

**PRE-APPLICATION FOR SITE BASED PROGRAM-MONTEREY**

**Instructions: Please read carefully. Incomplete applications will not be processed.**

**1) To be qualified for admissions to public housing an applicant must:**

- a) Be a family as defined in PHA's Admission and Continued Occupancy policy;
- b) Meet the HUD requirements on citizenship or immigration status;
- c) Have annual income at the time of admission that does not exceed the income limits established by HUD that are posted in PHA offices;
- d) Provide documentation of Social Security numbers for all family members, provide SSN within 90 days for those under 6 years;
- e) Pay any money owed to PHA or any other housing authority;
- f) Not have had a lease terminated by PHA in the past 5 years;
- g) Be able and willing to comply with the Housing Authority lease; and
- h) Not have any members engaged in any criminal activity that threatens the life, health safety, or right to peaceful enjoyment of the premises by other residents, and not have any family members engaged in any drug-related criminal activity;
- i) PHA will conduct a criminal record check on all applicants age 18 years and older.

**2) Mail or deliver completed pre-applications to: Housing Authority of the County of Monterey (Main Office) @ 123 Rico Street, Salinas, CA 93907.**

**3) Completed applications will be entered on the waiting list in the order received. The waiting list will then be processed in order according to unit type and size and admission preferences.**

- **Elderly families or families headed by an elderly person or families with household members who are mentally, physically or developmentally disabled.**- *Letter from doctor or social services stating assistance needed with daily living activities. For elderly families, copy of birth certificate or baptismal certificate.*
- **Families who have had their HACM Section 8 Housing Choice Voucher revoked due to HUD HAP funding shortfalls within the last 12 months-** *The HACM will verify this preference using the HACM's termination records.*
- **Families who are actively enrolled in a case management, job training, transitional housing or other self-sufficiency program** - *Letter from agency assisting with case management, transitional housing or self-sufficiency program.*
- **Victims of Disasters** - *Letters verifying the disaster from FEMA, American Red Cross or other disaster assistance agency.*
- **Families who reside in substandard housing or who are involuntarily displaced as a result of code enforcement activities as determined by local code enforcement officials** - *Letter from Monterey County governmental official verifying condition of unit.*
- **Working families** - *Copies of payroll check stubs.*
- **Veterans**-*Provide a copy of DD214 certifying an honorable discharge.*

**You will be notified in writing that your application has been accepted within 60 days.**



- 4) Each applicant who meets the above qualifications will be invited to a Public Housing orientation interview. It is important that you bring all the required documents to the interview. At the interview, staff will discuss your housing needs and options, go over your application and collect the information needed to determine final housing eligibility, resident suitability and total household income. You will be asked to provide detailed information on all members of your household, verify citizenship status, report current income and expenses information, and provide information about where all adult household members have lived for the past three years. If you do not come to the Public Housing orientation you will be removed from the all public housing waiting lists. **You will not be offered housing until you complete a housing interview and the Housing Authority determines you meet the eligibility criteria.**
- 5) Apartment units are offered at affordable rents to eligible families, seniors, and persons with disabilities. These units are owned by the Housing Authority. There are 595 units scattered throughout the county in this program. Income and rent are reviewed annually.

**Income Limits effective as of December 1, 2011**

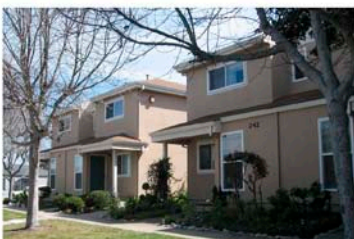
<b>NUMBER OF PERSONS IN FAMILY</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Very Low Income (50% Median Income) as of 12/1/2011</b>	<b>24,250</b>	<b>27,700</b>	<b>31,150</b>	<b>34,600</b>
<b>Low Income (80% Median Income) as of 12/1/2011</b>	<b>38,750</b>	<b>44,300</b>	<b>49,850</b>	<b>55,350</b>

It is the policy of the HACM to provide reasonable accommodation to those persons with disabilities so that they can participate equally in its housing programs. To request a reasonable accommodation, you may contact the Section 504 Coordinator, Jean Goebel, in writing at the Central Office located at 123 Rico Street, Salinas, CA 93907 or by telephone at (831) 775-5022 or by TDD at (831) 754-2951.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National toll-free phone number for filing a complaint at 1-800-347-3739.

**SITE BASED - MONTEREY**

	531 Watson St. Monterey, CA 93940 8 units (2-bedroom)
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	242 Montecito Ave. Monterey, CA 93940 5 units (2-bedroom)
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**Please deliver or mail to:**

Housing Authority of the County of Monterey (Office)  
123 Rico Street, Salinas, CA 93907  
(831) 775-5000 TDD (831) 754-2951  
Fax (831) 424-9153



**TO BE COMPLETED BY MANAGER**  
Application #: \_\_\_\_\_

**Pre-application for  
SITE BASED PROGRAM-MONTEREY**

Please print clearly and legibly.

Name of household: \_\_\_\_\_

<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>
_____	_____	_____
<b>Mailing Address</b>	<b>City</b>	<b>State</b>
_____	_____	<b>Zip Code</b>

Permanent Address if different from above \_\_\_\_\_

How long at present address? \_\_\_\_\_ Monthly Rent \$ \_\_\_\_\_ Estimated Utilities \$ \_\_\_\_\_

Phone: HOME \_\_\_\_\_ WORK \_\_\_\_\_ MESSAGE \_\_\_\_\_

**BEGINNING WITH YOURSELF**, list all persons who will live in your household. All information must be given for each person. List all money earned or received by **ALL** members living in your household including yourself. This includes money from wages, pensions, Social Security, SSI, Child Support, TANF/Cal-Works, contributions, employment, unemployment, etc.)

Last Name	First Name	Sex M/F	Date of Birth	Relationship To Head of Household	Social Security Number	Monthly Income	Source of Income
1.				<b>Head</b>			
2.							
3.							
4.							

(Use back of form if additional space needed.)

Are you a veteran?  Yes  No Family of a veteran or serviceman?  Yes  No  
Relationship to Veteran: \_\_\_\_\_ (Provide a copy of DD Form 214)

**For Accommodation Purposes-Do you claim the following:**

Mobility Impairment  Hearing Impairment  Sight Impairment

Do you or a member of the household claim status as a person with a disability?

Yes  No If yes, who? \_\_\_\_\_

Do you or any member of your household need special features in a rental unit (for example wheelchair access)?  Yes  No

If yes, what features do you need? \_\_\_\_\_

**Race/Ethnicity:** This information is confidential and is only used for government reporting purposes to monitor compliance with equal opportunity laws. Your voluntary cooperation in providing the information is appreciated, and will not affect your place on the waiting list.

White  Black/African American  Black/African American and White  Asian  Asian and White  
 American Indian or Alaska Native  American Indian/Alaska Native and Black/African American  
 American Indian or Alaska Native and White  Native Hawaiian or Other Pacific Islander  Other: \_\_\_\_\_

Hispanic/Latino Ethnicity

Yes  No  Yes, Mexican/Chicano  Yes, Cuban  Yes, Puerto Rican  
 Yes, Other Hispanic/Latino: \_\_\_\_\_

- 1. Have you ever violated a previous family obligation with a HUD Program?  Yes  No
- 2. Have you ever lived in Public Housing or Section 8 Housing in any City?  Yes  No Where? \_\_\_\_\_
- 3. Have you ever engaged in use/possession of drugs or violent criminal activity?  Yes  No
- 4. Do you owe any money to a Public Housing Authority?  Yes  No Where? \_\_\_\_\_
- 5. Is any household member subject to a lifetime registration requirement under a State sex offender program?  Yes  No Where? \_\_\_\_\_  
Who? \_\_\_\_\_



Continue on next page



**Landlord References.** Please complete the following information for all locations you have lived in for the past three (3) years.

**Current Address Information**

Current street address, city, State, Zip: \_\_\_\_\_  
 Lived there from: \_\_\_\_\_ to \_\_\_\_\_  
 # of bedrooms: \_\_\_\_\_ Rent \$ \_\_\_\_\_  
 Reason for moving: \_\_\_\_\_  
 Current Landlord's name and phone #: \_\_\_\_\_

**Previous Landlord Information**

Street address, City, State, Zip Code: \_\_\_\_\_  
 Lived there from: \_\_\_\_\_ to \_\_\_\_\_  
 # of bedrooms: \_\_\_\_\_ Rent \$ \_\_\_\_\_  
 Reason for moving: \_\_\_\_\_  
 Previous Landlord's name and phone #: \_\_\_\_\_

Street address, City, State, Zip Code: \_\_\_\_\_  
 Lived there from: \_\_\_\_\_ to \_\_\_\_\_  
 # of bedrooms: \_\_\_\_\_ Rent \$ \_\_\_\_\_  
 Reason for moving: \_\_\_\_\_  
 Previous Landlord's name and phone #: \_\_\_\_\_

**PHA will be contacting all former landlords for the period three years (3) from the date of application.**

**WARNING:** Title 18 U.S.C. 1001 provides in part that whoever knowingly and willfully makes or uses any document containing any false, fictitious or fraudulent statement or entry in any matter in jurisdiction or any department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five (5) years, or both.

**PLEASE NOTE:** You are required to notify the Housing Authority (*in writing*) of any change of address. If we cannot contact you at the listed address, your name will be removed from the waiting list.

I certify that the information given is accurate and complete and understand any misrepresentation will disqualify the application. I authorize the owner to obtain a credit report(s) verify or check any of the information given including credit references, employment, and income and contact any previous landlords. By signing this form, I certify the information to be true and correct. **Applications cannot be processed without signature.**

\_\_\_\_\_  
 Signature of the Head of household                      Date                      Co-Applicant's Signature                      Date

**Use this space to list additional family members that will live in your household.**

Last Name	First Name	Sex M/F	Date of Birth	Relationship To Head of Household	Social Security Number	Monthly Income	Source of Income
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							