Imperial Valley Housing Authority

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

(700) 331-7000						(760) 337-7	500
DO NOT WRITE IN THIS SE	PACE APP	P#	BR		_ PREFERENCE		
PROGRAMS			DATE		TIME	STA	FF
Application f		USE	IG Assis	tan	ce – Vall	ey Apartn	
SECTION 1 – Head of	Househol	d Infor	mation			1	
Full Legal Name:	nousenor		mation	<u> </u>			
Present Address:	_						
City:			St	ate:		Zip Code:	
Mailing Address:							
City:			St	ate:		Zip Code:	
Home Phone:	Mo	obile:			Email:	1	
Social Security Number	r:		Da	ate of	Birth:		
How did you become a		r servic	es?				
SECTION 2 – Disabled	Housing	Requi	rement				
						_	_
Do you or a family mem	nber require	e an ac	cessible unit	to acc	commodate a d	isability?Yes 🔄 🛛	No 🗌
If so, please explain:		- 41 1	.				-
Is the head of househol							
SECTION 3 – Househo	old Wembe	er Infoi		ude thos	se who will reside in I	nome on a part time basis	Enrolled in
Legal Name	Relationship to Head of Household	Gender M or F	Date of Birth	Age	City & State of birthplace	Social Security Number	an Institution of Higher Learning?
1)	Applicant						
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)			2				
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 incon	ne derived from agricultura	al/farm labor employment?	/es 🗌 No 🗌	
Has any household mem	ber received a lump sum	payment in the past year?	Yes 🗌 No 🗌	
Does any member of the	household own any prope	erty in any country? Yes 🗌	No	
, ,	household have a bank a			
Bank Name: Account Holders Name:				
Make and Model of Vehicle(s):				
Monthly Vehicle Paymen	it: \$			
Are you or someone else	e responsible for the vehic	e payment?		
Does any household member earn income from rentals or real estate? Yes No				

SECTION 5 – Houseno	ia information	n neter of Vincense and States and		
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:				
Is the applicant or any n	Are you or any other household member on parole or probation? Yes No 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 I If yes, please explain:				
Is there a family membe	er currently absent from	the home? Yes No If yes,	please explain:	
		ed housing assistance from this Ho rminated by the Housing Authority		
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.				
Analia ant Oire sturs	Data	- Co Applicant	Data	
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





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
	8.	
		8

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 Organi	ization:
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
Emergency	Assist with Recertification Process
Unable to contact you	Change in lease terms
Termination of rental assistance	Change in house rules
Eviction from unit	Other:
Late payment of rent	
	u are approved for housing, this information will be kept as part of your tenant file. If issues s or special care, we may contact the person or organization you listed to assist in resolving the bu.
Confidentiality Statement: The information provided applicant or applicable law.	on this form is confidential and will not be disclosed to anyone except as permitted by the
requires each applicant for federally assisted housing to organization. By accepting the applicant's application, requirements of 24 CFR section 5.105, including the pr	community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) to be offered the option of providing information regarding an additional contact person or the housing provider agrees to comply with the non-discrimination and equal opportunity rohibitions on discrimination in admission to or participation in federally assisted housing origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on f 1975.
Check this box if you choose not to provide the	e 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 111D the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in 11UD-assisted housing motion to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, fired, 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 tesolving any tenancy issues atising 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 fiaud, 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 IIUD- 92006 (05/09)