



62868

For each of the following questions, please fully darken the circle for your answer using a black pen as shown.

Shade Circles Like This--> ●

Not Like This--> ⊗ ⊙

- 1. Are you currently homeless? Yes No
- 2. If currently homeless, where are you staying/sleeping? (Fill in all that apply):
 - Casa Esperanza Shelter
 - Salvation Army
 - In Car
 - On the streets
 - Campgrounds
 - Other - please specify: _____
- 3. Are you disabled? Yes No
- 4. Are you receiving services from any local social service agencies? (i.e. PathPoint; Alcohol, Drug & Mental Health Services; Project Recovery; Tri-Counties Regional Center (TCRC), etc) Yes No
If yes, provide the name of the agency: _____
- 5. Do you have an assigned case manager? Yes No
If yes, provide the name and telephone number of the case manager: _____
- 6. Do you own, lease or regularly drive a vehicle? Yes No
If yes, how many vehicles do you have or use? None 1 2
- 7. Are you a full time student? Yes No
- 8. Have you ever been cited, arrested or convicted of a crime (misdemeanor or felony)? Yes No
- 9. Fill in if you are on: Probation Parole Supervised Unsupervised
- 10. Are you a registered sex offender or subject to lifetime registration requirement? Yes No

Carefully read and initial each of the statements below, then sign and date the form.

Initial

- _____ All information provided on this application is true and complete.
- _____ I understand that this application is for the Artisan Court waiting list only. If I want to apply for other HACSB programs, I must obtain separate applications for those programs.
- _____ I understand that if this application is approved, my name will be placed on the Artisan Court waiting list and when my name is selected, an interview will be scheduled to verify all information provided to determine my eligibility.
- _____ I understand that Artisan Court provides permanent supportive housing for disabled persons and if applicable, I may be required to participate in supportive services to preserve my tenancy at Artisan Court
- _____ I understand that it is a criminal offense to make willful false statements or misrepresentations to any U.S. department or agency. I further understand that failure to disclose any history or criminal activity and/or drug activity as well as false statements or misrepresentations regarding my criminal record may be grounds for denial of assistance.
- _____ I understand that the Housing Authority of the City of Santa Barbara will run criminal background and credit checks as part of determining my eligibility and by my signature below, hereby authorize them to do so.
- _____ I understand that I must notify the Housing Authority of the City of Santa Barbara immediately in writing if I move or change my mailing address, my telephone number, or have a change in my household composition or financial conditions. If I do not keep my information updated, my application may be canceled. If my application is canceled I will have to re-apply with a new application date.

Applicant Signature

Date

FOR OFFICE USE ONLY

Date Received (MM/DD/YYYY)

□□ / □□ / □□□□

Time Received (AM/PM)

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