## HOUSING RENTAL APPLICATION

**Seminole Housing Department Hollywood Housing Office** Telephone: (954) 985-2300 6365 Taft Street, Suite 3003 Fax: (954) 989-8384 Hollywood, FL 33024 **Location Preference:** Hollywood: **Big Cypress:** Brighton: Immokalee: Tampa: **Dwelling Preference:** Mobile Home: Apartment: **Town Home:** Single Family: **Travel Trailer:** Specifics Applicable: Special Needs: **Cultural Issues:** ADA Unit: Senior: **Emergency: Reason for Emergency Relocation:** This application will not be processed unless all sections pertaining to you and your family are completed First Name Middle Tribal Member # Last Today's Date **Current Address:** City Zip Home Telephone # Mobile Phone # State **Applicant's Email Address** Names of ALL Persons in Household: Tribal Member: Y/N Member #: Relationship to Head of Household: Birth Date: ALL APPLICATION INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE Signature of Applicant Date **Seminole Housing Representative Date Received** State or Tribal Issued Photo Identification must be copied and attached to Housing Rental Application