



# PRE-APPLICATION FOR USDA-RHS FARMWORKER HOUSING

THIS INFORMATION IS REQUIRED TO IN ORDER FOR THE HOUSING AUTHORITY TO PLACE YOUR NAME ON THE WAITING LIST FOR UNITED STATES DEPARTMENT OF AGRICULTURE-RURAL HOUSING SERVICES (USDA-RHS) FARMWORKER HOUSING. THIS FORM MUST BE COMPLETELY FILLED IN. ALL INFORMATION ON THIS FORM WILL BE VERIFIED BY THE HOUSING AUTHORITY.

## I. CONTACT INFORMATION – Please provide the name of the qualifying household member. (The qualifying household member must be a current or retired or disabled farmworker AND a US citizen or legal resident.)

Full Name of Qualifying Household Member \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_

## II. CITIZENSHIP STATUS

Are you a US citizen or legal resident?  Yes  No (If no, what is your residency status?) \_\_\_\_\_

Please provide your Social Security Number (if applicable): \_\_\_\_\_

## III. FARM LABORER STATUS

- 1) Are you currently an active farm laborer, or currently eligible to receive unemployment from work in farm labor?  
 Yes  No
- 2) Are you a retired / disabled person who was an active farmworker at the time of retirement / disability?  
 Yes  No
- 3) Are you a retired / disabled person who was not an active farmworker at the time of retirement / disability?  
 Yes  No

**OPTIONAL:** The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluation your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

1a. Race:  Asian  Black / African American  
 Native American / Alaska Native  Native Hawaiian / Pacific Islander  
 White / Caucasian

1b. Ethnicity:  Hispanic or Latino  Not Hispanic or Latino

## IV. HOUSEHOLD INCOME AND COMPOSITION

Total number of people in household: \_\_\_\_\_  
Number of Adults F: \_\_\_\_\_ M: \_\_\_\_\_  
Number of Children F: \_\_\_\_\_ M: \_\_\_\_\_

Total household annual income earned from farm labor: \$ \_\_\_\_\_

Total household annual income from all sources: \$ \_\_\_\_\_

## V. CERTIFICATION

I do hereby swear and attest that all of the listed information is true, complete, and correct. Additionally, I certify that if I accept housing assistance from the USDA-RHS, that the assisted unit will be the primary residence of my household. I understand that false information or statements or omission of information are punishable under federal law, and are grounds for denial of admission into the program, or termination from the program.

**WARNING – TITLE 18 SECTION 1001 OF THE UNITED STATES CODE STATES THAT ANY PERSON WOULD BE GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.**

X

Print Qualifying Household Member Name

Signature of Qualifying Household Member

Date

## VI. AUTHORIZATION TO VERIFY INFORMATION

The Housing Authority is required to verify all information regarding your family composition, citizenship and residency status, income, assets, and any information deemed necessary to process your application. Therefore, your name cannot be placed on the waiting list for USDA-RHS Farm Worker Housing unless you consent to the following statement.

*I hereby give my consent to have the Housing Authority of the County of Santa Cruz and the United States Department of Agriculture Rural Housing Service, obtain any and all information deemed necessary to determine my/our eligibility for housing assistance. Therefore, I authorize the release of any of the information described below, as requested by the Housing Authority of the County of Santa Cruz or by the United States Department of Agriculture Rural Housing Service.*

*I understand that this release of information includes the collection of information regarding my citizenship and residency status, employment, benefits, child support and spousal support, bank accounts, or any other income or asset information. I understand that this information will be kept confidential and is being requested for the purpose of determining my/our eligibility for housing assistance.*

*I also authorize this form to be photocopied and used as an original.*

X

Print Qualifying Household Member Name

Signature of Qualifying Household Member

Date



This institution is an equal opportunity provider and employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov)."