



GOODWILL INDUSTRIES BIG BEND, INC.

300 MABRY STREET • TALLAHASSEE, FL 32304
(850) 576-7145 | Fax: (850) 576-7145

APPLICATION FOR A GIBB VILLAGE

To facilitate the processing of your application, it is important that you perform the following tasks. If your application is incomplete, you will not be placed on the waiting list until all the requested information is obtained. In order to remain on the waiting list for an apartment you must inform us of any address or telephone number changes.

1. Complete the application thoroughly and complete the attached forms as follows:
 - a. Verification of Disability must be completed and signed by your physician.
 - b. Law Enforcement Record Check: Fill in top portion and sign and also sign the “Release of Information.” The records check will be handled by GIBB.
 - c. Landlord Reference: Provide references to any place you have resided within the past five (5) years and have your current landlord complete the bottom portion of the “Landlord Reference” form.
2. If you are offered an apartment, please be aware that management **MUST** have a copy of your Social Security Card on file or you **WILL NOT** be allowed to move into the complex. If you do not have a copy of the card, please contact the Social Security Administration to get a copy.
3. If you receive Social Security benefits, provide a copy of the “Award Letter” indicating the amount of benefits you receive. If you do not have a copy of this letter, contact your local office of the Social Security Administration and request a copy. This must be returned with your application.
4. 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.
5. 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 statements, as well as information regarding any other assets you own.
6. All adult household member applicants will need to sign and return the “Criminal Background Check” form to our office. We obtain this report from local and/or state law enforcement agencies where you have lived for the past five (5) years. This information will be used in determining your eligibility for an apartment.
7. 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. Please return this with your completed application.

RESIDENT SELECTION CRITERIA



EQUAL HOUSING
OPPORTUNITY

To qualify for housing at a GIBB VILLAGE, the following must be met:

1. The head of the household or the spouse of the head of household must be at least 18 years of age.
2. The head of the household or the spouse of the head of the household must have a disability that:
 - a. Is expected to be of long-continued or indefinite duration.
 - b. Substantially impedes the person's ability to live independently.
 - c. Is such that the person's ability to live independently could be improved by more suitable housing conditions.
3. The total gross household income must not exceed HUD's very low-income limits. All forms of income are used to determine eligibility.
4. **Preference is given when the head of the household or the spouse of the head of the household has a physical disability, which requires the use of a mobility aid and would gain greater independence as a result of the accessibility features of the unit. Preference is also given to applicants with other physical disabilities and/or developmental disabilities.**
5. The Violence Against Women Act and the Justice Department Reauthorization Act of 2005 protects qualified tenants and family members of tenants who are victims of domestic violence including dating violence, or stalking from being evicted or terminated from housing assistance based on acts of such violence against them.

If you are a victim of domestic violence, certification will be required of victim status, which includes their victim status and the names of their abusers. Only victim service providers, medical professionals, or attorneys who have counseled the victim can provide third-party verification of the resident's status as a domestic violence victim.

Admission to a GIBB Village will be denied if any of the following have occurred within the last FIVE (5) years:

1. Any household member has been evicted from federally assisted housing for drug-related criminal activity, five (5) years from the date of eviction. If the evicted household member who engaged in drug-related activity has successfully completed a supervised drug rehabilitation program or circumstances leading to the eviction no longer exist, the management may, but is not required to, admit the household.
2. Any household member is currently engaging in illegal drug use or drug-related activity, or violent criminal activity.
3. Management determines that there is reasonable cause to believe that a household member's illegal or pattern of illegal use of a drug may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents. (Examples of evidence of illegal activities may include a conviction record, former landlord references, etc.)

4. Management determines that there is reasonable cause to believe that a household member's abuse, or pattern of abuse of alcohol interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents.
5. Other criminal activity that would threaten the health, safety, or right to peaceful enjoyment of the premises by other residents; or
6. Other criminal activity that would threaten the health or safety of the Village, any employee, contractor, sub-contractor, or an agent of the Village who is involved in the housing operations.
7. Admission to a GIBB Village will be denied if any member of the household is subject to a registration requirement under any sex offender program. Convicted sex offenders will be denied admission.
8. Applicants whose history includes conviction of a crime and/or incarceration will be denied admission until FIVE (5) years have passed since the last date of the applicant's incarceration.

No assistance shall be provided under Section 8 of the United States Housing Act of 1937 (42 U.S.C. 1437f) to any individual who—

- (1) Is enrolled as a student at an institution of higher education (as defined under section 102 of the Higher Education Act of 1965 (20 U.S.C. 1002));
- (2) Is under 24 years of age;
- (3) Is not a veteran;
- (4) Is unmarried;
- (5) Does not have a dependent child; and
- (6) Is not otherwise individually eligible, or has parents who, individually or jointly, are not eligible, to receive assistance under section 8 of the United States Housing Act of 1937 (42 U.S.C. 1437f).

Management will perform the necessary criminal history background checks in the state where the housing is located, and in other states where the household members are known to have resided.



Management use only: Date Received: Time Received: Management Signature:

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RESIDENTIAL SERVICES APPLICATION FOR HOUSING ASSISTANCE

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. 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? If yes, please explain: _____
 _____ Yes _____ No

Do you plan to have anyone living with you in the future who is not listed above? _____ Yes _____ No

The GIBB Villages have preferences for housing. We give first priority to individuals who utilize wheelchairs, then walkers and canes. Secondly, we give preference to individuals with developmental and/or other physical disabilities that do not require the use of a mobility aide. Thirdly, we give preference to all other disability conditions. For example: a person who utilizes a wheelchair may be offered an apartment before an individual who is ambulatory (has the ability to walk), even if the person who is ambulatory has been on the waiting list for a longer period of time.

Do you meet the preferences stated above for housing at one of the GIBB Villages? _____ Yes _____ No

Identify any special housing needs required as a result of the 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: _____

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) of all household members including amounts disposed of during the last two years.

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 rental?
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? _____

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

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

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

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

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

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

GIBB SPRINGFIELD VILLAGE
3207 E. 4th Street, Springfield, FL 32401 (850) 235-4663

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

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

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

GIBB THOMASVILLE VILLAGE II
2, 4 & 6 Old Boston Road, Thomasville, GA 31792 (229) 226-4663



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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. 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.

The household member named above has applied for, or is receiving federal rental assistance at our site. We must determine whether the individual qualifies as "disabled" under federal law and whether the person requires a live-in aide, in order to have an equal opportunity to use and enjoy the site. We would appreciate your cooperation in answering the questions on this form and returning it to the address listed above.

1. In your professional opinion, please describe the patient's disability:

2. 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.
If no, does this individual need a two-bedroom apartment for health/medical reasons? Yes No.
3. Does the above named person have a physical disability? Yes No.
4. Does the above named person use a wheelchair_____? Walker_____? or cane_____?
5. Does the above named person have a developmental disability? Yes No.
6. If so, does the disability impede this individual's ability to live independently? Yes No.
7. Would the individual's ability to live independently be improved by a barrier-free environment? Yes No.
If yes, please explain: _____

I authorize the release of this information to Goodwill Industries-Big Bend, Inc.

(Applicant's Signature)

(Physician's Signature)

(Applicant's Printed Name)

(Physician's Printed Name)

(Date)

(Date)



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LAW ENFORCEMENT RECORD CHECK

Name: _____
(Last) (First) (Middle) (Maiden)

Social Security Number: _____

Date of Birth: _____ Race: _____ Sex: _____

Signature: _____ Date: _____

RELEASE OF INFORMATION

I, _____, hereby give the _____ Sheriff/Police
Department permission to search their files and to release any information found to:

GOODWILL INDUSTRIES-BIG BEND, INC.

300 Mabry Street • Tallahassee, FL 32304

Please conduct a law enforcement records check on the individual listed in the top section and indicate your findings below.

Record found: _____ Yes _____ No

If yes, what is/was the nature of the violation? _____

Date Check Completed: _____

By Whom: _____

Title: _____

Signature: _____



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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: _____

Residential History

Please provide detailed information on all locations where you 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.

Current Residence: _____ Date resided: _____

Address: _____

Name of Landlord: _____

Landlord Contact Information: _____

Reason for vacating: _____

Previous Residence: _____ Date resided: _____

Address: _____

Name of Landlord: _____

Landlord Contact Information: _____

Reason for vacating: _____

Previous Residence: _____ Date resided: _____

Address: _____

Name of Landlord: _____

Landlord Contact Information: _____

Reason for vacating: _____

Previous Residence: _____ Date resided: _____

Address: _____

Name of Landlord: _____

Landlord Contact Information: _____

Reason for vacating: _____

Previous Residence: _____ Date resided: _____

Address: _____

Name of Landlord: _____

Landlord Contact Information: _____

Reason for vacating: _____

Previous Residence: _____ Date resided: _____

Address: _____

Name of Landlord: _____

Landlord Contact Information: _____

Reason for vacating: _____