

Imperial Valley Housing Authority

1402 D Street. Brawley, CA 92227
(760) 351-7000
1690 West 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
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:

Other:

How did you become aware of our services?

SECTION 2 – Housing Options

Do you or a family member have a disability that would require an accessible unit to accommodate 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	Full Time Student Yes or No
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)

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:

Please list the name(s) of household members who reside in the home on a part time basis, include the number of days person resides in the home each month:

**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 any member of the household subject to register as a sex offender 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. Household agrees to allow the release wage matching data to RHS and the borrower. 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 _____

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)337-7500 ext.6 to request a Reasonable Accommodation Form.

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.

Ethnicity: ☐Hispanic or Latino ☐Not Hispanic or Latino

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



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