PRE-APPLICATION FOR PUBLIC HOUSING

The Housing Authority will ONLY accept applications for the family 4 & 5 bedroom categories.

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 March 6, 2015

<table>
<thead>
<tr>
<th>NUMBER OF PERSONS IN FAMILY HOUSEHOLD</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Very Low Income (50% Median Income as of 03/06/2015)</strong></td>
<td>25,400</td>
<td>29,000</td>
<td>32,650</td>
<td>36,250</td>
<td>39,150</td>
<td>42,050</td>
<td>44,950</td>
<td>47,850</td>
<td>50,750</td>
<td>53,650</td>
<td>56,550</td>
<td>59,450</td>
</tr>
<tr>
<td><strong>Low Income (80% Median Income) as of 03/06/2015</strong></td>
<td>40,600</td>
<td>46,400</td>
<td>52,200</td>
<td>58,000</td>
<td>62,650</td>
<td>67,300</td>
<td>71,950</td>
<td>76,600</td>
<td>81,200</td>
<td>85,450</td>
<td>90,500</td>
<td>95,100</td>
</tr>
</tbody>
</table>

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, Maria Madera, in writing at the Central Office located at 123 Rico Street, Salinas, CA 93907 or by telephone at (831) 775-5000 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.
Pre-application for
PUBLIC HOUSING PROGRAM

Please print clearly and legibly.

Name of household: ___________________________________________________________________________________________

First Name   Middle Name   Last Name

Mailing Address   City   State   Zip Code

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.)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Sex M/F</th>
<th>Date of Birth</th>
<th>Relationship To Head of Household</th>
<th>Social Security Number</th>
<th>Monthly Income</th>
<th>Source of Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td>Head</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(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? ________________________________  Who? ________________________________
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.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Sex M/F</th>
<th>Date of Birth</th>
<th>Relationship To Head of Household</th>
<th>Social Security Number</th>
<th>Monthly Income</th>
<th>Source of Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>