



Area Housing Authority of the County of Ventura
 1400 West Hillcrest Drive • Newbury Park, CA 91320 • 805/480-9991 • (800) 800-2123 • FAX: (805) 480-1021

**INFORMATION ON TAX CREDIT HOUSING PROGRAM
 PRELIMINARY APPLICATION**

1. Fill out the preliminary application completely. Preliminary application must be mailed or dropped off (**We will not accept faxed copies**) to the Area Housing Authority of the County of Ventura, 1400 W. Hillcrest Drive, Newbury Park, CA 91320-2721.
2. You will receive a receipt for your preliminary application via mail. **Please do not contact** the Area Housing Authority regarding your preliminary application status unless you do not receive a receipt **within six (6) weeks from the date you submitted your preliminary application.**
3. The waiting list for Charles Street Tax Credit Housing will be selected in ranking order by date and time, residency and income limit and availability of submission. Housing is currently restricted to families with incomes at, or below, the income limits listed below:

FAMILY SIZE	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>
30% INCOME LIMIT	21,360	24,030	26,700	28,860	30,990
45% INCOME LIMIT	32,040	36,045	40,050	43,290	46,485
50% INCOME LIMIT	35,600	40,050	44,500	48,100	51,650
55% INCOME LIMIT	39,160	44,055	48,950	52,910	56,815

Note: Effective May 31, 2011.
 Income limits are reviewed annually by the U.S. Dept. of Housing & Urban Development and may change.

4. Once selected for the waiting list, applicants will be placed on the waiting list.
5. Report any changes in family members, income, or address, **in writing**, to the Area Housing Authority.
6. Final eligibility is determined when a family reaches the top of the waiting list, since the above income limits and/or a family's income may have changed during the time spent on the waiting list. All information listed on the preliminary application form will be verified (e.g. picture ID, birth certificate, social security card, proof of immigration status, and all sources of family income).

The Area Housing Authority **conducts background investigations on all applicants.** Arrests and/or convictions for criminal acts of violence or engaging in activity involving illegal drugs by any household member may prevent participation in the Housing Program. Admission of any household that includes a lifetime registered sex offender to the Housing Program or any federally assisted housing **is prohibited.**

**CHARLES STREET FAMILY COMPLEX
396 Charles St.
Moorpark, CA 93021**

PLEASE NOTE: THIS IS A 100% NON SMOKING FACILITY

Tax Credit Program-Income will be verified annually to determine eligibility

13- 2 bedroom units. Rents range from \$489-\$977*

6- 3 bedroom units. Rents range from \$560-\$1011*

***Rent assignments will be by ranking order based on date, time, residency preference, income limit and availability. There is no rental assistance attached to the complex. Rents will range as listed above.**

Amenities

**Owner pays: water, sewer and trash
Resident pays: Gas and Electric
Stove, Refrigerator and dish washer is provided
Under ground parking
Laundry Facility
All rooms are wired for cable**

Suitability for Housing:

**Landlord References (past and current)
Criminal Background check (five years prior)
Credit Check (five years prior)
Eviction Check (five years prior)
Home visit (if necessary)**


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APPLICATION FOR CHARLES STREET TAX CREDIT HOUSING

NOTE: This application does not in any way obligate you or the AHA.

This form is to be completed in your own handwriting.

Attach additional information if needed.

A. APPLICANT (HEAD OF HOUSEHOLD)

Name (Legal Name): _____

Present Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____

Current Landlord Name: _____ Telephone: _____

Current Landlord Address: _____ City: _____ State: _____ Zip: _____

Head of Household:

- White
 Black
 American Indian/Alaskan Native
 Asian/Pacific Islander
 Hispanic

Language spoken in the home: English Spanish Other: _____

The following question is voluntary and must be asked of all applicants.

Does any member of your family require a handicap accessible unit or any other handicap accommodations?

No Yes Explain: _____

In case we have problems contacting you, please list the name of a relative or friend:

Name: _____ Telephone: _____ Relationship: _____

Do you or a current family member owe any back rent or damages to any Public Housing or Section 8 agency?

No Yes To whom: _____ Amount: \$ _____

B. HOUSEHOLD COMPOSITION

No.	Persons Residing in Unit (Legal names: adults & children)	Relationship to Head of Household	Sex M/F	Birth date	Social Security Number	Legal Citizen Y/N
1		Head of Household				
2						
3						
4						
5						
6						
7						

Have you, or any adult members in your family, ever used any name(s) or social security number(s) other than the one you are currently using? No Yes

Please list and explain:

C. HOUSEHOLD INCOME: For each family member, where applicable, show source and anticipated gross income as indicated. **Please list all income sources.**

Family Member #	Source of Income (For wages, list city)	Monthly	Annual Earnings

List source and amount of assets: _____

D. DRUG/CRIMINAL ACTIVITY

Federal regulations require housing agencies to question applicants and participants concerning drug related or violent criminal activities.

Have you or any member of your household been arrested or convicted of any drug or alcohol related or violent criminal activity within one year prior to the date of this application? No Yes Explain: _____

Is any member of your household registered as a lifetime sex offender? No Yes

Has anyone in the household been evicted from public housing or section 8 housing for any reason including drug or other criminal activity? No Yes Date of Eviction: _____

If yes, please provide name of Agency: _____ Telephone: _____
 Address: _____

E. APPLICANT CERTIFICATION

I/We certify that the information given above is accurate and complete to the best of my knowledge and belief. I/We understand any attempt to obtain Housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud (and any act of assistance to such attempt) is a crime under federal law. I/We also understand that all changes in the income of any family member of the household as well as any changes in the household members must be reported to the Area Housing Authority in writing within 10 days from the date of the change.

 Signature of Head of Household

 Date

 Signature of Spouse/other adult member

 Date

 Signature of other adult member

 Date

Mail this completed form to: Area Housing Authority, 1400 W. Hillcrest Dr., Newbury Park, CA 91320

