



26694

Your gender is: Male Female

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

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

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? Yes No

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

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

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

Are you or any adult on this application currently employed a minimum of 20 hours per week? Yes No

Are you or any adult on this application employed within the HACSB downtown workforce boundaries? (See attached map for HACSB downtown workforce boundaries.) Yes No

Are you disabled? Yes No

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

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

LIST ALL EMPLOYERS FOR YOURSELF AND OTHER HOUSEHOLD MEMBERS (if applicable)
Attach a current paystub or other current verification of employment for each employment source.

Applicant Name	Employer Name	Employment Address (Where you regularly report to work)	Gross Monthly Pay

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

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 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 this application is for the Workforce Housing 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 Workforce Housing 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 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 _____

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

Grid for E-mail input: 20 empty boxes

FOR OFFICE USE ONLY

Date Received (MM/DD/YYYY)

Grid for Date Received: MM / DD / YYYY

Time Received (AM/PM)

Grid for Time Received: HH : MM