



THE HOUSING AUTHORITY OF THE CITY OF MIAMI BEACH

NOTICE OF OPENING AND CLOSING OF THE HACMB SECTION 8 HOUSING CHOICE VOUCHER SPECIAL APPROPRIATIONS WAITING LIST FOR VICTIMS OF HURRICANES KATRINA AND RITA

Starting Thursday, October 29, 2009, the Housing Authority of the City of Miami Beach (HACMB) will accept pre-applications, based on date and time received, for 257 vouchers under the Section 8 Housing Choice Voucher Special Appropriations, which provides housing assistance only to eligible families displaced by Hurricanes Katrina and Rita. To apply, please read the instructions and complete the pre-application form provided below. Photocopies of the form may be used. The waiting list will close on Friday, October 29, 2010 or when all the vouchers are issued, whichever comes first.

PRE-APPLICATION INSTRUCTIONS (Please read carefully):

- Pre-applications must be completed and mailed to the following address: HACMB, ATTN: Pre-Applications, 200 Alton Road, Miami Beach, FL 33139.
- Pre-applications must be postmarked no later than Friday, October 29, 2010 and received at the HACMB no later than Monday, November 8, 2010.
- Any pre-application that is not fully and accurately completed, is not signed, is postmarked after October 29, 2010, is received after November 8, 2010 and/or is received after all Special Appropriations vouchers have been issued will be void.
- Only one pre-application per household will be considered throughout the entire process. Any household that submits more than one pre-application will be void.
- The following individuals are eligible for a super preference or a preference as follows:
 - A family who recently left or will leave FEMA temporary housing units, FEMA's Alternative Housing Pilot Program, including Katrina cottages (if vacated the unit on or after June 24, 2009)
 - A family who has documented evidence from FEMA of displacement due to the effects of Hurricanes Katrina or Rita
- At the time of the actual application process, family eligibility must be further established in accordance with 24 CFR.
- Eligible income limits for program participation are as follows:

Number of persons in Household	1	2	3	4	5	6	7	8
Annual Income	\$23,600	\$26,950	\$30,350	\$33,700	\$36,400	\$39,100	\$41,800	\$44,500

A copy of this pre-application form can be downloaded at www.HACMB.org.





HACMB Pre-Application for Housing Assistance

Mail completed form via US Postal Service regular or Certified mail only, to: HACMB, ATTN: Pre-Application, 200 Alton Road, Miami Beach, FL 33139. **It must be postmarked no later than Friday, October 29, 2010 and received at HACMB no later than Monday, November 8, 2010. Please print neatly in ink. All fields must be completed. Submit this form only. Incomplete applications will be disqualified. HACMB will not be responsible for pre-applications lost/delayed through the mail.**

Head of Household Contact Information

First Name	Middle Initial	Last Name	Social Security Number
Address			
City/Town	State	Zip code	Phone (include area code)

Household Information

How many persons will live in the unit? Include yourself. _____	
Are you married? ___ Yes ___ No	
Gross annual household income \$ _____	
Indicate the approximate amount of your family's gross (before taxes) annual income. Include all sources of income for all the family members who are 18 years of age or older. (Income includes child support contribution, interest and dividends, wages, self employment, unemployment benefits, SS, disability, workers comp, pension or retirement benefits, welfare income, veteran's income, alimony and any other income sources.)	

Preference Check the preference box that is applicable.

	<input type="checkbox"/> A family who recently left or will leave FEMA temporary housing units, FEMA's Alternative Housing Pilot Program, including Katrina cottages (if vacated the unit on or after June 24, 2009) <input type="checkbox"/> A family who has documented evidence from FEMA of displacement due to the effects of Hurricanes Katrina or Rita
Gross annual household income \$ _____	
Indicate the approximate amount of your family's gross (before taxes) annual income. Include all sources of income for all the family members who are 18 years of age or older. (Income includes child support contribution, interest and dividends, wages, self employment, unemployment benefits, SS, disability, workers comp, pension or retirement benefits, welfare income, veteran's income, alimony and any other income sources.)	

Criminal Background

Have you or any family member ever been arrested or convicted of a crime? Yes ___ No ___

Certification of Applicant - Please read this statement very carefully. By signing, you are agreeing to its terms.

I hereby certify that the information I have provided in this pre-application is true and accurate. I understand that:

- any misrepresentation or false information will result in the disqualification of my pre-application,
- this is a pre-application for waiting list placement and is not an offer of housing, and
- additional information will be required in accordance with federal housing regulations and the Section 8 Administrative Plan, and
- HACMB must always be advised in writing if my mailing address has changed, or my pre-application will be voided.

Signature of Head of Household

Date

HACMB does not discriminate on the basis of the Federally protected classes in the access to, admissions procedure or employment of its housing programs and activities and provides Equal Housing Opportunity to all.