



# INITIAL APPLICATION FOR HOUSING ASSISTANCE PERSONAL AND FINANCIAL STATEMENT

THIS INFORMATION IS REQUIRED TO DETERMINE YOUR ELIGIBILITY FOR RENTAL ASSISTANCE. THIS FORM MUST BE COMPLETELY FILLED IN. ALL OF THE INFORMATION ON THIS FORM WILL BE INDEPENDENTLY VERIFIED BY THE HOUSING AUTHORITY. **IF YOU LIE OR OMIT INFORMATION, YOUR APPLICATION FOR ASSISTANCE WILL BE DENIED.** ALL ADULTS MUST READ AND SIGN THE CERTIFICATION ON PAGE 7 OF THIS FORM.

## I. CONTACT INFORMATION

Full Legal Name of Head of Household as it appears on your Social Security card: \_\_\_\_\_

Name Used when applying for Wait List: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

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

Check here if homeless (If no home address is provided, a mailing address MUST be provided.)

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

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

Email Address (if applicable): \_\_\_\_\_

Name and phone number of two (2) relatives or friends that can be contacted in an emergency

Emergency Contact 1:  

<i>Name</i>	<i>Daytime Phone</i>	<i>Evening Phone</i>	<i>Relationship</i>
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Emergency Contact 2:  

<i>Name</i>	<i>Daytime Phone</i>	<i>Evening Phone</i>	<i>Relationship</i>
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### **LANGUAGE IN WHICH YOU PREFER TO COMMUNICATE:**

Language:  English  Spanish  TDD  Other: \_\_\_\_\_

### **OPTIONAL:**

Race:  White / Caucasian  Black / African American  Asian  Native American / Alaska Native  
 Native Hawaiian / Pacific Islander  Other: \_\_\_\_\_

Ethnicity:  Hispanic or Latino  Not Hispanic or Latino

Special Needs: Does any member of the household require any type of special accommodation in order to communicate with the Housing Authority, receive correspondence from the Housing Authority, or attend meetings at the Housing Authority?

Yes (if yes, please specify): \_\_\_\_\_  
 No

Are you, or any members of your household, a person who is between the ages of 18-62 who wishes to claim disabled status?  Yes  No

## II. HOUSEHOLD COMPOSITION

List **all persons**, who will be living in your household as their primary residence. If you are in shared housing (renting part of a house or apartment) do not include co-occupants who are not part of your household. List head of household first.

Attach additional sheets if necessary.

<b>Adults (18 or older)</b> Full Legal Name <i>(as it appears on SS card)</i>	Date of Birth <i>(1/9/1970)</i>	Sex <i>(F)</i>	Birthplace (city, state)	Social Security Number <i>(123-45-6789)</i>	<u>Marital Status</u> M – Married W – Widowed S – Separated D – Divorced NM – Never Married
<b>Children (under 18)</b> Full Legal Name <i>(as it appears on SS card)</i>	Date of Birth <i>(7/2/1998)</i>	Sex <i>(M)</i>	Birthplace <i>(city, state)</i>	Social Security Number <i>(123-45-6789)</i>	Percent of time child will live in the unit
					%
					%
					%
					%

**A. FAMILY MEMBERS NOT LIVING WITH YOU** – List absent parents of children under age 18, ex-spouses of divorced or separated household members, and minor children of any household members who are not listed above. Attach additional sheets if necessary.

Name	Relationship	Address / Phone Number	Date of Last Contact

## III. HOUSEHOLD INCOME – ALL INCOME MUST BE REPORTED

### A. Employment Income

Does **ANY** adult (age 18 or older) in your household receive **ANY** of the following types of Employment Related Income?

**Yes**    **No**   Employment Income (wages, salary, commissions, fees, tips, or bonuses), Self-Employment Income (independent contractor, personal business, day labor, odd jobs, etc.), Severance Pay (extra pay given to an employee upon termination of employment) Pension / Retirement (from previous employment, excluding Social Security), Child Support, Court ordered child Support, Disregard for AFDC, Foster or Adoption Benefits, Alimony/Spousal Support, State Unemployment Benefits, Stated Disability Benefits/Workers Compensation, Social Security (SSB), Supplemental Security Benefits( SSI), Veterans Benefits, Cash Aid, TANF, Cal Fresh (AFDC – Assistance to Families with Dependent Children), General Assistance, or Kin Gap.

**IF YES to any of the above**, use the space below to provide information about each person's employment related income. Report all current employment related income for every adult. If any adult has more than one job (or type of employment related income), use additional rows as needed. If you do not know your employer's address, look at a current pay stub. **If self-employed**, use the space below to provide information about your customers and clients. Attach additional sheets if necessary.

Name of Adult	Type of Income	Name of Employer / Address where Employment can be Verified ( <i>If self-employed, list customers / clients</i> )	Phone Number	Amount Paid	<b><u>How often</u></b> <b><u>(weekly, bi-weekly, monthly)</u></b>

**B. Contributions to the Household**

Does **ANYONE** outside of your household pay for any of your household bills or expenses on your behalf, or give anyone in your household money or any non-monetary contributions or gifts (such as groceries, products, or services)?

Yes  No

**IF YES**, use the space below to provide information about contributions you receive. Attach additional sheets if necessary.

Type of Contributions or Gifts Received	Name / Address of Person or Agency who Contributes	Phone Number	Amount or Value	How Often (weekly, biweekly, monthly)

## IV. ASSETS – ALL ASSETS MUST BE REPORTED

### A. Bank Accounts

Does ANYONE in your household have any accounts (checking, savings, or other) with a financial institution?

Yes  No

**IF YES to the above**, use the space below to provide account information. **If more than one person is named on an account, please list all account holders.** List only one account on each line. Attach additional sheets if necessary.

Financial Institution / Bank Name and Address	All Name(s) on Account	Account Number	Account Type (Checking, Savings, Etc.)	Current Balance
				\$ _____
				\$ _____
				\$ _____

### B. Investment Accounts / Retirement Accounts / Real Estate Property

1.) Does ANYONE in your household have any of the following?  Yes  No

Certificates of Deposit, Savings Certificates, Money Market Funds, Trust Funds, Special Needs Trusts, Mobile Home, Land, Housing Independent Retirement Account(s)(IRA), Personal Investments (jewels, coins), Lottery Winnings, Insurance Settlements, Whole Life Insurance (with cash value), Lump Sum Inheritance, 410(k) Retirement (that you have access to), Stocks, Bonds, Cash, Self Employed Retirement (Keogh)

**IF YES TO ANY OF THE ABOVE**, use the space below to provide the requested information. Attach additional sheets if necessary.

Financial Institution / Bank Name and Address	Name(s) on Account	Account Number	Account Type (cash, house, etc.)	Estimated Balance / Value
				\$ _____
				\$ _____

2.) Does ANYONE in your household have ANY OTHER ASSET that has not been reported on this form?  Yes  No

**IF YES to the above**, use the lines below to provide information about other assets. Attach additional sheets if necessary.

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### C. Disposal of Assets

In the past two years, has ANYONE in your household sold or given away any type of asset (such as money, bank accounts, house, land, mobile home, real estate property, investment accounts, retirement accounts, life insurance policies, or any other assets)?  Yes  No

**IF YES to the above**, use the space below to provide the requested information. Attach additional sheets if necessary.

Person who had Asset	Type of Asset Sold or Given Away	Value when sold or given away	Amount Received
		\$ _____	\$ _____
		\$ _____	\$ _____

## V. ALLOWANCES

### A. Child Care

Does **ANYONE** in your household have expenses for childcare of a child aged 12 or younger to allow a household member to work, look for work, or further his / her education (academic or vocational)?  Yes  No

**IF YES to the above**, use the space below to provide information about childcare expenses. Please list all agencies, groups, and providers that you pay out of pocket child-care expenses to. Do not include any costs that are reimbursed from an outside agency or person. Attach additional sheets if necessary.

Name of Child	Name and Address of Agency, Group or Provider that you pay for Child Care	Telephone Number	<u>Monthly</u> Cost to Household
			\$ _____
			\$ _____

### B. Medical Expenses and Disability Assistance Expenses

Based on your responses to the following questions, the Housing Authority may contact you for additional information to determine whether or not you are eligible for any allowances. You are not required to answer this question or to reveal any information about the disability status of any household member. However, disability status may have impact on the level of subsidy you could be eligible to receive.

1.) Does the head of household or spouse wish to claim disability status (do not include temporary disabilities)?

Yes  No

2.) Is the head of household or spouse 62 years or older?  Yes  No

a.If yes to question 1 OR 2 above, do you anticipate any unreimbursed (paid out-of-pocket) medical expenses, including medical insurance premiums, in the next 12 months?  Yes  No

3.) Do you anticipate any expenses in the next 12 months for care attendants or medical equipment for a household member with disabilities, to allow that household member or another household member to work?  Yes  No

### C. Student Status

Is **ANY** adult living in your household (age 18 or older) enrolled in any classes at an institution of higher education?

Yes  No

**IF YES to the above**, use the space below to provide information about student status. Attach additional sheets if necessary.

Name of Student	Name and Address of School

## VI. RENTAL HISTORY

1.) Are you currently homeless?  Yes  No Please note, HUD defines homeless in the following way:

- Currently living in a car, on the street, or another place not meant for human habitation
- Currently living in an emergency shelter, transitional housing, safe haven, or hotel/motel paid for by a charitable organization or by federal, state or local government programs
- Currently exiting an institution, including hospital, substance abuse or mental health treatment facility, or jail/prison, where you stayed for 90 days or less, and where you were living in an emergency shelter or place not meant for human habitation immediately before entering that institution
- Fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions for you or a family member, including a child, that has either taken place within your family's primary nighttime residence or has made you afraid to return to your primary nighttime residence, and with nowhere else to live / lacking the resources or support networks to obtain other permanent housing?

*If any of the above listed items are true, please check the box above to indicate that you are currently homeless.*

2.) Have you ever lived in public housing (property owned by a housing authority) or federally subsidized housing?

No  Yes

**IF YES to the above**, complete the table below. Attach additional sheets if necessary.

Name at that time (if different) \_\_\_\_\_

Date(s) of occupancy \_\_\_\_\_

Address of unit \_\_\_\_\_

Name of owner / Housing Authority \_\_\_\_\_

Reason for leaving \_\_\_\_\_

3.) Do you or anyone in your household currently owe money to any housing authority or any other agency that provides federally subsidized housing?  No  Yes

**IF YES to the above**, please use the lines below to indicate how much money you owe, who you owe the money to, and why you owe money:

\_\_\_\_\_

4.) Have you or any member of your household committed fraud or been requested to re-pay money for knowingly misrepresenting information in a federally subsidized housing program?  No  Yes

**IF YES to the above**, please explain: \_\_\_\_\_

\_\_\_\_\_

## VII. CERTIFICATIONS

**ALL ADULT HOUSEHOLD MEMBERS AGE 18 OR OLDER MUST READ AND PERSONALLY SIGN THIS STATEMENT. NO ONE, INCLUDING PARENTS AND SPOUSES, MAY SIGN ON BEHALF OF ANY ADULT.**

1. I do hereby swear and attest that all of the listed information is true, complete, and correct.
2. I understand that false information or statements or omission of information are punishable under federal law.
3. I understand that false statements or false information are grounds for termination of housing assistance.
4. I understand the following items regarding changes to my household composition, income, and other information.
  - a. I understand that all new household members must be approved in writing by the Housing Authority prior to moving in to the assisted unit.
  - b. I understand that I must report any household members leaving the assisted unit in writing within 14 calendar days.
  - c. I understand that I must report all changes (including increases and decreases) in household income and assets in writing within 14 calendar days.
  - d. I understand that I must report all changes in address and telephone number in writing within 14 calendar days.
5. I understand that if I do any of the following, I may lose my rental assistance:
  - a. Fail to fulfill my obligations to submit my eligibility documents on time
  - b. Fail to attend or be on time for my recertification appointment(s), or any other Housing Authority appointment(s)
  - c. Fail to make my unit available for the annual Housing Quality Standards inspection at the appointed time
  - d. Fail to comply with any program responsibilities, including obligations listed on my voucher or in my lease.
  - e. Commit program fraud (for example not reporting income, unauthorized people in the unit, and any other type of program fraud)
6. I understand that all members of my household are prohibited from any activity (including criminal activity and / or the use of drugs or alcohol) that threatens the health, safety, or right to peaceful enjoyment of the premises by other residents.
7. I understand that I will be required to repay all rental assistance overpaid on my household's behalf due to fraud.

**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.**

**ALL OF THE INFORMATION ON THIS FORM WILL BE VERIFIED BY THE HOUSING AUTHORITY. IF YOU LIE ON THIS FORM, OR IF YOU OMIT INFORMATION, YOUR APPLICATION FOR ASSISTANCE WILL BE DENIED.**

**X**

Print Head of Household Name

Signature of Head of Household

Date

**X**

Print Name

Signature of Other Adult

**X**

Print Name

Signature of Other Adult

**X**

Print Name

Signature of Other Adult

## VIII. SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

The following page contains a HUD form which provides you with an opportunity to provide contact information for a person or persons that you may wish the Housing Authority to contact on your behalf. Please note the attached form is OPTIONAL. You are not required to provide the Housing Authority with this information.

Also, please note the following information about the Reason for Contact categories included on the form:

- Emergency – In addition to the attached HUD form, the first page of this form provides you with a space to provide emergency contact information. This information will be used at the discretion of the Housing Authority.
- Unable to contact you – If you are not currently housed in a unit where you are receiving housing assistance and the Housing Authority has no other way to contact you, we may use this information to contact you.
- Termination of rental assistance – If the Housing Authority terminates your rental assistance, we will provide a copy of the termination letter to the individual you request.
- Assistance with recertification process – If you are at risk of termination for failing to provide annual recertification documents, we will provide a copy of the relevant letter to the individual you request.
- Other – You may request that we contact an individual for some “other” reason. Such requests will be considered on a case-by-case basis.

**Please note that you may update, remove, or change this information at any time by contacting the Housing Authority and putting your request in writing.** Additionally, you are not required to provide this information. The following form is purely optional and is provided to you as a courtesy.



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

**CITIZENSHIP AND ELIGIBLE IMMIGRATION STATUS FORM**

***Initial Applicants***

Each member of the applicant household **must** be listed on this form. Please list household members under the category that describes their citizenship/immigration status. **Your housing assistance application cannot be processed unless all household members are listed on this form.**

**United States Citizen** (Attach proof of citizenship - birth certificate, passport, or naturalization certificate.) The following household members are U.S. citizens:

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**Non-Citizens with Eligible Immigration Status age 62 or over** (attach copies of proof of age documents). *See reverse side of this form for definition of Eligible Immigration Status.*

The following household members are eligible immigrants age 62 or over:

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**Non-Citizens with Eligible Immigration Status under age 62** (attach copies of documentation from the United States Citizenship and Immigration Services (USCIS)

The following household members are eligible immigrants are under the age of 62:

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**Non-Citizens who do not have Eligible Immigration Status:**

The following household members are non-citizens who do not have Eligible Immigration Status, as defined on the reverse of this form: (Non-citizens without Eligible Immigration Status will need to sign an Elect Not to Contend Eligible Immigration Status Form, attached.)

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I further certify that the information above is true, correct, and complete and I understand that the information will be relied upon for purposes of determining assistance for the Section 8 Housing Choice Voucher 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.**

\_\_\_\_\_  
*Print Name of Head of Household*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Reference Number*

## **HOW DO I KNOW IF I HAVE ELIGIBLE IMMIGRATION STATUS?**

The following categories of citizenship and immigration status are eligible for assistance:

❖ Citizens of the United States of America who provide proof of citizenship.

~OR~

❖ Non-citizens with eligible immigration status, as defined below:

1. Non-citizens who are lawfully admitted for permanent residence (Permanent resident, immigrant, special agricultural worker).
2. Non-citizens who entered the US before January 1, 1972, have continually maintained residence since, are not eligible for citizenship, but are determined to be lawfully admitted for permanent residence by the Attorney General.
3. Non-citizens who have been granted refugee status, asylum status, or conditional entry due to persecution based on race, religion, political opinion, or catastrophic national calamity.
4. Non-citizens who are lawfully present for emergent reasons or reasons deemed in the public interest.
5. Non-citizens who are lawfully present due to threat to life or freedom.
6. Non-citizens who are lawfully admitted for temporary or permanent residence due to amnesty.



**HOUSEHOLD MEMBERS WHO ELECT NOT TO  
CONTEND ELIGIBLE IMMIGRATION STATUS**

*Instructions: If one or more members of a family elect not to contend eligible immigration status, and the other members of the family establish their citizenship or eligible immigration status, the family may be considered for assistance even though no declaration or documentation of eligible immigration status is submitted by one or more members of the family. The family, however, must identify to the HA the family member(s) who will elect not to contend that he/she has eligible immigration status. Please note that the total assistance provided to the household will be prorated (reduced) based on the percentage of family members who elect not to contend eligible immigration status.*

By signing this form, I hereby certify under penalty of perjury, that the person(s) listed below are members of my household, and that each person listed below has elected not to contend that he/she has eligible immigration status.

**Print Names of Household Members Who Do Not Contend Eligible Immigration Status**

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I further certify that the information above is true, correct, and complete and I understand that the information will be relied upon for purposes of determining assistance for the Section 8 Housing Choice Voucher 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.**

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*Print Name of Head of Household*

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*Signature*

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*Date*

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*Reference Number*

## Criminal Background Check Consent Form

For information about how this form affects you, please read both sides. You *must* complete the back.

Department of Housing and Urban Development (HUD) requires that the Housing Authority perform a criminal background check of adult applicants to federally assisted housing\*.

We are specifically required to deny admission or terminate assistance if any member of your household:

- Is a registered sex offender
- Has been convicted of methamphetamine production or manufacture on the premises of federally assisted housing
- Has been evicted from federally assisted housing for drug-related criminal activity in the last three years
- The Housing Authority may also deny admission or terminate assistance to our housing programs based on criminal or drug-related activity in accordance with the policies we have adopted.

If the Housing Authority finds evidence that leads us to deny your application or terminate assistance based on the above standards, you will be given an opportunity to review the information and appeal the decision. Every attempt will be made to verify sex offender status prior to admission; however, if the Housing Authority learns that any adult member fails to meet this standard after admission to a Housing Authority program, the household could be terminated from the program.

In accordance with HUD regulations, each adult member of the household is required to sign this consent form in order to apply for federally assisted housing. By signing, each adult household member consents that:

- Any law enforcement agency may release to the Housing Authority criminal conviction records and/or sex offender registration status concerning the household member.
- The Housing Authority may receive the records from a law enforcement agency and may use the records to comply with HUD regulations and Housing Authority policies on screening and eviction due to criminal and drug-related activity.

Furthermore, by signing this form, each adult member certifies that they are not a registered sex offender, have not been convicted of methamphetamine production or manufacture on the premises of federally assisted housing and have not been evicted from federally assisted housing for drug-related criminal activity in the last three years.

Each individual who is applying for assistance, requesting to be added to an existing assisted household, or requesting eligibility redetermination for assistance is required to complete the reverse side of this form.

Be complete and truthful in your answers.

\*The 1<sup>st</sup> exception is HUD CoC-funded programs including as Shelter Plus Care. The 2<sup>nd</sup> exception is HUD-VASH which will only screen for Lifetime Register Sex Offender status.

# CRIMINAL BACKGROUND CHECK CONSENT FORM

For information about how this form affects you, please read both sides.

Please be sure to print clearly. Illegible or incomplete information will delay processing of your application.

HEAD OF HOUSEHOLD: \_\_\_\_\_ SSN# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Be complete and truthful in your answers.

Date Stamp

You are responsible for complete and truthful reporting. In order to comply with HUD's requirements, when you complete this form you must include ANY names you have been known by.

I authorize the Housing Authority of the County of Santa Cruz to use this information and my fingerprints to obtain criminal activity reports and lifetime sex offender registration reports. I understand the Housing Authority uses FBI Live Scan, which links to a national database, to screen my application for admission and assess my continued eligibility for assistance in housing programs.

Name <i>(please print clearly)</i>	Signature	Today's Date	Names Previously Used	Place of Birth	Birthdate

**Current Physical or Mailing Address:** \_\_\_\_\_

***For Administrative Use Only:(para uso de la administración):***

1. Req. _____ Rec. _____ Conf#: _____  2. Req. _____ Rec. _____ Conf#: _____  3. Req. _____ Rec. _____ Conf#: _____	<b>Program:</b> <input type="checkbox"/> S8 (SC, Holl) <input type="checkbox"/> LIPH <input type="checkbox"/> HUD- VASH <input type="checkbox"/> CoC-Funded Shelter+Care <input type="checkbox"/> Mod Rehab <input type="checkbox"/> Brommer <input type="checkbox"/> Merrill  <input type="checkbox"/> ModRehab SRO <input type="checkbox"/> Tierra Alta <input type="checkbox"/> Casa Pajaro	<b>Status:</b> <input type="checkbox"/> Add HH member <input type="checkbox"/> New  <input type="checkbox"/> LIA <input type="checkbox"/> Port-in  Submitted by: _____
CBC Approved <input type="checkbox"/> Yes <input type="checkbox"/> No   By: _____   Date: _____		