Imperial Valley Housing Authority

1402 D Street
Brawley, CA 92227
(760) 351-7000

1690 W. Adams Ave.
El Centro, CA 92243
(760) 337-7500

DO NOT WRITE IN THIS SPACE APP# _____ BR _____ PREFERENCE _____

PROGRAMS _____ DATE _____ TIME _____ STAFF _____

Application for Housing Assistance - Valley Apartments

USE BLUE OR BLACK INK ONLY
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:
Home Phone:	Mobile:	Email:
Social Security Number:	Date of Birth:	
How did you become aware of our services?		

SECTION 2 – Disabled Housing Requirement

Do you or a family member require an accessible unit to accommodate a disability? Yes ☐ No ☐
If so, please explain:
Is the head of household or spouse, the household member with the disability? Yes ☐ No ☐

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	Enrolled in an Institution of Higher Learning?
1)	**Applicant**						
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
10)							

SECTION 4 – Income & Asset Information

Include all sources of income including: wages, alimony, child support, Social Security benefits, pensions/retirement, Veteran's benefits, disability/workers compensation, AFDC/Cash Aid, rental property income, stock dividends and any other source of family income. Omitting income information may cause your disqualification for rental programs. Include contributions from outside sources such as monetary (cash) assistance from family members or friends.

Household member	Source of Income	Amount of Income	Frequency of Income (weekly, bi-weekly, monthly)

Is any of the family income derived from agricultural/farm labor employment? Yes ☐ No ☐
Has any household member received a lump sum payment in the past year? Yes ☐ No ☐
Does any member of the household own any property in any country? Yes ☐ No ☐
Does any member of the household have a bank account? Yes ☐ No ☐
Bank Name: Account Holders Name:
Make and Model of Vehicle(s):

Monthly Vehicle Payment: $
Are you or someone else responsible for the vehicle payment?
Does any household member earn income from rentals or real estate? Yes ☐ No ☐

SECTION 5 – Household Information

Have you or any other adult member used any name(s) or Social Security number(s) other than your own? Yes ☐ No ☐ If yes, explain:

IVHA will investigate the criminal history of all adults listed on this application – This action is permitted by Penal code 11105.003 and Meagan's Law.

Have you or any other member of the household ever been arrested, charged with a crime, regardless of a conviction? Yes ☐ No ☐ If yes, explain:

Are you or any other household member on parole or probation? Yes ☐ No ☐

Is the applicant or any member of the household subject to a lifetime sex offender registration requirement in any state? Yes ☐ No ☐

Has any member of the household been evicted from a federally assisted housing program for providing fraudulent information, or have had to repay the program for misrepresenting information? Yes ☐ No ☐ If yes, please explain:

Is there a family member currently absent from the home? Yes ☐ No ☐ If yes, please explain:

Has any member of the household ever received housing assistance from this Housing Authority? Yes ☐ No ☐ If yes, was your assistance terminated by the Housing Authority? Yes ☐ No ☐

Do you owe money to any Federal or State subsidized housing program? Yes ☐ No ☐
(Your response will be verified by the Enterprise Income Verification System for accuracy)

WARNING: Title 18, Section 1001 of the US Code states, a person is guilty of a felony for knowingly and willingly making false statements to any department or agency of the United States, making false statements is a felony under California law, Penal code sections 115, 118, 487, 532, and may result in criminal charges.

By signing this application the adult household members contained within this application, certify the information contained within this application is true and correct to the best of their knowledge. The adult household members understand it is their responsibility to report changes to this application in a timely manner. All adults certify the residence will serve as the household's primary residence.

Applicant Signature	Date	Co-Applicant	Date
Adult Household Member	Date	Adult Household Member	Date

Do not write in this space

IVHA Representative Date

If you or anyone in your family is a person with a disability and you require an accommodation to fully utilize our programs and services, please contact the Intake Specialist at (760) 351-7000 ext.118 to request a Reasonable Accommodation Form.

Race and ethnic Self Identification: The information regarding race, national origin, and gender designation solicited within this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but encouraged to do so. This information will not be used in evaluating you application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and gender of individual applicants on the basis of visual observation or surname.

RACE: ☐ White ☐ African American ☐ Asian ☐ American Indian/Alaskan Native ☐ Pacific Islander

ETHNICITY: ☐ Hispanic ☐ Non-Hispanic

EQUAL HOUSING OPPORTUNITY

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 Section 8 Housing Application.

- ✓ I hereby certify I have disclosed to the Imperial Valley Housing Authority all criminal history records of 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. Section11105.3 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	CA Driver's License & Social Security Number	Date of Birth	Signature

Please list all states where the applicant and all members of applicant's household have resided:

Name of household member	Resided in this state	Dates residing in this state

OMB Control # 2502-0581
Exp. (02/28/2019)

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.

Applicant Name:	
Mailing Address:	
Telephone No:	**Cell Phone No:**
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	**Cell Phone No:**
E-Mail Address (if applicable):	
Relationship to Applicant:	

Reason for Contact: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

Commitment of Housing Authority or Owner: 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.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: 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.