



HOUSING AUTHORITIES CITY OF EUREKA & COUNTY OF HUMBOLDT



735 WEST EVERDING STREET, EUREKA CA 95503
PHONE: (707) 443-4583 FAX: (707) 443-4762 TTY: (800) 651-5111

Eureka Senior Housing Preliminary Application

*****For Ages 62 and above*****

All Senior Housing units are located within Eureka city limits

Preliminary Application

- All sections of this application must be complete and required documentation must be included before the application is accepted.
- The completed application and required documentation must be returned to this agency, either in person or by mail. Faxed applications will **not** be accepted. Incomplete applications will **not** be processed or returned.

Submission of an application does not guarantee placement on a wait list, eligibility, or an offer of housing.

APPLICATION AND INFORMATION FOR HOUSING PROGRAMS:

To be qualified for admission an applicant must:

- Head of Household be at least 62 years of age
- Have an annual income, at the time of admission not to exceed income limits established by CTCAC
- Meet all application selection criteria, including attending screening(s), interview(s), and providing all requested documentation and information.
- If you owe any agency in connection with any federally subsidized housing program, you will not be assisted until the balance is paid-in-full and this agency receives written confirmation from said agency
- Comply with the Housing Authority's policies and procedures based on the program subsidy
- No household members may be engaged in any drug related or criminal activity that threatens the life, health, safety or right to peaceful enjoyment of the premises by other residents.
- Regulations do not permit the use of or possession of marijuana on the premises of your federally subsidized rental property. This includes a tenant, any member of the tenant's household and/or guest(s) on the property.
- This agency must carry out background checks necessary to determine eligibility. This agency must prohibit admission of persons subject to a lifetime sex-offender registration requirement. This agency must establish standards prohibiting admission to federally assisted housing if we determine we have reasonable cause to believe a household member's abuse or pattern of abuse of alcohol interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents.



The Housing Authorities are Equal Housing Opportunity Organizations



DOCUMENTATION

- Applications will not be accepted if incomplete or if missing the required documents.
- Any documentation you provide with this application will become the property of the Housing Authority.
- Please check your application for complete answers to all questions and ensure you have signed and dated everywhere a signature is required.
- Attach copies of all required documentation before you submit your application.

THE FOLLOWING COPIES MUST BE SUBMITTED WITH THE APPLICATION:

- Birth Certificate, Resident Alien Card, Naturalization papers or valid Passport for each adult household member
- Current valid Driver's License or State ID for all adult household members
- Social Security Card for each household member
- Proof of gross monthly income. This must be current verification not more than 60 days old. This includes but is not limited to:
 - Wages – wage stubs for the past three (3) consecutive months or current statement from your employer, on
 - their letterhead, verifying the number of hours worked and rate of pay per pay period
 - Social Security – current award letter from the Social Security Department
 - Unemployment – current claim statement from EDD or documentation of application
 - Veteran Benefits – current award notice from VA
 - Spousal Support – DA printout showing the past year's income and/or the latest court order, civil agreement
 - or private agreement
 - General Relief – current Passport to Services or documentation of application
 - Self-employment – copy of last year's Federal Tax return including Schedule C, and copy of profit and loss
 - Statement for the past six (6) months; reflecting gross and net income
 - Past six (6) consecutive months for CD, IRA, retirement/pension accounts and a current savings statement.
 - This may **not** be an ATM receipt
 - Copies of Deeds of Trust – any property owned by you or shared ownership

Eureka Senior Housing Locations

There are 22 one-bedroom units located in Eureka. The units are all located within the city limits.

822 C Street, Apartments 1, 2, 3, 4, 5, 6, 7 and 8

942 E Street, Apartments 1, 2, 3 and 4

834 and 838 I Street

904 I Street, Apartments 1, 2, 3 and 4

725, 727, 729 and 731 9th Street

This application is for Senior Housing Program Waiting list ONLY
All documentation received will become the property of the Housing Authority

PLEASE COMPLETE IN BLUE INK ONLY

ALL QUESTIONS MUST BE ANSWERED

NOTE: If you need additional space for information, please provide that information on a separate piece of paper.

FAMILY INFORMATION

Full Legal Name of Head of Household: _____
 (as shown on Social Security card)

Full Legal Name of Spouse or Co-Head: _____
 (as shown on Social Security card)

Mailing Address: _____ Apt. # _____ City: _____ State: _____ Zip: _____
 Legal Street Address: _____ Apt. # _____ City: _____ State: _____ Zip: _____
 Telephone #s: Cell: _____ Home: _____ Message: _____
 E-Mail: _____

HOUSEHOLD MEMBERS: List the LEGAL name as shown on the Social Security Card for each individual. **List all persons that will be living with you when you receive housing.** List the Head of Household first, then Spouse/Co-Head, or other adult.

Full Legal Name (as shown on social security card)	Relation to Head of Household	Sex	Decline to Disclose	Age	Birth Date	Social Security #
1.	HH					
2.						

- Does anyone live with you now who is not listed above? Yes No
- Does anyone plan to live with you in the future who is not listed above? Yes No
- Please explain if you answer "yes" to either question above. _____
- Is anyone a student? Yes No Full time Part time Who: _____
- Have you or any other adult member(s) in your household used any other name(s) and/or Social Security number(s) other than the one you are currently using? Yes No If yes, please explain. _____
- Do you or any household members own real property? Yes
- Does this household have assets either combined or separately of \$100,000 or more? Yes No

STATISTICAL QUESTIONS FOR HEAD OF HOUSEHOLD ONLY

- Are you a veteran? Yes No
- Are you a widow(er) of a veteran? Yes No
- What is your citizenship status? Citizen Non-citizen with eligible immigration status Ineligible noncitizen Pending verification
- Are you displaced by a natural disaster? Yes No
- Are you homeless? Yes No

STATISTICAL QUESTIONS continued

7. The race and ethnicity information on this form is required for the head of household for statistical purposes only to ensure nondiscrimination in the program.

RACE: American Indian Alaska Native
 (more than 1 may be selected) Black or African-American Asian
 White Native Hawaiian or other Pacific Islander

ETHNICITY: Hispanic or Latino Not Hispanic or Latino

TOTAL INCOME RECEIVED BY ALL FAMILY MEMBERS

7. This includes all sources of income including any regular contributions or donations to the family from organizations or other persons who do not live in the unit and/or payments made on behalf of the family by an outside organization and/or person(s). If an adult family member has no income, please list their name and write none in the source of income box.

Name of Person Receiving Income	Source of Income (wages, SSI, SSD, etc)	How Often Paid (monthly, weekly, etc)	Gross income each pay period

8. Is anyone in the household employed? Yes No If yes, name of employer, address and phone number. _____

TOTAL ASSETS FOR ALL FAMILY MEMBERS

9. List total cash value and total income received for assets owned by all family members.

Type of Accounts	Cash Value	Annual Income Received from Asset (e.g. interest dividends, rents, etc)
Checking Accounts		
Savings Accounts		
Stocks, Bonds, CD's, Investments etc.		
Real Estate		
Other		

10. Do you own or have interest in any real property? Yes No If yes, please provide a copy of ownership, such as deed, title, legal documents, etc.

CURRENT LANDLORD INFORMATION

11. Landlord's name: _____ Telephone Number: _____
 Landlord's Address: _____ City: _____ State: _____ Zip: _____

12. Have you been served a notice to vacate the unit which **you now occupy**? Yes No
If yes, what was the reason the Eviction Notice was served? (Provide a copy of Eviction Notice) _____

PREVIOUS LANDLORD INFORMATION

Name of landlord: _____ Telephone number: _____
Landlord's address: _____ City: _____ State: _____ Zip: _____
Date moved in: ____ / ____ / ____ Date moved out: ____ / ____ / ____
Address of rental: _____ City: _____ State: _____ Zip: _____

Name of landlord: _____ Telephone number: _____
Landlord's address: _____ City: _____ State: _____ Zip: _____
Date moved in: ____ / ____ / ____ Date moved out: ____ / ____ / ____
Address of rental: _____ City: _____ State: _____ Zip: _____

PREVIOUS SUBSIDIZED HOUSING INFORMATION

13. Has **any** member of your household ever lived in assisted/subsidized housing as an adult? Yes No
If yes, program: Public Housing Housing Choice Voucher (Section 8) Tax Credit
 Project Based (Section 8) Other: _____

Name of person: _____
Address of subsidized unit: _____ City: _____ State: _____ Zip: _____
Date subsidy residency started: ____ / ____ / ____ Date ended: ____ / ____ / ____
Name of agency providing subsidy: _____
Address: _____ City: _____ State: _____ Zip: _____

14. Did you leave owing a balance? Yes No

15. Were you served a notice to vacate or evicted from the unit listed above? Yes No

NOTE: If additional units apply, please provide information on a separate piece of paper.

PLEASE REMEMBER: If you owe any agency in connection with any federally subsidized housing program, you will not be assisted until the balance is paid in full and this agency receives confirmation from that agency.

REASONABLE ACCOMMODATION: Please complete regardless of need. The family must explain what type of accommodation is needed to provide the person with the disability full access to the Housing Authority's (PHA) programs and services. There must be an identifiable relationship between the requested accommodation and the individual's disability. The PHA encourages applicants and participants to make their request in writing using a reasonable accommodation request form. A reasonable accommodation request form is available in the office.

16. Are you or anyone in your household disabled? Yes No
If yes, please complete the following (if applicable):

17. Is there a household member who needs a Reasonable Accommodation? Yes No

18. Do you or your spouse/co-head require a wheelchair accessible unit? Yes No

19. Do you or your spouse/co-head require a hearing accessible unit? Yes No

20. Do you or your spouse/co-head require a sight accessible unit? Yes No

21. Do you or your spouse/co-head require a live-in attendant? Yes No

If you answered yes to one *or* more of these questions, please request a reasonable accommodation packet. If you do not wish to request a reasonable accommodation packet, check here: I do not wish to request a reasonable accommodation at this time, but do understand I may at any time make such a request.

PROGRAM INTEGRITY QUESTIONS

- 22. Are you or anyone in your household a registered sex offender? Yes No
- 23. Are you or anyone in your household a registered alcohol offender? Yes No
- 24. Are you or anyone in your household a registered drug offender? Yes No

Equal Access Rule: The Housing Authorities of the City of Eureka (HACE) and County of Humboldt (HACH) are Equal Housing Opportunity Organizations and do not discriminate based on age, race, color, creed, national origin, gender, gender identity, genetic makeup, religious affiliation, sex, disability, physical or mental disability, HIV/AIDS, familial status, marital status, citizenship, actual or perceived sexual orientation, or any other basis protected by federal, state or local law.

REFERENCES

25. List three friends or relatives in the area to be contacted for messages or in case of emergency.

Name	Address, City, Zip	Phone number	Relation

26. List California driver license number(s) or current California phone ID number(s) for **ALL** household members. (**Provide copies**)

Name	License/ID number	State

27. Do you have an automobile? Yes No If yes, please fill out.

Make	Model	License plate number	Year

CRIMINAL BACKGROUND

28. Have you or anyone living in your household ever been arrested or cited for a violation? Yes No

If yes, please explain below giving name of person, date, location, charge, circumstances, case number and court status.

Name: _____ Date: _____ Location: _____
 Charge: _____ Circumstance: _____

29. Have you or any member of your household ever been convicted of the illegal possession, manufacture or distribution of a controlled substance? Yes No If yes, please explain below giving name of person, date, location, charge and circumstance.

Name: _____ Date: _____ Location: _____
Charge: _____ Circumstance: _____

ALL EUREKA SENIOR HOUSING UNITS ARE SMOKE FREE. Residents are advised that smoking is not allowed in any unit, by any tenant and/or guest. This includes but is not limited to patios, backyards and porches. You will sign an acknowledgment regarding this and other rules and regulations upon leasing.

Initial _____ Authorizations, Representations and Certifications – I/We certify and affirm that the information stated on this application is complete, true and correct. I understand that *any* misrepresentation of information or failure to disclose information requested on this application may disqualify me/us from consideration for admission or participation, and may be grounds for denial, eviction or termination of assistance. *Any* attempt to obtain Housing Assistance or a rent reduction by false information, impersonation, failure to disclose or other fraud, and *any* act to such an attempt is a crime.

Initial _____ Warning! Title 18, Section §1001 of the U.S. Code, Statements or entries generally (a) Except as otherwise provided in this section, whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully – (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, imprisoned not more than 5 years or, if the offense involves international or domestic terrorism (as defined in section 2331), imprisoned not more than 8 years, or both. If the matter relates to an offense under chapter 109A, 109B, 110, or 117, or section 1591, then the term of imprisonment imposed under this section shall be not more than 8 years.

Initial _____ Regulations do not permit the use of, or possession of, marijuana on the premises of your federally subsidized rental property. CA 215 cards are not recognized. This includes a tenant, any member of the tenant's household and/or guest(s) on the property.

Initial _____ Please Remember: It is your responsibility to notify the Housing Authority in writing within 10 days of any changes to the information provided on this application or subsequent change. Failure to update contact information may result in the application being withdrawn from the waiting list per this agency's Affordable Housing Guidelines (4350.3).

Consent: I/We hereby consent to inquiries being made for verifying the statements contained herein, including income, assets, rental references, past subsidized housing references (if applicable), a credit and criminal background check for each state that I/we have lived in as part of the eligibility determination process. I/We understand this release is valid when signed and is valid for a period of thirteen (13) months.

Head of Household: _____ Date: _____

Spouse or Co-Head: _____ Date: _____

Other Adult: _____ Date: _____

APPLICANT(S) CERTIFICATION

The undersigned applicant(s) acknowledge that:

- 1. Applicant(s) is/are required to cooperate in supplying all information needed to determine level of benefits.
- 2. Cooperating also includes attending prescheduled meetings and completing and signing required forms.
- 3. The Housing Authority will/may request information from my current and prior landlord(s) as part of the screening process.
- 4. A criminal background check is part of the screening process.
- 5. The refusal or failure to cooperate will/may result in delays and/or denial of housing assistance.

_____ Initial Date	_____ Initial Date	_____ Initial Date
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CERTIFICATION/CONSENT

The information provided above is true and complete to the best of my/our knowledge and belief. I/we consent to the disclosure of income and asset verification related to my/our application for tenancy.

_____ Applicant signature	_____ Date
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_____ Co-Head/Spouse signature	_____ Date
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_____ Other adult signature	_____ Date
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I/We, (name/s) _____, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income and/or assets to Eureka Housing Associates and the Housing Authority of the City of Eureka for purposes of verifying information on my/our housing application.

INFORMATION COVERED

I/We understand previous or current information regarding me/us may be needed. Verification and inquiries that may be requested include, but are not limited to, identity, employment, income and assets, medical or child allowances. I/We understand this authorization cannot be used to obtain any information about me/us that is not pertinent to my/our eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release information include, but are not limited to:

- | | | |
|---|----------------------------------|--|
| Past and present employers | Welfare agencies | Veterans Administration |
| Current and previous landlords
(including Public Housing Agencies) | State unemployment agencies | Retirement systems |
| Support and alimony providers | Social Security Administration | Banks and other Financial institutions |
| | Medical and child care providers | |

CONDITIONS

I/We agree a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that is incorrect.

SIGNATURES

_____ Applicant signature	_____ Print name	_____ Date
_____ Co-Head/Spouse signature	_____ Print name	_____ Date
_____ Other adult signature	_____ Print name	_____ Date

NOTE: This general consent may **NOT** be used to request a copy of a tax return. If a copy of a tax return is needed, IRS Form 4506, "Request for Copy of Tax Form" must be prepared and signed separately.

