

## APPLICATION PART 1: ELIGIBILITY KEEP THIS FIRST PAGE.

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

**In order to be placed on the waiting list** for any apartment complex, you must complete the Basic Application and take the Verification of Disability form to be completed by a health professional. If the applicant does not supply BOTH items, the household will not be placed on the waiting list. Placement on the waiting list means the household is eligible, but does NOT mean the household is suitable. When an applicant is about 5th on the waiting list, management will contact the applicant to complete Part II of the application. This includes a criminal background check and a landlord reference or character references (suitability).

Please be sure to inform us of any address or telephone number changes you may have, or any changes in household size. You are responsible for contacting the properties you have applied for at least once between January 1 and June 30, and once between July 1 and December 31, each year. You may lose your place on the waiting list if we are unable to contact you when vacancies arise.

**INSTRUCTIONS:** Complete the application thoroughly including the attached forms, as follows.

- 1) **The Verification of Disability Form (p.2-3):** **MUST** be signed by the applicant first, the health/medical professional next, then must be returned DIRECTLY by the health/medical professional to the GIBB Residential Services Administrative Office. The medical professional can be an RN, ARNP, MD or DO, etc. or a counseling professional licensed to diagnose developmental disabilities (LMFT, LCSW, LMHC, the VA, etc). The applicant gives the form to the medical professional.
- 2) A completed **Basic Application (p.4-7):** All questions and blanks should be completed. You may submit this portion of the application to any GIBB RS property, or by using the contact information above.

### GIBB RESIDENTIAL SERVICES PROPERTIES WITH PARTIAL OR FULLY OPEN WAITING LISTS:

#### GIBB CHIPLEY VILLAGE

Waiting list open.

1411 Washington Square Drive  
Chipley, FL 32428  
(850) 576-7145 x109  
Fax: (850) 576-4691

#### GIBB GULF COAST VILLAGE

Only 2 bedroom list is open.

6200 N. Lagoon Drive  
Panama City Beach, FL 32408  
(850) 235-4663  
Fax: (850) 249-0453

#### GIBB OAKRIDGE VILLAGE

Waiting list open.

274 Ross Road  
Tallahassee, FL 32305  
(850) 942-4777  
Fax: (850) 942-6330

#### GIBB MABRY VILLAGE

Waiting list open.

2441 Roberts Avenue  
Tallahassee, FL 32310  
(850) 574-4663  
Fax: (850) 574-0140

#### GIBB BAINBRIDGE VILLAGE

Only 2 bedroom list is open.

101 Hubert Dollar Drive  
Bainbridge, GA 39818  
(229) 246-4663  
Fax: (229) 246-4653

#### OAKRIDGE TOWNHOUSES

Requires a different application.

Waiting list is open.  
(62 or older, or disabled)  
See contact info for  
GIBB Oakridge Village

#### GIBB MARIANNA VILLAGE

Waiting list open.

2933 Milton Avenue  
Marianna, FL 32448  
(850) 482-4663  
Fax: (850)482-0301

#### GIBB PERRY VILLAGE

Only 2 bedroom list is open.

800 Stephens Court  
Perry, FL 32347  
(850) 584-4668  
Fax: (850) 584-4637

#### CLOSED WAITING LISTS:

GIBB Cairo Village  
GIBB Springfield Village  
GIBB Thomasville I Village  
GIBB Thomasville II Village



**VERIFICATION OF DISABILITY FORM (2 PAGES)**

**APPLICANT:** You are responsible for providing this form to your medical professional. Complete this top section fully before giving to your medical/health professional. Do NOT submit this Verification of Disability form to Goodwill Residential Services. Your Health Professional must do so. You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

**TO:** \_\_\_\_\_  
(Name and Address of medical or health professional to release information)

**APPLICANT NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_, I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent. I may revoke this authorization in writing, at any time except to the extent that action has already been taken to comply with it. Written revocation is effective upon receipt by GIBB Residential Services, Operations Manager. This release will automatically expire upon satisfaction for the need for disclosure.



\_\_\_\_\_  
(APPLICANT'S SIGNATURE)

\_\_\_\_\_  
(DATE)

**\*\*\*\*APPLICANT STOP HERE AND GIVE TO YOUR MEDICAL PROFESSIONAL\*\*\*\***

**HEALTH/MED. PROFESSIONAL: PLEASE FAX OR MAIL DIRECTLY TO GIBB RESIDENTIAL SRVCS.**

The above named individual has applied for occupancy for a federally assisted housing project. 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.

Please answer all three questions:

**1. Does the above named person meet the definition of disabled as described below?**

Yes \_\_\_ No \_\_\_ Do Not Know \_\_\_

Any adult having a **physical, mental, OR emotional impairment** that is expected to be of **long continued and indefinite duration, substantially impedes his or her ability to live independently**, and is of a nature that **such ability could be improved by more suitable housing conditions.**

**2. Does the above named person meet the definition of disabled as described below?**

Yes \_\_\_ No \_\_\_ Do Not Know \_\_\_

A person with a **developmental disability**, as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(8)), i.e., a person with a **severe chronic disability** that:  
(i) Is attributable to **a mental or physical impairment or combination** of mental and physical impairments;  
(ii) Is **manifested before** the person attains **age 22**;  
(iii) Is likely to **continue indefinitely**;  
(iv) Results in **substantial functional limitation** in three or more areas of major life activity  
(v) Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated

**CONTINUED ON THE NEXT PAGE.**

**GOODWILL INDUSTRIES BIG BEND, INC. | RESIDENTIAL SERVICES**

300 MABRY STREET | TALLAHASSEE, FL 32304 | 850) 576-7145 | Fax: (850) 576-4691 | TTY: 7-1-1

**3. 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 \_\_\_\_\_ Do Not Know \_\_\_\_\_

\_\_\_\_\_  
(MEDICAL/HEALTH PROFESSIONAL SIGNATURE)

\_\_\_\_\_  
(PRINTED NAME)

\_\_\_\_\_  
(DATE SIGNED)

\_\_\_\_\_  
NAME OF OFFICE OR ORGANIZATION

**HEALTH/MED. PROFESSIONAL:**

**PLEASE FAX OR MAIL DIRECTLY TO GIBB RESIDENTIAL SRVCS.  
DO NOT RETURN TO APPLICANT.**

**Public reporting burden** for this collection is estimated to average 12 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and is voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. Owners/management agents must obtain third party verification that a disabled individual meets the definition for persons with disabilities for the program governing the housing where the individual is applying to live. The definitions for persons with disabilities for programs covered under the United States Housing Act of 1937 are in 24 CFR 403 and for the Section 202 and Section 811 Supportive Housing for the Elderly and Persons with Disabilities in 24 CFR 891.305 and 891.505. No assurance of confidentiality is provided.

**PENALTIES FOR MISUSING THIS CONSENT:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 USC 408 (a) (6), (7) and (8).



## APPLICATION FOR HOUSING ASSISTANCE

### GIBB VILLAGES (Persons with Disabilities)

You may submit p. 4-7 of the application at any property or according to the above contact information.

Management Only

Date and time received:

Management signature:

Eligible for: 1bd 2bd

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

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

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other: \_\_\_\_\_

### PLEASE INDICATE THE GIBB PROPERT(IES) WHERE YOU WISH TO LIVE

Check as many as you wish. Waiting lists are closed for GIBB Cairo Village and GIBB Springfield Village.

#### \_\_\_\_\_ GIBB CHIPLEY VILLAGE

Both 1 and 2 bedroom waiting lists are open  
1411 Washington Square Drive, Chipley, FL 32428  
(850) 576-7145 x110

#### \_\_\_\_\_ GIBB MABRY VILLAGE

Both 1 and 2 bedroom waiting lists are open  
2441 Roberts Avenue, Tallahassee, FL 32310,  
(850) 574-4663

#### \_\_\_\_\_ GIBB MARIANNA VILLAGE

Both 1 and 2 bedroom waiting lists are open  
2933 Milton Avenue, Marianna, FL 32448  
(850) 482-4663

#### \_\_\_\_\_ GIBB OAKRIDGE VILLAGE

Both 1 and 2 bedroom waiting lists are open  
272 Ross Road, Tallahassee, FL 32305  
(850) 942-4777

#### \_\_\_\_\_ GIBB GULF COAST VILLAGE

Only 2 bedroom waiting list is open  
6200 N. Lagoon Drive, Panama City Beach, FL 32408  
(850) 235-4663

#### \_\_\_\_\_ GIBB BAINBRIDGE VILLAGE

Only 2 bedroom waiting list is open  
101 Hubert Dollar Drive, Bainbridge, GA 39818,  
(229) 246-4663

#### \_\_\_\_\_ GIBB PERRY VILLAGE

Only 2 bedroom waiting list is open  
800 Stephens Court, Perry, Florida 32347  
(850) 584-4668

**OAKRIDGE TOWNHOUSES** (62 and older, or disabled individuals)

Waiting list is open. Requires a DIFFERENT APPLICATION.

272 Ross Road, Tallahassee, FL 32305

Contact: (850) 942-4777 for application.

**OFFICE NOTES USE ONLY (intentionally blank)**

**GOODWILL INDUSTRIES BIG BEND, INC. | RESIDENTIAL SERVICES**

300 MABRY STREET | TALLAHASSEE, FL 32304 | 850) 576-7145 | Fax: (850) 576-4691 | TTY: 7-1-1

**HOUSEHOLD COMPOSITION**

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.

| 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

**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: \_\_\_\_\_  
\_\_\_\_\_

Note: Evictions will appear on the background check, which is completed before an apartment can be offered.

Current Landlord: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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



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**OTHER CHARACTER REFERENCES (Required. Do not leave blank)**

These references are only used to determine suitability when an applicant has not had a landlord (someone they have been obligated to pay rent to) in the previous 12 months.

**Reference #1:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Can we contact this person if we are unable to reach you during waiting list maintenance: \_\_\_\_\_

**Reference #2:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Can we contact this person if we are unable to reach you during waiting list maintenance: \_\_\_\_\_

**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 | 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, pre-paids) of all household members including amounts disposed of during the last two years. Use additional pages if necessary. Please list the number of Direct Express Cards (or similar) held by each household members.

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**Please provide information about your medical professional:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**OTHER INFORMATION**



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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 list when and where: \_\_\_\_\_

**CRIMINAL BACKGROUND CHECK**

Prior to tenancy all adult applicant household members are screened for suitability, screening includes convictions and adjudications and evictions.

Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give details \_\_\_\_\_

Are any members of the household subject to a state lifetime sex offender registry? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, who? \_\_\_\_\_

**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

**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 adult household member

Date

Signature of other adult household member

Date

Signature of other adult household member

Date



## WHO CAN WE CONTACT TO ASSIST YOU?

SUPPLEMENT TO THE APPLICATION HUD FORM 92006 INFORMATION

*If you need a reasonable accommodation to understand this information or the form, if you speak little or no English, or if you would like to discuss this information or the form, please contact Suzi Kemp, (850) 576-7145 x109.*

The form on the next page gives us permission to discuss aspects of your application or tenancy with **another person like a support coordinator, case manager, medical professional, friend or family member (anyone you choose)** who is not listed as part of your household.

**You can also list on the form an organization that assists you,**  
for example Ability 1<sup>st</sup>, Agency for Persons with Disabilities,  
Life Management Center, the Disability Resource Center, BAIN, Georgia Pines,  
Elder Care Services or any other.

**Please be sure to review and choose the reasons for contact on the form.** The form includes the following reasons you would allow us to contact the listed person or organization.

Please fax or mail the form with your application.



Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Check this box if you choose not to provide the contact information.

|  |   |
|--|---|
| <b>Applicant Name:</b>   |   |
| <b>Mailing Address:</b>  |   |
| <b>Telephone No:</b>   | <b>Cell Phone No:</b>   |
| <b>Name of Additional Contact Person or Organization:</b>  |   |
| <b>Address:</b>  |   |
| <b>Telephone No:</b>   | <b>Cell Phone No:</b>   |
| <b>E-Mail Address (if applicable):</b>   |   |
| <b>Relationship to Applicant:</b>  |   |
| <b>Reason for Contact:</b> (Check all that apply)  |   |
| <input type="checkbox"/> Emergency<br><input type="checkbox"/> Unable to contact you<br><input type="checkbox"/> Termination of rental assistance<br><input type="checkbox"/> Eviction from unit<br><input type="checkbox"/> Late payment of rent  | <input type="checkbox"/> Assistance completing application process (eligibility and suitability)<br><input type="checkbox"/> Assist with Recertification Process<br><input type="checkbox"/> Change in lease terms<br><input type="checkbox"/> Change in house rules<br><input type="checkbox"/> Other: _____ |
| <b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.   |   |
| <b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.  |   |
| <b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975. |   |
|  |   |

**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.