Miami-Dade CoC Permanent Supportive Housing Tenant-Based Rental Assistance (PSH TBRA) Program

APPLICATION

Applicant Name:		
Social Security Number:		
Current Address:		
City, State, Zip Code:		
Phone:	Alternate Phone:	

Household Members:

Name	Relation	Age	Social Security #

APPLICANT ACKNOWLEDGEMENT AND CERTIFICATION:

I		hereby	acknowledg	be that:
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- a. I am applying for permanent supportive housing comprised of tenant-based rental assistance with supportive services (PSH TBRA).
- b. The only household members who may be assisted with PSH TBRA are those members who are listed on the Miami-Dade CoC Homeless Verification Form except as may be provided in the PSH TBRA Manual.
- c. I will be served by ______ (PSH Provider), who has assigned program staff to assist me in finding housing and, thereafter, to help me maintain my housing stability.
- d. I will be expected to develop a housing stability plan and maintain regular contact with the program staff assigned to help me.
- e. I must comply with all program rules to maintain my assistance.

I certify that I disclosed all household income and assets to the PSH TBRA Program assisting me and that all information and documentation provided by me to determine my eligibility for assistance and contribution toward my rent on this application is true and correct to the best of my knowledge. I, the applicant, further understand that any false information provided in connection with this application may be grounds for termination from the program. I hereby acknowledge that I am applying for assistance under a U.S. HUD-funded program and that Title 18 Section 1001 of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

Applicant Head of Household Signature

Date

Print Name