

PUBLIC NOTICE
NOTICE OF OPENING OF THE WAITING LIST FOR PUBLIC HOUSING
VENETIAN WALK II

**Venetian Walk II, an Affordable Community, is Now Accepting Pre-Applications
for Public Housing units as of September 3, 2025-October 31, 2025.**

Accepting applications for One, Two-, & Three-Bedroom Apartments located at 210 Grove Street N., Venice, FL 34285. Photocopies of the form may be used.

PRE-APPLICATION INSTRUCTIONS (Please read carefully):

You must complete the following application. One application will be accepted per household. Please read the following instructions in order to ensure that your application is accepted and placed on the wait-list.

1. **Qualifying Guidelines Form:** All adult household members must read the qualifying guidelines, sign and date the bottom page four.
2. **Tenant Release and Consent Form:** All adult household members must read, sign, and date this form.
3. **Public Housing Application:** The main applicant must complete the application and ensure that **all of the requested information is provided**. All adult household members must review, sign and date the third page of the application.

Pre-applications must be completed and mailed via U.S. Postal Service regular or Certified mail only to the following address:

Venetian Walk II Apartments
210 Grove St. N.
Venice FL 34285

- No telephone calls, walk-ins, or drop off applications will be accepted.
- Pre-applications must be mailed and postmarked no sooner than September 3, 2025 and no later than October 31, 2025.
- Any pre-application that is not fully and accurately completed and is not signed shall be void.
- Venetian Walk II Apartments will not be responsible for pre-applications lost/delayed through the mail.
- All eligible pre-applications will be placed on the waiting list based on time stamp receipt.
- Applicants requesting a local preference must check the appropriate space on the pre-application

You May be Eligible if your Family's Household Income is Less Than:

| | |
|-------------------------------------|------------------------------------|
| \$45,240 for one-person household | \$51,660 for two-person household |
| \$58,140 for three-person household | \$64,560 for four-person household |
| \$69,780 for five-person household | \$74,940 for six-person household |

Guidelines for Determining Bedroom Size:

1 bedroom-At least 1 Person and Maximum of 2 Persons
2 bedrooms-At least 2 Persons and Maximum of 4 Persons
3 bedrooms-At least 3 Persons and Maximum of 6 Persons

THIS IS AN EQUAL OPPORTUNITY HOUSING PROGRAM



Publish Date: September 3, 2025

VENETIAN WALK II

QUALIFYING GUIDELINES

We are pledged to the letter and spirit of the United States policy for the achievement of equal housing opportunities throughout the United States. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, sex, age, religion, color, familial status, national origin or handicap. This community will comply with state and federal fair housing and anti-discrimination laws.

All applicants will be reviewed based on the following written criteria:

All applicants 18 years of age or older and not married will be required to complete separate rental applications. Those applicants legally married and applying for residency will be required to complete a joint rental application. Prospective applicants who hold Section 8 vouchers or certificates are welcome to apply and will be provided the same consideration for occupancy as any other applicant.

Applicants must meet all of the qualifying requirements of the affordable housing programs (Code Section 42).

- 1. Student Status** - Applicants that are full time students will not be accepted unless they qualify under the Affordable Housing guidelines. In the case of all applicants who are full time students they must be married filing a joint tax return, single parent(s) with minor child, be an AFDC/TANF recipient, or a job training participant. There are the only four exceptions. If all applicants are full time students and do not fall under one of these four exceptions the applicant will not qualify for the apartment.
- 2. Rental History** - Applicant must have a minimum of 6 months cumulative verifiable rental history or mortgage payment history within the last 24 months. Renting from a relative will not be acceptable as rental history because no contract performance can be determined. Home ownership must be verifiable via cancelled checks for a period of 6 consecutive months. If landlord cannot be contacted, 6 consecutive months of proof of payment must be verified and a copy of the lease contract must be provided. Applicants not having verifiable rental or mortgage history will have to provide an additional deposit. All prior rental history will be checked. An outstanding debt to a previous landlord or an outstanding NSF check that is not paid in full will result in automatic rejection. A prior eviction will result in an automatic rejection. In addition, timely rent payment history, good household maintenance records, no past lease infractions/violations within the past 12 months preceding occupancy will be considered. The landlord history will also be checked for public nuisances such as drug trafficking, public drunkenness, fighting, open domestic quarrels, loitering, loud music.
- 3. Age** - Applicants must be 18 years of age or older unless Federal/State Regulations provide for a variance. Any persons under the age of 18 not meeting a variance provided by Federal/State Regulations must occupy an apartment with parent guardian of legal age.

4. **Employment** - Applicant must have verifiable employment or income of not less than six months within the last year unless they are a Section 8 client. If employment is to begin shortly the applicant must provide a "letter of intent to hire" from the employer. At least one applicant per household must be employed a minimum of **thirty-two** hours per week or are actively involved in a Family Self-Sufficiency program: or a Community Support Services Program. This policy will be waived in the event that all applicants in the household are over the age of 62, are permanently disabled, or receive assistance based on an individual's inability to work. Failure to comply with this policy will result in automatic rejection for residence in our community.

5. **Self Employment** - Self-employed applicants must provide the previous year's income tax return and the previous two month's bank statements or twelve months of financial statements and must exhibit no negative references.

6. **Income** - Applicants, which are not Section 8 recipients, must meet or exceed 2.5 times resident paid rent. Annual income cannot exceed the maximum allowable income as determined by federal and governmental regulations in effect for this community. Roommate and joint (married) applicants will be allowed to combine incomes to meet the income requirements. **The minimum income required for Section 8 or voucher holders cannot exceed 2.5 (two and one-half) times the portion of the rent the resident will pay.** Minimum income requirement for applicants at this community will be determined and based by management guidelines. Maximum allowable income for federal and governmental regulated programs at this community will be determined and based on HUD guidelines.

7. **Credit** - A credit check will be completed on all applications. No credit will be considered good credit. Outstanding balances owed to a landlord or utility company which is a pre-requisite of habitation will result in automatic denial. An applicant will have two weeks to pay balances to utility companies and submit receipt of payment to clear the pending rejection.

8. **Occupants** - No more than two persons will be allowed per bedroom plus a child who is twelve months old or less at the time of initial lease commencement or lease renewal. If the age of the resident's child causes such occupancy standard to be exceeded during the lease term, the resident at the expiration of the term of the resident's lease must either:

- a. Move to another available unit which has more bedrooms or
- b. Vacate the residence.

Familial Household Occupancy Limits

1 bedroom apartment No more than 2 persons
2 bedroom apartment No more than 4 persons
3 bedroom apartment No more than 6 persons

Maximum Allowable Income

1 person household \$45,240
2 person household \$51,660
3 person household \$58,140
4 person household \$64,560
5 person household \$69,780
6 person household \$74,940

9. Animals – **ALL ANIMALS MUST HAVE MANAGEMENT APPROVAL** and a pet agreement signed. Animals must be no less than six months of age. No more than two animals to an apartment. If one of the pets is a dog or cat, the second pet must be contained in a cage or an aquarium for fish. **AGGRESSIVE BREEDS WILL NOT BE ALLOWED.** A pet deposit of \$250 for pets up to 30 pounds is required. Animals over 30 pounds are prohibited. All dogs must be spayed; all cats must be spayed and declawed. All shots must be kept up to date and records provided to management. Aquariums will be allowed with a 20-gallon maximum on the first floor only with proof of insurance for the entire term of the lease. No exotic or poisonous animals are allowed. This policy shall not apply to animals that are used to assist persons with disabilities provided that the resident or prospective resident verifies that they are persons with disabilities by completing a reasonable accommodation request, the animal has been trained to assist persons with the specific disability and the animal actually assists the person with a disability.

Criminal History – Criminal History - Criminal history reports will be obtained on all applicants and occupants 18 years of age or older. Arrest records will not be considered in the screening.

Conviction records will be reviewed to determine if the record demonstrates that the household member threatens the health, safety or right to peaceful enjoyment of the premises by other residents. The following behavior or convictions will be reasons for immediate denial:

- If a household member is currently engaging in illegal use of a drug
- If there is a reasonable cause to believe that a household member's illegal drug use or pattern of illegal drug use threatens the health, safety or right to peaceful enjoyments of the premises by other residents
- If any household member has been convicted of drug-related criminal activity for manufacturing or producing methamphetamine on a residential premises or if any household member has been convicted of the illegal manufacture or distribution of a controlled substance
- If any household member is subject to a lifetime registration requirement under a State sex offender registration program.
- If there is reasonable cause to believe that a household member's abuse or pattern of abuse of alcohol may threaten the health, safety or right to peaceful enjoyment of the premises by other residents

Criminal convictions for offenses that are violent sexual related, or property crimes will be considered for denial if the completion of sentence, whether adjudicated or not, occurred within the past 10 years of the rental application as these types of offenses potentially pose a threat to the health, safety or right to peaceful enjoyment of the premises by other residents.

All other felony convictions will be considered for denial if the completion of sentence, whether adjudicated or not, occurred in the past 3 years of rental application.

Any applicant that is denied based on their criminal history is encouraged to present any mitigating factors or evidence of rehabilitation for consideration.

AGE: All heads of household must be at least 18 years unless familial status applies.

10. Falsification of Application - Any falsification in application paperwork will result in the automatic rejection of applicant in the event an applicant falsifies his/her paperwork, Owner has the right to hold all deposits paid to apply towards liquidated damages.

I have read and understand the entire resident screening policies of this community.

Applicant Signatures

_____ Date _____

_____ Date _____

_____ Date _____

Instated 08/10/18

Revised 04/01/2025

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

PHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

Venice Housing Authority
201 Grove St. N
Venice FL 34285

IHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

| | | | |
|--|-------|---------------------------------|-------|
| _____ | _____ | | |
| Head of Household | Date | | |
| _____ | | _____ | _____ |
| Social Security Number (If any) of Head of Household | | Other Family Member over age 18 | Date |
| _____ | _____ | _____ | _____ |
| Spouse | Date | Other Family Member over age 18 | Date |
| _____ | _____ | _____ | _____ |
| Other Family Member over age 18 | Date | Other Family Member over age 18 | Date |
| _____ | _____ | _____ | _____ |
| Other Family Member over age 18 | Date | Other Family Member over age 18 | Date |

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA 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 the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully 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, the HA or the owner responsible for the unauthorized disclosure or improper use.

Venetian Walk II

210 Grove Street North
 Venice, FL 34285
 (941)244-0899



PRE-APPLICATION

Applicant Name: _____ Total number of people who will be living in the unit? _____

| | |
|-----------------------------|-------|
| For Office Use Only: | |
| Date Received: | _____ |
| Time: | _____ |
| Received By: | _____ |

Street Address: _____ E-Mail Address: _____

City, State, Zip: _____ Day Phone #: _____

(CIRCLE all that apply) RACE: 1. White 2. Black 3. American Indian/Alaska Native 4. Asian 5. Native Hawaiian/Pacific Islander **Hispanic: Yes or No**

Does head of household, spouse or co-head have legal immigration status? YES _____ NO _____

Have you ever received or are you now receiving housing assistance? YES _____ NO _____

List the Names of ALL household members that will occupy the unit. Indicate head of household first:

| Household Member (and relationship) | Sex | Social Security Number | Date of Birth | Marital Status | Monthly Gross Income | Source of Income (Indicate Soc Sec, employment, VA) |
|-------------------------------------|-----|------------------------|---------------|----------------|----------------------|---|
| (Head) | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

PREFERENCE: VETERAN OR OTHER STATUS

Yes No Have you been discharged or released from active duty in the Armed Forces under Honorable conditions?

Yes No Are you a Veteran, spouse of a deceased Veteran and remain unmarried or related to a deceased Veteran who was an immediate family member at the time of death (children, dependent)?

Yes No Is the Veteran permanently absent from the household, but legally responsible for the support of one or more family member and the spouse is not remarried?

Yes No Does your household include a person with a disability?

Yes No Does your household include a victim of Domestic Violence?

- Yes No Does your household participate in Self Sufficiency, Training programs or do you qualify as a working family by working 30 hours or more for at least 180days)?
- Yes No Does your household consist of a family that is considered to be homeless?
- Yes No Does your household consist of a Youth Aging Out of Foster Care?
- Yes No Are you federally or Involuntary Displaced Person (s)? (Have you been displaced due to natural disaster or government action?)
- Yes No Have you or household members ever been arrested, convicted of any crimes or been made subject to a lifetime sex offenders registration requirement? If yes, list when, where and give a brief explanation below.

REASONABLE ACCOMODATIONS - OPTIONAL QUESTIONS:

Answering the following questions is optional. However, if you decline to answer, we may be unable to determine if you qualify for a Reasonable Accommodation or if you are eligible for a special unit for a person with mobility impairment or other impairment.

- 1: Do you or any member of your household have a condition that requires: (circle all that apply)
- Communication in a specially requested format because of a disability
 - Separate bedroom
 - Unit for hearing impaired
 - Other physical modification
 - Unit for vision impaired
 - Wheelchair accessible unit
- Name of household member requiring the items circled above: _____
- If you circled any of the above, please explain exactly what you will need in the unit, other services of type of communications (example: send all mail in audible format, large print or email).
- 2: Do you or any household member need assistance to go up or down stairs? Yes No
- If yes, explain: _____
- Name of household member requiring assistance: _____
- 3: Will you or any household member require a Live-in-Aide to assist you? Yes No
- If yes, explain: _____
- Name of household member requiring assistance: _____
- 4: Are there any other accommodations which you or anyone in the household will need to fully utilize our community programs and services? If yes, explain: _____
- 5: If on a current lease in another community, please provide expiration date: _____

SEE NEXT PAGE FOR APPLICANT SIGNATURES AND PENALTIES FOR MISSING THIS CONSENT

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. Penalties 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).

I do hereby certify all information is complete and true.
In order to process this application, a signature from the Head and Co-Head (if applicable) and all members 18 years and older are required. If signatures are missing, the application will be considered incomplete and will not be considered.

| Head of Household Client Signature | Print Name | Date |
|--|------------|------|
| | | |
| Co-Head or other Adult Family Member Signature | Print Name | Date |
| | | |
| Other Adult Family Member Signature | Print Name | Date |
| | | |

Signature of any person who assisted in filling out this application



We Do Business in Accordance to the Federal Fair Housing Law



PLEASE MAIL APPLICATION TO:
Venetian Walk II
210 Grove Street North
Venice, FL 34285

APPLICATION NEEDS TO BE MAILED IN. HAND DELIVERED IS NOT ACCEPTED