *Association* and/or its assigns to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for occupancy. Said report may contain information about me from consumer reporting agencies including but not limited to indebtedness, mode of living, present and previous employers and/or employment contracts, driving record/license, validity of social security number, personal references, criminal records, credit history through a consumer credit report, and any information that I have disclosed on my applications and/or any attachments, exhibits.

I authorize the *Association* may contact others who may be able to provide information as to my background, character, and general reputation and authorize without reservation any party or agency contacted by the *Association* to furnish the above mentioned information.

I hereby affirm that my answers to all questions on my application, this authorization form and/or any attachments, exhibits and/or resumes are true and correct and that I have not knowingly withheld any facts or circumstances that would, if disclosed affect my application.

This authorization and consent shall be valid in original, fax or photocopy form.

I authorize the ongoing procurement of the above-mentioned information/reports by the *Association* at any time during my occupancy with the *Association*.

The nature and scope of the consumer report and/or investigative consumer report along with the name, address and telephone number of the agency providing the report will be disclosed to you upon timely written request, and within 5 days of the request.

A copy of the consumer report and/or investigative consumer report, a copy of the Summary of Your Rights Under FCRA along with the name, address and telephone number of the agency furnishing the information will be provided before any adverse action is taken by the *Association* based on information contained in the report.

Upon proper identification and payment permissible by law, you have the right to request from the *Association* a copy of any information in its file on you at the time of your request.

By signing below, I acknowledge understanding of the purpose of this Authorization Form and its intended use.

\*\*\*\*\*

**Applicant Information**

Print Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ Driver's License State \_\_\_\_\_

**IMPORTANT:** The following information will be used by United Screening Services Corporation for identification purposes only to perform a background check. This information will not be used as part of the decision process of your prospective Association.

Maiden, Other and/or Former Name(s) \_\_\_\_\_

Race/National Origin: \_\_\_\_\_ Gender: Male Female Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_