53685

HOUSING ASSISTANCE WAITING LIST APPLICATION
PUBLIC HOUSING/SECTION 8

APPLICANT/HEAD OF HOUSEHOLD INFORMATION (PLEASE PRINT CLEARLY)

First Name | M.I. | Last Name

****IF HOMELESS, ENTER AN ADDRESS OR P.O. BOX WHERE YOU CAN RECEIVE MAIL**

Street Number/P.O. Box | N,S,E,W | Street Name/P.O. Box Number | St, Ave, Dr, Blvd

Apt/Suite No. | City | State | Zip Code

Phone Number - - | CA Drivers License/ I.D. Number | Gross Monthly Income (All Members) $,

Social Security Number - - | Birthdate / / | Number of household members, including self. (01, 02, 03, etc)

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--> ⊗ ✓

Enter the information of additional persons who will live with you (if applicable)

Member 2 First Name | Last Name | ○ Male ○ Female

Social Security Number - - | Birthdate / / | Legal Resident ○ Yes ○ No

Member 3 First Name | Last Name | ○ Male ○ Female

Social Security Number - - | Birthdate / / | Legal Resident ○ Yes ○ No

Member 4 First Name | Last Name | ○ Male ○ Female

Social Security Number - - | Birthdate / / | Legal Resident ○ Yes ○ No

Member 5 First Name | Last Name | ○ Male ○ Female

Social Security Number - - | Birthdate / / | Legal Resident ○ Yes ○ No

Member 6 First Name | Last Name | ○ Male ○ Female

Social Security Number - - | Birthdate / / | Legal Resident ○ Yes ○ No

Member 7 First Name | Last Name | ○ Male ○ Female

Social Security Number - - | Birthdate / / | Legal Resident ○ Yes ○ No

HASB

If you have any questions, call (805) 965-1071
or via email at info@hacsb.org
This application must be returned to:
Housing Authority of the City of Santa Barbara
808 Laguna Street - Santa Barbara CA 93101

EQUAL HOUSING OPPORTUNITY

ADDITIONAL INFORMATION & SIGNATURE REQUIRED ON THE REVERSE SIDE OF THIS FORM

53685

Your gender is: O Male O Female

Please select the one that you consider yourself to be: O American Indian O African American
O Asian/Pacific Islander O White

Please select the one you consider yourself to be: O Hispanic O Non-Hispanic

O Si su primer idioma es Español, llene el circulo con una pluma.

Do you live or work in the City of Santa Barbara, Goleta or Carpinteria? O Yes O No

Are you a U.S. citizen or a legal immigrant to the United States? O Yes O No

Are you, your spouse (if not divorced) or other persons on this application a U.S. Veteran? O Yes O No

Are you currently receiving rental subsidy or housing assistance (i.e. Section 8, Public Housing, other)? O Yes O No

Are you disabled? O Yes O No

Does anyone on this application use a wheelchair or 4-pronged walker? (for handicapped accessible units) O Yes O No

If yes, provide name of the household member:_____

Are you able to take an upstairs unit without an elevator? O Yes O No

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

If yes, specify name(s): _____

Mark all that apply for all household members. Is anyone on: O Probation O Parole O Supervised O Unsupervised

If yes, specify name(s): _____

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

If yes, specify name(s): _____

How many vehicles will your household have or use? O None O 1 O 2 O more than 2

FILL IN ALL SOURCES OF INCOME THAT APPLY TO YOUR HOUSEHOLD:

O Employment O Unemployment O Workers Compensation O Social Security O SSI O Retirement Pension
O Veterans Benefits O SelfEmployed O State Disability O General Relief O CalWorks O Child Support

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 Public Housing and Section 8 waiting lists 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 Public Housing/Section 8 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 may be grounds for denial

_____ 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

E-Mail (Please place a "." in one box)

FOR OFFICE USE ONLY

Date Received (MM/DD/YYYY) Time Received (AM/PM)

		/			/						:			