



Dear Applicant:

Thank you for your interest in **Metro 510**. Metro 510 is an 120-unit Section 42 Low Income Housing Tax Credit residential community. In order to be eligible for housing in this community, you must meet the income eligibility requirements established by the Low-Income Housing Tax Credit Program. Your gross household income cannot exceed 60% of the Hillsborough County area median income (AMI), which is currently set at the following limits:

**1 person:** \$40,140    **2 people:** \$45,840    **3 people:** \$51,600    **4 people:** \$57,300  
**5 people:** \$61,920    **6 people:** \$66,480    **7 people:** \$71,100

If you feel you fit this requirement, please complete the application and all attachments.

**NOTE:** When you come for your initial interview, you **must** provide all household members original Birth Certificate, Social Security Card, Alien Registration card (if applicable) on all household members and a photo ID for all members 18 years and older, as well as verification of income. If, however, you do not have a social security card at time of application and/or initial interview, you have 90 days from date you are offered a unit to provide documentation to verify your social security number. Disclosure and verification of a SSN are required before you can be housed. Additionally, a non-refundable application fee of \$75.00 per adult household member will be required at the time of your initial interview; **this must be paid in the form of a money order or cashier's check** to our office. Incomplete applications will not be accepted. If you have any questions, please do not hesitate to contact the office. Requests for reasonable accommodations, including materials in alternate formats, may be made by contacting the site office:

**Metro 510**

502 E. Harrison St., Tampa, FL 33602

**Phone:** (813) 221-0510 **FL Relay TTY:** 1-800-955-8771 **Email:** metro510@carteretmgmt.com

Metro will provide assistance to applicants with disabilities or with limited English proficiency in completing this document. If you have any special needs that might impact your access to the application process and require reasonable accommodation or alternate means of communication, please notify the office.

It is the policy of Metro 510 to provide housing on an equal opportunity basis. We do not discriminate against any person because of Race, Color, Religion, Sex, Handicap, Familial Status, National Origin, Sexual Orientation, Gender Identity or Marital Status. If you feel that you have been discriminated against, please contact this office, the Florida Housing Finance Corporation, or the local housing authority to report such action.



**THIS IS A  
SMOKE FREE  
BUILDING**



*Professionally Managed by Carteret Management Corporation*

FAIR HOUSING OPPORTUNITY





502 East Harrison Street, Tampa, Florida 33602  
 Phone: (813) 221-0510 • FL Relay TTY: 1-800-955-8771

**FOR OFFICE USE ONLY – TO BE COMPLETED UPON RECEIPT OF APPLICATION**

Date & Time: \_\_\_\_\_ Management Signature: \_\_\_\_\_

Type of apartment you are applying for:  1 Bedroom  2 Bedroom  3 Bedroom

How did you hear about our community?  Signage  Referral; who referred you? \_\_\_\_\_

**INSTRUCTIONS TO APPLICANT**

- ALL lines must be filled in. You may write "NONE" or "NO" in a line, but DO NOT leave a line blank or write N/A.
- All information must be complete and true; false, incomplete, or misleading information will cause your application to be declined.
- If a correction is needed, put one line through the incorrect information, write the correct information, and initial the change.
- As long as your application is on file with us, it is your responsibility to contact us whenever your address, telephone number or income situation changes, or if there have been changes to your household composition.
- Submitting an application does not guarantee the offer of an apartment. See Tenant Selection Plan for details on waiting list and eligibility determination process.
- We will process your application according to our standard procedures, which are summarized in the Tenant Selection Plan that is posted in the Management Office.

**APPLICANT INFORMATION**

Applicant Name(s): \_\_\_\_\_

Please list any names any member of the household has used, including maiden names or any alias: \_\_\_\_\_

Mailing Address (include City, State, Zip Code): \_\_\_\_\_

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

Email: \_\_\_\_\_

Do you speak English? (Please check one) Yes:  No:  If no, what language is spoken? \_\_\_\_\_

Do you need an interpreter? Yes:  No:

**HOUSEHOLD COMPOSITION**

List your name and the names of persons who **will be** living with you. Please list the head of household first. Include all temporarily and permanently absent household members that are still considered living with you.

Full Name of Household Member	Date of Birth	Sex M/F	SSN	Marital Status	Relationship to Head of Household
					HEAD

Do you expect to add any additional family members over the next 12 months?

Yes:  No:

**RESIDENCE HISTORY**

**You *must* report all places you have lived for the past five years. Attach additional sheet if necessary.**

Do you currently own any real estate? Yes  No

Do you consider yourself homeless? Yes  No

Are you seeking protection from domestic violence under the VAWA guidelines? Yes  No

**Current Address** (include City, State, Zip):

From: \_\_\_\_\_ To: Present Reason for Moving: \_\_\_\_\_

Landlord Name: \_\_\_\_\_

Landlord Address (include City, State, Zip): \_\_\_\_\_

Landlord Phone: \_\_\_\_\_

Do you: Own  Rent  Live with others

Amount of Rent: \_\_\_\_\_

**Previous Address** (include City, State, Zip):

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Moving: \_\_\_\_\_

Landlord Name: \_\_\_\_\_

Landlord Address (include City, State, Zip): \_\_\_\_\_

Landlord phone: \_\_\_\_\_

Did you: Own  Rent  Live with others

Amount of Rent: \_\_\_\_\_

**HOUSEHOLD INFORMATION**

1. Has any household member ever been convicted of drug related criminal activity? Yes:  No:

*If YES, please explain with notes on the back of this page (where, when, why?).*

2. Have you or any household member ever been evicted from federally assisted housing for drug-related criminal activity? *If YES, please explain with notes on the back of this page (where, when, why?).* Yes:  No:

3. Have you or any household member ever been convicted of a violent crime **and/or** sexual offense? Yes:  No:   
*If YES, please explain with notes on the back of this page (provide State and County).*

4. Is any household member subject to a lifetime state sex offender registration program in any state? Yes:  No:   
*If YES, please explain with notes on the back of this page (provide State and County).*

5. Do you or any member of your household owe money to any Public Housing Authority, HUD, Apartment Community, or previous Landlord? Yes:  No:   
*If YES, please explain with notes on the back of this page and advise if you are in a repayment plan.*

6. Have you or any member of your household ever committed fraud in a Federally Assisted Housing Program or been asked to repay money for knowingly misrepresenting information for such housing programs? Yes:  No:

7. Do you have any **ANIMALS**? Yes:  No:   
*If YES, what type of animal(s)? \_\_\_\_\_ Weight? \_\_\_\_\_ How many? \_\_\_\_\_*

*If YES, Is this Animal an Assistance Animal?  or Pet?  Please note, Pets are prohibited at Metro 510.*

8. Do you receive child support? Yes:  No:

9. Have you ever been awarded court ordered child support? Yes:  No:

10. Is anyone (including minors) in the household **currently** a **STUDENT**? Yes:  No:

11. Has anyone in the household been a student for 5 months or more within the past year? Yes:  No:

*If YES, to either question number 10 or 11, please complete the below table:*

Student Household Member	Full Time	Part Time	Student Household Member	Full Time	Part Time

**DISABILITY**

**It is not necessary to give us details about your disability unless you are requesting an accommodation.**

- A. Do you claim a Disability? Yes:  No:
- B. Do you need accommodation to help you completed the application process? Yes:  No:
- C. Do you need an accommodation in housing features due to your disability? Yes:  No:

**If "yes" to b or c, what accommodation do you request? (If necessary, attach additional sheets to explain.)**

**HOUSEHOLD INCOME**

List all money earned or received by everyone living in your household. Attach additional sheet if necessary.

**Household Member:** \_\_\_\_\_

- Employment \$ \_\_\_\_\_/month Employer: \_\_\_\_\_  
Date of Hire: \_\_\_\_\_ Phone: \_\_\_\_\_
- SSI/SSDI/Social Security Benefits \$ \_\_\_\_\_/month **SUBMIT CURRENT AWARDS LETTER**
- Employer Disability Payments \$ \_\_\_\_\_/month Source: \_\_\_\_\_
- Child Support \$ \_\_\_\_\_/month Source: \_\_\_\_\_
- Retirement Benefits \$ \_\_\_\_\_/month Source: \_\_\_\_\_
- Veteran's Benefits \$ \_\_\_\_\_/month Source: \_\_\_\_\_
- Worker's Compensation \$ \_\_\_\_\_/month Source: \_\_\_\_\_
- W2/TANF \$ \_\_\_\_\_/month Source: \_\_\_\_\_
- Contributions \$ \_\_\_\_\_/month Source: \_\_\_\_\_
- Gig Work (Uber, Lyft, Shipt, Pet Sitting, etc.) \$ \_\_\_\_\_/month Source: \_\_\_\_\_
- Other: \_\_\_\_\_ \$ \_\_\_\_\_/month Source: \_\_\_\_\_

Do you anticipate any changes to income in the next 12 months? Yes:  No:

**Household Member:** \_\_\_\_\_

- Employment \$ \_\_\_\_\_/month Employer: \_\_\_\_\_  
Date of Hire: \_\_\_\_\_ Phone: \_\_\_\_\_
- SSI/SSDI/Social Security Benefits \$ \_\_\_\_\_/month **SUBMIT CURRENT AWARDS LETTER**
- Employer Disability Payments \$ \_\_\_\_\_/month Source: \_\_\_\_\_
- Child Support \$ \_\_\_\_\_/month Source: \_\_\_\_\_
- Retirement Benefits \$ \_\_\_\_\_/month Source: \_\_\_\_\_
- Veteran's Benefits \$ \_\_\_\_\_/month Source: \_\_\_\_\_
- Worker's Compensation \$ \_\_\_\_\_/month Source: \_\_\_\_\_
- W2/TANF \$ \_\_\_\_\_/month Source: \_\_\_\_\_
- Contributions \$ \_\_\_\_\_/month Source: \_\_\_\_\_
- Gig Work (Uber, Lyft, Shipt, Pet Sitting, etc.) \$ \_\_\_\_\_/month Source: \_\_\_\_\_
- Other: \_\_\_\_\_ \$ \_\_\_\_\_/month Source: \_\_\_\_\_

Do you anticipate any changes to income in the next 12 months? Yes:  No:

**ASSETS**

In the past 2 years, has anyone in the household sold/given away assets (ex. cash, real estate) for less than fair market value? No:  Yes:  **If yes**, list asset disposed: \_\_\_\_\_

**Date of Disposal:** \_\_\_\_\_ **Fair Market Value:** \_\_\_\_\_ **Amount Received:** \_\_\_\_\_

**ASSETS CONTINUED**

List all assets for all family members (checking, savings, credit unions, money market funds, certificates of deposit, stocks, bonds, real estate, cash value of life insurance, direct pay cards, cash on hand, Venmo, Cash App, Pay Pal, etc.) Attach additional sheet if necessary. **You must include any assets you have sold or disposed of within the last 2 years.**

Household Member	Name of Financial Institution	Type of Asset	Value of Asset

**EMERGENCY CONTACT**

**Name:** \_\_\_\_\_ **Relationship to you:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Mailing Address:** \_\_\_\_\_

I authorize the Landlord to contact my Emergency Contact to assist in resolving any issues that may arise in connection with my application or tenancy. **Applicant's Initials:** \_\_\_\_\_

**RENTER'S INSURANCE**

**It is strongly recommended that you carry your own Renter's Insurance. Your personal belongings are not covered by the community's insurance in the event of a loss and Management is not responsible for replacement of contents. Should your unit become inhabitable due to a loss, Management is not responsible for lodging accommodations. If you have coverage please provide the information below.**

**Carrier:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**RACE/ETHNICITY**

Financing programs require demographic information on Applicants. This information is optional.

Household Member #1: \_\_\_\_\_  
**Race:**  White  Black  Asian  American Indian/Alaskan Native  Native Hawaiian/Pacific Islander  Other  I decline to answer  
**ETHNICITY:**  Hispanic  Non-Hispanic  I decline to answer

Household Member #2: \_\_\_\_\_  
**Race:**  White  Black  Asian  American Indian/Alaskan Native  Native Hawaiian/Pacific Islander  Other  I decline  
**ETHNICITY:**  Hispanic  Non-Hispanic  I decline to answer

Household Member #3: \_\_\_\_\_  
**Race:**  White  Black  Asian  American Indian/Alaskan Native  Native Hawaiian/Pacific Islander  Other  I decline to answer  
**ETHNICITY:**  Hispanic  Non-Hispanic  I decline to answer

Household Member #4: \_\_\_\_\_  
**Race:**  White  Black  Asian  American Indian/Alaskan Native  Native Hawaiian/Pacific Islander  Other  I decline to answer  
**ETHNICITY:**  Hispanic  Non-Hispanic  I decline to answer

Household Member #5: \_\_\_\_\_  
**Race:**  White  Black  Asian  American Indian/Alaskan Native  Native Hawaiian/Pacific Islander  Other  I decline to answer  
**ETHNICITY:**  Hispanic  Non-Hispanic  I decline to answer

Household Member #6: \_\_\_\_\_  
**Race:**  White  Black  Asian  American Indian/Alaskan Native  Native Hawaiian/Pacific Islander  Other  I decline to answer  
**ETHNICITY:**  Hispanic  Non-Hispanic  I decline to answer

Household Member #7: \_\_\_\_\_  
**Race:**  White  Black  Asian  American Indian/Alaskan Native  Native Hawaiian/Pacific Islander  Other  I decline to answer  
**ETHNICITY:**  Hispanic  Non-Hispanic  I decline to answer

**APPLICANT CERTIFICATION**

**Read each statement below and initial that you understand and agree.**

\_\_\_\_\_ (initial) I have read and understand the information in this application, in particular the Instructions to Applicant, and agree to comply with all information and instructions.

\_\_\_\_\_ (initial) I have read and understand the Application Processing, Tenant Selection, Waiting List Procedures, and Unit Assignment Policies. I understand that my application may be passed over in order to maintain the income limit set aside requirements, if my combined gross household income exceeds the extremely low-income limits.

\_\_\_\_\_ (initial) I certify that all information given in this application is true, complete and accurate. I understand that if any of this information is false, misleading or incomplete, Management may decline my application, OR, if move-in has occurred, terminate my lease and evict me and my household.

\_\_\_\_\_ (initial) I understand that ALL CHANGES in the income of any member of the household, as well as any changes in the household members, must be reported to Management in writing immediately.

\_\_\_\_\_ (initial) If my application is approved and move-in occurs, I certify that only those persons listed in this application will occupy the apartment, and that they will maintain no other place of residence.

\_\_\_\_\_ (initial) If this application is approved and move-in occurs, I certify that all household members will accept and comply with all conditions of occupancy as set forth therein, including but not limited to, rules regarding pets, rent, damages, and security deposits.

\_\_\_\_\_ (initial) I authorize Management to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services, previous and current landlords, law enforcement agencies or other sources for verification confirmation which may be released to appropriate Federal, State or local agencies.

\_\_\_\_\_ (initial) I understand that it is a crime to knowingly provide false information for the purpose of obtaining or maintaining occupancy and/or for the purposes of securing a lower rent in a subsidized housing development.

\_\_\_\_\_ (initial) I understand that the penalty for knowingly providing false information is up to five (5) years in prison and/or up to \$10,000 fine upon conviction.

**ALL adult members of the household must sign below:**

**Under penalty of perjury, I certify that the information presented in this declaration is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_