





18239

Are you or any adult on this application currently employed?  Yes  No

If "Yes", does any adult work 20 or more hours per week?  Yes  No

**Fill in all sources of income for yourself and other adult on this application (mark 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.)

Is anyone on this application a full time student?  Yes  No

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

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

Is anyone on this application on parole or probation?  Yes  No

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

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

**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 if this application is approved, my name will be placed on the HACSB waiting lists 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 understand that failure to disclose any history or criminal activity and/or drug activity as well as false statements, omissions or misrepresentations regarding my criminal record may be grounds for denial of application.

\_\_\_\_\_ I understand that the Housing Authority of the City of Santa Barbara will run criminal background and credit checks for each adult household member as part of determining 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

\_\_\_\_\_  
Other Adult Member Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Date Received (MM/DD/YYYY)

/   /

Time Received (AM/PM)

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