## 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 –  $\underline{\text{DO NOT LEAVE BLANKS}}$ 

| SECTION 1 – Head of Household Information   |                         |                       |                                    |                 |                  |            |   |                        |
|---|-------------------------|-----------------------|------------------------------------|-----------------|------------------|------------|---|------------------------|
| Full Legal Name:  | lousenoi                | d Intor               | mation                             |                 |                  |            | 2 1 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 注:制数280                |
| Present Address:  |                         |                       |                                    |                 |                  |            |   |                        |
| City:   | -                       |                       |                                    | State:          |                  |            | Zip Code:                               |                        |
| Mailing Address:  |                         |                       |                                    | State.          |                  | 1          | Zip Code.                               |                        |
| City:   |                         |                       |                                    | State:          |                  |            | Zip Code:                               |                        |
| Home Phone:   | i                       | Mobile                | , ·                                | Otate.          | 0.               | ther:      | zip Code.                               |                        |
| Social Security Number:   |                         |                       | 1                                  | Date of         |                  | 4101,      |   |                        |
| How did you become aw   |                         | servic                | es?                                |                 |                  |            |   |                        |
|   |                         |                       |                                    |                 |                  |            |   |                        |
| SECTION 2 - Disabled  | Housing                 | Requi                 | rement                             |                 |                  |            |   |                        |
|   |                         |                       |                                    |                 |                  |            |   |                        |
| Do you or a family memb   | per require             | e an ac               | cessible u                         | nit to acc      | ommodate         | a disal    | oility? Yes 🗌 1                         | √o 🔲                   |
| Explain:  |                         |                       |                                    |                 |                  |            |   |                        |
| Is the head of household  | or spous                | e, the l              | nousehold                          | member          | with the dis     | sability'  | ? Yes 📗 No 📗                            |                        |
| SECTION 3 - Househo   | ld Membe                | er Info               | mation –                           | Include thos    | e who will resid | le in home | on a part time basis                    |                        |
| Legal Name  | Relationship            | Gender                | Date of Bir                        | th Age          | City & State     | e          | Social Security                         | Enrolled in an         |
|   | to Head of<br>Household | M<br>or F             |                                    |                 | of birthplac     | e          | Number                                  | Institution            |
|   |                         |                       |                                    |                 |                  |            |   | of Higher<br>Learning? |
| 1)  | Applicant               |                       |                                    |                 |                  |            |   | X                      |
| 2)  |                         |                       |                                    |                 |                  |            |   |                        |
| 3)  |                         |                       |                                    |                 |                  |            |   |                        |
| 4)  |                         |                       |                                    |                 |                  |            |   |                        |
| 5)  |                         |                       |                                    |                 |                  |            |   |                        |
| 6)  |                         |                       |                                    |                 |                  |            |   |                        |
| 7)  |                         |                       |                                    |                 |                  |            |   |                        |
| 9)  |                         |                       |                                    |                 |                  | _          |   |                        |
| 10)   |                         |                       |                                    |                 |                  |            |   |                        |
|   |                         |                       | A GENEVICE NAME                    |                 |                  |            |   |                        |
| SECTION 4 – Income 8  |                         |                       |                                    |                 |                  | Assurtaili |   |                        |
| Include all sources of income inc   | cluding; wage           | es, alimor            | ny, child suppo                    | ort, Social S   | ecurity benefits | s, pension | s/retirement, Vetera                    | n's                    |
| benefits, disability/workers comp<br>income. Omitting income information                                      | ensation, Ar            | DC/Casr               | i Aid, rental pi                   | roperty incor   | ne, stock divide | ends and   | any other source of                     | tamily                 |
| such as monetary (cash) assista   | ance from fan           | use your<br>nilv meml | uisquaiilicatio<br>sers or friends | ii ioi ieniai j | Jiograms. Inclu  | ide contin | bullons from outside                    | Sources                |
|   |                         |                       |                                    | i i             |                  |            | Frequency of                            | Income                 |
| Household member  | Sou                     | urce of In            | come                               | Am              | ount of Income   | е          | (weekly, bi-weekl                       |                        |
|   |                         |                       |                                    |                 |                  |            |   |                        |
|   |                         |                       |                                    |                 |                  |            |   |                        |
|   |                         |                       |                                    | -               |                  |            |   |                        |
|   |                         |                       |                                    |                 |                  |            |   |                        |
| Is any of the family income derived from agricultural/farm labor employment? Yes \( \text{No} \( \text{No} \) |                         |                       |                                    |                 |                  |            |   |                        |
| 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 - HO  | usenoia intormati  | ion   |   |  |  |  |
|---|--|---|---|--|--|--|
| 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 –<br>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 \( \sum \) No \( \sup \) If yes, explain:   |  |   |   |  |  |  |
| Are you or any other household member on parole or probation? Yes No No   |  |   |   |  |  |  |
| Are you or any other household member on parole or probation? Yes No ls the applicant or any member of the household subject to a lifetime sex offender registration requirement in any state? Yes No   |  |   |   |  |  |  |
|   |  |   | a federally assisted housin   | a program for  |  |  |
| providing fraudul   | ent information, or l<br>If yes, please expla  | have had to repay   | the program for misrepres   | enting information?  |  |  |
| Is there a family   | member currently a   | absent from the ho  | me? Yes No If yes,  | please explain:  |  |  |
| Yes No  | If yes, was your as  | sistance terminate  | sing assistance from this Hed by the Housing Authority  | ousing Authority?<br>∕? Yes  |  |  |
| Do you owe mon<br>(Your response will a   | ey to any Federal on the enter by the Enter by the Enter   | or State subsidized<br>rprise Income Verifica   | d housing program? Yes [ tion System for accuracy)  | No 🗌   |  |  |
| 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. |  |   |   |  |  |  |
| By signing this applica application is true and   | tion the adult household i<br>correct to the best of the   | members contained with<br>ir knowledge. The adult                                       | household members understand it is  | s their responsibility to report   |  |  |
| By signing this applica application is true and   | tion the adult household i<br>correct to the best of the   | members contained with<br>ir knowledge. The adult                                       | household members understand it is  | s their responsibility to report   |  |  |
| By signing this applica application is true and   | tion the adult household of correct to the best of the ation in a timely manner.   | members contained with<br>ir knowledge. The adult                                       | household members understand it is  | s their responsibility to report   |  |  |
| By signing this applica application is true and changes to this application   | tion the adult household of correct to the best of the ation in a timely manner.   | members contained with<br>ir knowledge. The adult<br>All adults certify the resi        | household members understand it is dence will serve as the household's  | s their responsibility to report primary residence.  |  |  |
| By signing this applica application is true and changes to this application.  Applicant Signature   | tion the adult household of correct to the best of the ation in a timely manner.   | members contained with<br>ir knowledge. The adult<br>All adults certify the resi<br>ate | household members understand it is dence will serve as the household's Co-Applicant   | s their responsibility to report primary residence.  Date  |  |  |
| By signing this applica application is true and changes to this application.  Applicant Signature  Adult Household Mem  | tion the adult household of correct to the best of the ation in a timely manner.   | members contained with<br>ir knowledge. The adult<br>All adults certify the resi<br>ate | household members understand it is dence will serve as the household's Co-Applicant   | s their responsibility to report primary residence.  Date  |  |  |
| By signing this applica application is true and changes to this application.  Applicant Signature  Adult Household Mem  Do not write in this space  | tion the adult household correct to the best of the ation in a timely manner.  Date our family is a person were adult to the best of the ation in a timely manner.   | members contained with ir knowledge. The adult All adults certify the residate          | household members understand it is dence will serve as the household's  Co-Applicant  Adult Household Member  | primary residence.  Date  Date  Date  Date  Ully utilize our programs  |  |  |
| By signing this applica application is true and changes to this application.  Applicant Signature  Adult Household Memoral Do not write in this space  If you or anyone in yand services, please Form.  Race and ethnic Self lorequested in order to as against tenant application required to furnish this in  | ber Da  contact the less of the ation in a timely manner.  Da  ber Da  cour family is a person we contact the Intake Special Contact the Intake Special Community of the Contact the Intake Special Contact The In | members contained with ir knowledge. The adult All adults certify the residute atte     | household members understand it is dence will serve as the household's  Co-Applicant  Adult Household Member  IVHA Representative  ou require an accommodation to form  | Date  Date |  |  |
| By signing this application is true and changes to this application.  Applicant Signature  Adult Household Memoral Do not write in this space  If you or anyone in yound services, please Form.  Race and ethnic Self love requested in order to as against tenant application required to furnish this in you in any way. However, application or the second services in the second services are self-second services.   | ber Da  contact the less of the ation in a timely manner.  Da  ber Da  cour family is a person we contact the Intake Special Contact the Intake Special Community of the Contact the Intake Special Contact The In | members contained with ir knowledge. The adult All adults certify the residute atte     | household members understand it is dence will serve as the household's  Co-Applicant  Adult Household Member  IVHA Representative  ou require an accommodation to follow ext.213 to request a Reasonal all origin, and gender designation solicited Housing Service that the Federal laws sex, familial status, age, and disability will not be used in evaluating you applied. | Date  Date |  |  |





#### **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<br>Security Number | Date of Birth | Signature |
|------|---|---------------|-----------|
|      |   |               |           |
|      | 140000  |               |           |
|      |   |               |           |
|      |   |               |           |
|      |   |               |           |

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 |
|--------------------------|-----------------------|------------------------------|
|                          |                       |                              |
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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):   | 1  |        |  |  |  |
| 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 P Change in lease terms Change in house rules Other: | rocess |  |  |  |
| 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 case 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.

Form HUD- 92006 (05/09)