





19695

**If assisted, who will be living with you.**

**Member 2 First Name**

**Last Name**

Male  Female

**Social Security Number**

**Birthdate**

**Legal Resident**

Yes  No

**Fill in your sources of income (all that apply):**

- Employment       Unemployment       Self Employment       Social Security       SSI
- Veterans Benefits       General Relief       Workers Comp       Retirement/Pension
- State Disability       Interest from assets ( bank accts, stocks, bonds, real estate, etc.)

**Please Answer the questions below:**

Has anyone on this application ever been cited, arrested or convicted of a crime (misdemeanor or felony)?  Yes  No

If yes, specify name(s): \_\_\_\_\_

Fill in if you are on:       Probation       Parole       Supervised       Unsupervised

Is anyone on this application a registered sex offender and/or subject to lifetime registration requirement?  Yes  No

If yes, specify name(s): \_\_\_\_\_

How many vehicles will your household have or use?  None  1

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

- \_\_\_\_\_ All information provided on this application is true and complete.
- \_\_\_\_\_ I understand that this application is for the Garden 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 Santa Barbara Garden 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 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
- \_\_\_\_\_ 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)
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/> <input type="text"/>