



# APPLICATION FOR CONTINUED HOUSING ASSISTANCE PERSONAL AND FINANCIAL STATEMENT

THIS INFORMATION IS REQUIRED TO RE-DETERMINE YOUR LEVEL OF 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 ASSISTANCE WILL BE TERMINATED AND YOU WILL HAVE TO PAY BACK ALL ASSISTANCE OVERPAID DUE TO FRAUD.** ALL ADULTS MUST READ AND SIGN THE CERTIFICATION ON PAGE 7 OF THIS FORM.

## I. CONTACT INFORMATION

Full Legal Name of Head of Household: \_\_\_\_\_

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

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

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

## II. CURRENT HOUSEHOLD COMPOSITION

List **all persons**, (including any live-in aide) who are currently 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. If you would like to request approval to make a change to your household composition, you must complete the Application to Add New Member or the Request to Remove Members from the Household form, available on our website at [www.hacosantacruz.org](http://www.hacosantacruz.org), in our office, or by calling our Information Center at (831) 454-5955.

<b>A. Adults (age 18 or older)</b>					
Full Legal Name as appears on Social Security Card <i>(Sample: Sue Ann Smith)</i>	Date of Birth <i>(01/09/1970)</i>	Job Title / Occupation <i>(Nurse)</i>	Relation to Head of Household <i>(Spouse)</i>	Social Security Number <i>(123-45-6789)</i>	Percent of time adult lives in the assisted unit <i>(100%)</i>
			Head of Household		
<b>B. Children (under 18 yrs)</b>					
Full Legal Name as appears on Social Security Card <i>(Sample: John Matthew Smith)</i>	Date of Birth <i>(07/02/1998)</i>	Name / Address of School or Pre- School <i>(Harbor High, Santa Cruz)</i>	Relation to Head of Household <i>(Son)</i>	Social Security Number <i>(123-45-6789)</i>	Percent of time child lives in the assisted unit <i>(100%)</i>

**C. 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

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

- Yes    No   a. Employment Income (wages, salary, commissions, fees, tips, or bonuses)  
 Yes    No   b. Self-Employment Income (independent contractor, personal business, day labor, odd jobs, etc.)  
 Yes    No   c. Severance Pay (extra pay given to an employee upon termination of employment)  
 Yes    No   d. Pension / Retirement (from previous employment, excluding Social Security)

**IF NO to all of the above**, you may skip the table below and proceed to question 2.

**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 don’t 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	Name of Employer / Address where Employment can be Verified ( <i>If self-employed, list customers / clients</i> )	Phone Number / Fax Number	Type of Income	<u>Gross</u> Amounts
<i>Sample:</i> <u>Sue</u>	<i>Main Hospital, 123 Main Street City, State Zip Code</i>	Phone: 555-1111 Fax: 555-2222	<input checked="" type="checkbox"/> Employment <input type="checkbox"/> Self-Employment <input type="checkbox"/> Severance Pay <input type="checkbox"/> Pension / Retirement	Rate per hr: <u>\$10.00</u> Hrs per week: <u>25</u>
		Phone: Fax:	<input type="checkbox"/> Employment <input type="checkbox"/> Self-Employment <input type="checkbox"/> Severance Pay <input type="checkbox"/> Pension / Retirement	Rate per hr: _____ Hrs per week: _____
		Phone: Fax:	<input type="checkbox"/> Employment <input type="checkbox"/> Self-Employment <input type="checkbox"/> Severance Pay <input type="checkbox"/> Pension / Retirement	Rate per hr: _____ Hrs per week: _____
		Phone: Fax:	<input type="checkbox"/> Employment <input type="checkbox"/> Self-Employment <input type="checkbox"/> Severance Pay <input type="checkbox"/> Pension / Retirement	Rate per hr: _____ Hrs per week: _____

#### B. Alimony / Spousal Support and Child Support

2. Does ANYONE in your household receive, or have a court order to receive, alimony / spousal support and / or child support / disregard for AFDC?    Yes    No

**IF NO to the above**, you may skip the table below and proceed to question 3.

**IF YES to the above**, use the space below to provide information about alimony and / or child support ordered and / or received. Attach additional sheets if necessary.

Person Receiving Support	Name, Address, AND County of Family Support Division or Other Agency	Payee / Participant Number	Type of Support	<u>Monthly</u> Amount Ordered	<u>Monthly</u> Amount Received
			<input type="checkbox"/> Alimony / Spousal <input type="checkbox"/> Child Support	\$ _____ \$ _____	\$ _____ \$ _____

### C. Non-Employment Income

3. Does **ANYONE** in your household receive Unemployment, Disability, Social Security, Supplemental Security Income (SSI), Veterans Benefits, or Cash Aid / Welfare (including CalWORKS, AFDC – Assistance to Families with Dependent Children, TANF – Temporary Assistance for Needy Families, GA – General Assistance, or Kin Gap)?

Yes  No (**No one** in the household receives **any** of the types of income listed above.)

**IF NO to the above**, you may skip the table below and proceed to question 4.

**IF YES to the above**, list the GROSS amount of non-employment income each household member receives PER MONTH from each of the income sources listed. Attach additional sheets if necessary. **If a household member does not receive one or more of the listed types of income, write “No” or “None” in the space provided.**

Person Receiving Income	Unemployment Development Department (EDD) Unemployment (UIB)	Employment Development Department (EDD) Disability	Social Security Benefits / SSB & Supplemental Security Income / SSI	Veterans Benefits	Cash Aid / Welfare (CalWORKS, AFDC, TANF, GA, KinGap)
<i>Sample: Sue</i>	<i>None</i>	<i>\$685</i>	<i>None</i>	<i>None</i>	<i>\$380</i>

4. Does **ANYONE** in your household receive Workers Compensation or payments for a Foster or Adopted child?

Yes  No (**No one** in the household receives **Workers Compensation** or payments for a **Foster / Adopted Child**.)

**IF NO to the above**, you may skip the table below and proceed to question 5.

**IF YES to the above**, use the space below to provide information about each person’s Workers Compensation or Foster / Adoption income. Attach additional sheets if necessary.

Person Receiving Income	Type of Income	Name, Address, and County of Income Source	Monthly Amount Received
	<input type="checkbox"/> Workers Compensation <input type="checkbox"/> Foster / Adoption		\$_____
	<input type="checkbox"/> Workers Compensation <input type="checkbox"/> Foster / Adoption		\$_____

5. Does **ANYONE** outside of your household (like any friend, relative, or agency) 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 NO to the above**, you may skip the table below and proceed to question 6.

**IF YES to the above**, 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

6. Does **ANYONE** in your household receive **ANY OTHER ASSISTANCE OR INCOME** (like a benefit or service) that has not been reported on this form?  Yes  No

**IF YES to the above**, use the lines below to provide information about **ANY** other assistance or income received, who receives the income, and the address where the income can be verified. Attach additional sheets if necessary.

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## IV. ASSETS – ALL ASSETS MUST BE REPORTED AND VERIFIED

### D. Bank Accounts

7. Does **ANYONE** in your household have any accounts (checking, savings, or other) with a financial institution?  Yes  No

**IF YES, You must submit all pages** of your most recent statement for each account you hold.

**IF YES**, 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	Yearly interest earned
				\$_____	\$_____
				\$_____	\$_____
				\$_____	\$_____

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

8. Does **ANYONE** in your household have any of the following?

Certificates of Deposit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lottery Winnings	<input type="checkbox"/> Yes <input type="checkbox"/> No
Savings Certificates	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No
Money Market Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No	Whole Life Insurance (with cash value)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trust Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lump Sum Inheritance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Special Needs Trusts	<input type="checkbox"/> Yes <input type="checkbox"/> No	401(k) Retirement (that you have access to)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Home	<input type="checkbox"/> Yes <input type="checkbox"/> No	Stocks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Land	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No
House	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash (if yes, how much: \$ _____)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Independent Retirement Acct. (IRA)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Self Employed Retirement (Keogh)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal Investments (jewels, coins)	<input type="checkbox"/> Yes <input type="checkbox"/> No	(if yes, list type: _____ value: _____)	

**IF YES TO ANY OF THE ABOVE**, use the space below to provide the requested information. Attach additional sheets if necessary. **You must submit all pages** of your most recent statement for each account you hold.

Financial Institution / Bank Name and Address	Name(s) on Account	Account Number	Account Type	Estimated Balance / Value	Yearly earnings (int/div)
				\$_____	
				\$_____	
				\$_____	

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

**IF YES**, use the lines below to provide information about other assets. Attach additional sheets if necessary. You must submit all pages of your most recent statement of value for all of these other assets. Include the yearly interest/dividend/income earned.

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## F. Disposal of Assets

10. 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 NO to the above**, you may skip the table below and proceed to question 11.

**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

### G. Childcare Expenses

11. 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 NO to the above**, you may skip the table below and proceed to question 12.

**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(ren)	Name of Adult who is able to work, look for work, or go to school because of this Childcare	Name and Address of Agency, Group or Provider that you pay for Child Care	Telephone Number	<b>Monthly</b> Cost to Household
				\$ _____
				\$ _____

### H. 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 an impact on the level of subsidy you could be eligible to receive.

12. Does the head of household or spouse wish to claim disability status (do not include temporary disabilities)?  Yes  No

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

a) If yes to question 12 OR 13 above, do you anticipate any unreimbursed (paid out-of-pocket) medical expenses, including medical insurance premiums, in the next 12 months?  Yes  No

- b) Please estimate the total amount of your anticipated unreimbursed medical expenses for the next 12 months: \$ \_\_\_\_\_

The Housing Authority applies a standard deduction of \$1,500 for elderly and disabled households with medical expenses exceeding this threshold. Additional documentation may be required.

14. 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

## I. Student Status

15. Is ANY adult living in your household (age 18 or older) enrolled in any classes at an institution of higher education?  Yes  No

**IF NO to the above**, you may skip the table below and proceed to question 16.

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

Name of Student	Name of School	Student Status	Address of School
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	

## J. Additional Information

16. Is anyone in your household participating in an economic self-sufficiency or other job training?  Yes  No

If yes, which household member(s)? \_\_\_\_\_

- a) IF YES TO QUESTION 16 ABOVE, has anyone in your household recently received an increase in employment earnings during participation in an economic self-sufficiency or other job training?  Yes  No

If yes, which household member(s)? \_\_\_\_\_

17. Has anyone in your household recently received an increase in employment earnings after being unemployed for one year or longer, OR after earning less than \$3,750 in the past year?  Yes  No

If yes, which household member(s)? \_\_\_\_\_

18. Has anyone in your household recently received an increase in employment earnings during or within 6 months after receiving assistance from TANF or Welfare to Work?  Yes  No

If yes, which household member(s)? \_\_\_\_\_

## VI. CRIMINAL HISTORY

Federal regulations require the Housing Authority to review the criminal background of applicants and tenants, and terminate participation of some participants based on their criminal history. **THE HOUSING AUTHORITY RESERVES THE RIGHT TO CONDUCT A CRIMINAL BACKGROUND CHECK ON ANY AND ALL APPLICANTS / TENANTS TO VERIFY THE ACCURACY OF THE INFORMATION PROVIDED BELOW AND TO COLLECT ANY ADDITIONAL INFORMATION DEEMED NECESSARY BY THE HOUSING AUTHORITY.**

19. Have you or any members of your household been arrested in the past twelve months?  Yes  No

**IF NO to the above**, you may skip the table below and proceed to question 20.

**IF YES to the above**, please explain, including the name of the household member(s), date of arrest, description of the crime, level of offense, and any other relevant information. Attach additional sheets if necessary.

Name: \_\_\_\_\_ Date of Arrest: \_\_\_\_\_  Misdemeanor  Felony  
 Description of Crime: \_\_\_\_\_  
 Comments: \_\_\_\_\_

20. Have you or any members of your household been required to register as a sex offender in the past twelve months?  Yes  No

**IF NO to the above**, you may skip the table below and proceed to the Certifications section.

**If YES to the above**, please provide the name of the household member(s), and the date and level of the offense.

Name: \_\_\_\_\_ Date of Arrest: \_\_\_\_\_  Misdemeanor  Felony

## 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 INDEPENDENTLY VERIFIED BY THE HOUSING AUTHORITY. IF YOU LIE OR OMIT INFORMATION, YOUR ASSISTANCE WILL BE TERMINATED AND YOU WILL HAVE TO PAY BACK ALL ASSISTANCE OVERPAID DUE TO FRAUD.**

X

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Print Head of Household Name	Signature of Head of Household	Date
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X

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Print Name	Signature of Other Adult
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X

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Print Name	Signature of Other Adult
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X

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Print Name	Signature of Other Adult
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