

APPLICATION FOR CITY OF SIMI VALLEY SENIOR RENT SUBSIDY PROGRAM

NOTE: This preliminary 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 (For statistical purposes only)

Race: White Black American Indian/Alaskan Native Asian Pacific Islander Hispanic

Ethnicity: Hispanic Non-Hispanic

Languages applicant speaks and /or writes fluently: 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: _____

Are you or a current family member a public housing resident? No Yes Where? _____

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 Who Will Live in Unit (Legal names: adults & children) | Relationship to Head of Household | Sex M/F | Birthdate | Social Security Number | Legal Citizen Y/N |
|-----|---|--------------------------------------|------------|-----------|---------------------------|----------------------|
| 1 | | Head of Household | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |

FOR OFFICE USE ONLY

| | | |
|--|---|--|
| # of Bedrooms _____ # of Adults _____ # of Children (F) _____ # of Children (M) _____ Family Type _____ Race _____ Ethnicity _____ | Total Annual Gross Income _____ Time Received _____ Date Received _____ Language Spoken <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ Processed By _____ | |
|--|---|--|

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 |
|-----------------|--|---------|-----------------|
| | | | |
| | | | |

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 the above household member seeking rehabilitation services for the above named activity? No Yes
 Please provide: Rehabilitation Center Name: _____ Telephone: _____
 Address: _____

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 If yes, Date of Eviction: _____
 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 Simi Valley Senior Rent Subsidy 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 AHA in writing within 10 days from the date of the change.

Signature of Head of Household

Date

Signature of Co-Head of Household

Date

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

