# CR <br> ST. PEtERSBURG <br> HOUSING AUTHORITY <br> MANAGEMENT OFFICE <br> 3940 55 ${ }^{\text {th }}$ Street North <br> St. Petersburg, FL 33709 <br> Fax: 727-343-4658 <br> SARATOGA APARTMENTS (Non-Smoking Complex) <br> $347532^{\text {nd }}$ Ave N / $348033^{\text {rd }}$ Avenue N <br> St. Petersburg, FL 33713 

- Must be income eligible. Minimum monthly gross household income to qualify:

1 bedroom $\quad \$ 500$ per month $\quad \$ 1250$ gross income monthly
1 bedroom w/washer-dryer hook up $\quad \$ 550$ per month $\quad \$ 1375$ gross income monthly
2 bedroom $\$ 750$ per month
2 bedroom w/washer-dryer hook up $\quad \$ 780$ per month
\$1875 gross income monthly $\$ 1950$ gross income monthly

- Maximum annual income may not exceed $\mathbf{8 0 \%}$ of the current median income for Pinellas County Florida. 2019 income limits are, as follows, current tables will apply:

| 1 Person | 2 Person | 3 Person | 4 Person |
| :---: | :---: | :---: | :---: |
| 5 Person |  |  |  |
| $\$ 37,450$ | $\$ 42,800$ | $\$ 48,150$ | $\$ 53,500$ |

- Credit and background screening approval required including but not limited to:

1. Pay any balances owed to any federally funded housing program.
2. No evictions or negative lease terminations from any Lessor in the last 12 months.
3. Satisfactory credit and previous Landlord reference.
4. A criminal background check will be performed on all applicants. Applicants who have a record of criminal activity that threatens the life, health, safety, possessions, or right to peaceful enjoyment of other residents, or drug-related criminal activity are not eligible for occupancy, at the Landlord's sole discretion.

- Monthly rent includes: garbage, lawn-care, and pest control
- Tenant pays water and electric (required). Other utilities are at tenant's option with Landlord approval.
- Tenant is billed by Landlord for water on the rent statement.
- Laundry facilities on property (some apartments have washer/dryer hook-ups)
- Pets allowed (with restrictions and pet deposit)
$\circ$ : No smoking in the apartment or in the common areas. Smoking allowed only in designated smoking area. Strictly enforced.
- Application fee $\$ 25$ money orders only (non refundable)
- $1^{\text {st }}$ month rent and security deposit due at move in. No personal checks accepted. Security deposit $=$ one month rent. Pet Deposit: $\$ 100.00$

PLEASE INCLUDE THE FOLLOWING INFORMATION WITH THIS APPLICATION FOR EACH FAMILY MEMBER WHO WIL RESIDE IN THE APARTMENT. MAIL OR DROP OFF ALL DOCUMENTS TO THE MANAGEMENT OFFICE. CO-APPLICANTS MUST COMPLETE A SEPARATE APPLICATION. APPLICATIONS WILL NOT BE PROCESSED WITHOUT THE \$25.00 NON-REFUNDABLE FEE.

1. Copy of Social Security Card
2. Copy of Photo ID (everyone 18+ years of age)
3. Current documentation from source of all income verifying amounts (job, Social Security, child support, etc). For employment please turn in a full month of paystubs (if paid weekly - last 4 consecutive paystubs, if paid bi-weekly - last 2 consecutive paystubs).

BEDROOM SIZE

(Please circle one)

## SARATOGA APARTMENTS APPLICATION

Each Roommate must complete an application
Full Name $\qquad$
Date of Birth $\qquad$ SS\# $\qquad$ Phone \# $\qquad$ Alt Phone \# $\qquad$
Email address: $\qquad$

Present Address
Street
City
State
Zip
Why are you moving $\qquad$
Number of pets $\qquad$ , What type $\qquad$
FAMILY COMPOSITION: List all persons who will live in the apartment, including live-in attendants who are necessary for the care of a family member. You must fill out each box for each person.

|  | Last Name | First Name | Social <br> Security \# | Relation to <br> primary <br> Lessee | Gender | Date of <br> Birth |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| 1 |  |  |  | HEAD |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |

Income Information:

| Source of Income | Frequency paid (circle one) |  |  | Gross Income Amount |
| :--- | :--- | :--- | :--- | :--- | :--- |
| Employment/Job | Monthly | Weekly | Bi-Weekly | S |
| Social Security / SSI | Monthly | Weekly | Bi-Weekly | S |
| Child Support | Monthly | Weekly | Bi-Weekly | S |
| TANF | Monthly | Weekly | Bi-Weekly | $\$$ |
| Pension | Monthly | Weekly | Bi-Weekly | $\$$ |
| Other (Explain) | Monthly | Weekly | Bi-Weekly | $\$$ |

## Rental/Residence Information:

|  | Current Residence | Previous Residence |
| :--- | :---: | :---: |
| Street Address |  |  |
| City |  |  |
| State and Zip |  |  |
| Last Rent Amount Paid |  |  |
|  <br> Phone Number |  |  |
| Reason for Leaving |  |  |
| Did you give notice? |  |  |
| Do you owe a balance? |  |  |
|  |  | From/To |
| Dates of Residency |  |  |

Are you currently receiving Section 8 housing assistance YES_ $\mathrm{NO}^{\square}$ Agency Name:

Have you ever been evicted YES $\bigcirc$ NO $\bigcirc$ If yes, when From where_Have you ever been involved in any lease-related litigation YES $\Omega^{\text {rom }}$ $\mathrm{NO} \bigcirc$ If yes, describe

Describe any rental agreement you have abandoned
Have you or any proposed occupant ever been convicted of a crime or entered into a pre-trial intervention agreement for purposes of adjudication withheld? YES $\qquad$ NO
 If yes, describe

## Emergency Contact Information:

Name $\qquad$ Phone \# $\qquad$
Address: $\qquad$ Relationship: $\qquad$
Name: $\qquad$ Phone \#
Address: $\qquad$ Relationship: $\qquad$
Name: $\qquad$ Phone \#
Address: $\qquad$ Relationship: $\qquad$

CERTIFICATION OF CORRECT INFORMATION: Applicant certifies that all information provided in this application is correct. If a lease is executed with applicant and the landlord subsequently learns that incorrect information was given or pertinent information was omitted, the lease may be terminated at landlord's option. If you are applying to lease an apartment with other persons, each adult must complete an application. Additional application fees may be incurred.

VERIFICATION AUTHORIZATION: Applicant authorizes the Landlord, St. Petersburg Housing Authority and/or RISE Development Corporation or its subsidiary, to investigate his or her credit, employment, current or previous housing, criminal history,
and any other information pertinent to applicant's ability to pay rent and comply with the terms of the lease. Applicant authorizes Landlord to release leasing information, lease compliance and payment history to others.

SECURITY DEPOSIT/APPLICATION FEE: Approved applicant(s) must pay the required security deposit (equal to one month's rent) and the first month's rent along with a pet deposit of $\$ 100$, if applicable, prior to move in. Pets must be approved by Landlord, see Rules \& Regulations. If applicant and any co-applicants are approved but do not enter into a lease, the security deposit will be refunded. A non-refundable application fee of $\$ 25.00$ is due with the completed application. You understand and acknowledge that the application fee is non-refundable to cover the cost of processing your application and you are not entitled to a refund even if you are not approved for leasing an apartment.

Signatures must be notarized unless signed in front of SPHA office staff.

Applicant Signature

Co-Applicant Signature

Date

Date

## SPHA MANAGEMENT USE ONLY

Application Rec'd by $\qquad$ Date Rec'd $\qquad$
Application Fee Paid $\qquad$ Money Order \#
$\qquad$ Move In Date $\qquad$ Monthly rent
Apt \# $\qquad$ BR size Pet Deposit $\qquad$ Amount Paid at move in $\qquad$
Security Deposit $\qquad$
Approved $\qquad$ Not Approved $\qquad$ Manager's Signature $\qquad$
Reason for denial:
Applicant notified by $\qquad$ Date Comments

