



Area Housing Authority of the County of Ventura

1400 West Hillcrest Dr. Newbury Park, CA 91320-2721

(805) 480-9991 • FAX (805) 480-1021

Serving Camarillo, Fillmore, Moorpark, Ojai, Simi Valley, Thousand Oaks, and the unincorporated areas of Ventura County

Preliminary Application for the Public Housing Program Waiting List (4-Bedroom Apartments ONLY)

This Application for housing assistance does not in any way obligate you or the Housing Authority. Please complete the entire form and attach additional information, if needed.

A. Applicant (Head of Household)

Name (legal name): _____

Current Street Address: _____

City: _____ State: _____ Zip: _____

Primary Telephone: _____ Secondary Telephone: _____

E-mail address: _____

Mailing Address (if different): _____

What is the Race and Ethnicity of the Head of Household (solely for statistical purposes)?

Mark more than one box, if appropriate, to best indicate your race.

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

Mark one box for Ethnicity: Hispanic Non-Hispanic

Languages applicant speaks and/or writes fluently: English Spanish Other _____

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

No Yes To whom? _____ How much? _____

Has anyone in the household been evicted from Public Housing or Section 8 housing for any reason?

No Yes If yes, explain who and when? _____

Please provide name of Agency: _____ Telephone: _____

Address: _____

B. Household Composition

No.	Name of Persons who will live in the unit (Legal names: Adults & children)	Relationship to Head of Household	Sex M/F	Date of Birth	Social Security Number	Legal Resident/Citizen Yes/No
1		Head of Household				
2						
3						
4						
5						
6						
7						
8						

FOR OFFICE USE ONLY

of Bedrooms _____
of Adults _____
of Children (F) _____
of Children (M) _____
Family Type _____

Total Annual Gross Income _____
Local Preference claimed _____
Language Spoken English Spanish Other _____
Processed by _____



C. Household Income

What is your household's annual gross income (before taxes)? \$ _____(Total Income)

D. Drug/Criminal Activity

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

Have you or any member of your household been cited, arrested or charged (misdemeanor or felony) for any drug or alcohol related or violent criminal activity, other than traffic violations within five (5) years of this application?

No Yes If yes, explain who and what city: _____

Are you or someone in your household subject to a lifetime registration under a state sex offender registration program in any state?

No Yes If yes, explain who, and what state: _____

Have you or any member of your household ever been convicted of drug-related criminal activity for the production or manufacture of methamphetamine on the premises of federally assisted housing?

No Yes If yes, explain who and what city: _____

E. Local Preference(s)

Are you a U.S. Veteran? (Spouse, Divorcee, Widow(er) of a veteran)? No Yes

Are you either living, working, or soon to be hired to work in the AHA's jurisdiction? No Yes

F. I am interested in being placed on a waiting list for one or more of the following properties:

4-BR at Roth Apartments (Meiners Oaks/Ojai) 4-BR at Leggett Court (Thousand Oaks)

G. Other Household Information

Are you or any household member elderly (62 years or older)? No Yes

Are you or any household member Disabled? No Yes

Does any member of your household require a handicap accessible unit or any other handicap accommodations? If yes, explain: _____ No Yes

Is your family currently homeless? No Yes

H. Applicant Certification – Carefully read and initial each of the statements below, then sign and date this form.

_____ I will notify the AHA, **in writing**, within ten (10) days of change if I move, change my mailing address, telephone number, family composition and/or local preference(s).

_____ I received the HUD-92006 form to designate an alternate contact person and the HUD-50066 form to certify my VAWA status, if applicable.

Attached is the completed HUD 92006 form. Attached is the completed HUD-50066 form and/or third party verification.

_____ I certify that the information given above is accurate and complete to the best of my knowledge and belief. I understand any attempt to obtain Section 8 housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud (any act of assistance to such attempt) is a crime under federal law.

Signature of Head of Household

Date

Signature of Head of Household's Spouse / Co-head

Date