

# Imperial Valley Housing Authority

1402 D Street, Brawley, CA 92227  
 (760) 351-7000  
 1690 West Adams Ave., El Centro, CA 92243  
 (760) 337-7500

|                                   |            |            |                  |
|-----------------------------------|------------|------------|------------------|
| <b>DO NOT WRITE IN THIS SPACE</b> | PID# _____ | BR _____   | PREFERENCE _____ |
| PROGRAMS _____                    | DATE _____ | TIME _____ | STAFF _____      |

## Application for Housing Assistance

USE BLUE OR BLACK INK - ANSWER EACH QUESTION - DO NOT LEAVE BLANKS

| SECTION 1 – Head of Household Information   |               |                 |
|---|---------------|-----------------|
| Full Legal Name: _____  |               |                 |
| Present Address: _____  |               |                 |
| City: _____   | State: _____  | Zip Code: _____ |
| Mailing Address: _____  |               |                 |
| City: _____   | State: _____  | Zip Code: _____ |
| *Phone: _____   | *EMAIL: _____ |                 |
| You will receive a preference if you are a U.S. Veteran of the armed services or the surviving spouse of a U.S. Veteran; does this apply to you? <input type="checkbox"/> Yes <input type="checkbox"/> No *If yes, attach a copy of your DD214 along with this application.                     |               |                 |
| You will receive a preference if the residence you currently occupy been condemned by the city or county; does this apply to you? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, attach a copy/photo of the official notice posted on the structure with this application. |               |                 |
| You will receive a preference if you have been displaced by government action; does this apply? <input type="checkbox"/> Yes <input type="checkbox"/> No  |               |                 |
| Do you live or work in the jurisdiction which includes: El Centro, Brawley, Imperial, Westmorland, Calipatria, Heber, Holtville, Niland, Desert Shores, Salton City, Winterhaven, Ocotillo, Seeley: <input type="checkbox"/> Yes, Resident <input type="checkbox"/> No Non-resident             |               |                 |
| Name of Employer, include the city in which you work: _____   |               |                 |

| SECTION 2 – Housing Options – Select the programs you are interested in  |  |
|--|--|
| <i>Please note we have closed the acceptance of applications for certain bedroom sizes on some waiting lists</i>   |  |
| Applications are being accepted for Subsidized Public Housing Units/federal/state in the following cities, select the city(ies) you would like to live in:   |  |
| <input type="checkbox"/> Brawley <input type="checkbox"/> Westmorland <input type="checkbox"/> Calipatria <input type="checkbox"/> El Centro <input type="checkbox"/> Holtville <input type="checkbox"/> Calexico<br><input type="checkbox"/> Farm/Agriculture Worker Housing (must earn a minimum of \$5,753 per year from agriculture work)<br><input type="checkbox"/> Housing Choice Voucher for the disabled.<br>My household includes a disabled person between the age of 18- 61 <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><input type="checkbox"/> Mobile Home Park Spaces (we rent the spaces only; applicant must be the owner of the mobile home) |  |
| Does a household member require an accessible unit to accommodate their disability? Please describe only the accommodation required, such as roll-in shower, safety support handles <u>etc.</u><br>* _____   |  |

| SECTION 3 – Household Member Information – Include those who will reside in home on a part time basis |                                   |               |               |     |                            |                        |                             |
|---|-----------------------------------|---------------|---------------|-----|----------------------------|------------------------|-----------------------------|
| Legal Name  | Relationship to Head of Household | Gender M or F | Date of Birth | Age | City & State of birthplace | Social Security Number | Full Time Student Yes or No |
| 1)  | Applicant                         |               |               |     |                            |                        |                             |
| 2)  |                                   |               |               |     |                            |                        |                             |
| 3)  |                                   |               |               |     |                            |                        |                             |
| 4)  |                                   |               |               |     |                            |                        |                             |
| 5)  |                                   |               |               |     |                            |                        |                             |
| 6)  |                                   |               |               |     |                            |                        |                             |
| 7)  |                                   |               |               |     |                            |                        |                             |
| 8)  |                                   |               |               |     |                            |                        |                             |



COMPLETION OF THIS SECTION IS MANDATORY

**Criminal Record Certification and Screening Consent**

The Imperial Valley Housing Authority conducts a criminal history background check on all adults included in this Housing Application as per permitted by Penal code 11105.003 and Meagan's Law.

- ✓ I hereby certify I have disclosed to the Imperial Valley Housing Authority all criminal history records for the last 5 years for each adult included in this application.
  
- ✓ I hereby give my consent to the appropriate Federal, State and local law enforcement agencies to release any and all information to the Imperial Valley Housing Authority for the purpose of determining my eligibility for subsidized housing, by conducting a criminal history background investigation. Pursuant to P.C. Section 11105.3 this information will be kept in strict confidentiality and will be used only to determine eligibility for subsidized housing assistance.

All household members 18 years of age and older must sign and complete below:

| Name of Adult Household Member | Adult Household Member's CA Driver's License/ID & Social Security Number | Adult Household Member's Date of Birth | Adult Household Member's Signature |
|--------------------------------|--|--|------------------------------------|
|                                |  |  |                                    |
|                                |  |  |                                    |
|                                |  |  |                                    |
|                                |  |  |                                    |
|                                |  |  |                                    |

If any adult household member has resided in a state, other than California, please list the information below:

| Name of Household Member | Lives in this state, other than California | Dates residing in that state |
|--------------------------|--|------------------------------|
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Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

|  |  |
|--|--|
| <b>Applicant Name:</b>   |  |
| <b>Mailing Address:</b>  |  |
| <b>Telephone No:</b>   | <b>Cell Phone No:</b>  |
| <b>Name of Additional Contact Person or Organization:</b>  |  |
| <b>Address:</b>  |  |
| <b>Telephone No:</b>   | <b>Cell Phone No:</b>  |
| <b>E-Mail Address (if applicable):</b>   |  |
| <b>Relationship to Applicant:</b>  |  |
| <b>Reason for Contact:</b> (Check all that apply)  |  |
| <input type="checkbox"/> Emergency   | <input type="checkbox"/> Assist with Recertification Process |
| <input type="checkbox"/> Unable to contact you   | <input type="checkbox"/> Change in lease terms               |
| <input type="checkbox"/> Termination of rental assistance  | <input type="checkbox"/> Change in house rules               |
| <input type="checkbox"/> Eviction from unit  | <input type="checkbox"/> Other: _____                        |
| <input type="checkbox"/> Late payment of rent  |  |
| <b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.   |  |
| <b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.  |  |
| <b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975. |  |

Check this box if you choose not to provide the contact information.

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

**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.