HACLA USE ONLY

Household Name: _____ Client #: _____ App Date/Time: _____

THIS IS NOT AN APPLICATION FOR THE SECTION 8 PROGRAM

HOUSING AUTHORITY OF THE CITY OF LOS ANGELES

APPLICATION FOR PUBLIC HOUSING UNIT

(Be sure to answer all questions completely. Please write legibly)

EQUAL HOUSING OPPORTUNITY

It is the applicant's responsibility to notify the Housing Authority's Application Center of any changes to the information provided on this application. Failure to update address and contact information may hinder the applicant's ability to be admitted into the program.

Applicant Last Name _____ First Name _____ MI ____

Co-Applicant Last Name _____ First Name _____ MI ____

Current Address _____ Apt # ____ City _____ State ____ Zip _____

Mailing Address (if different from above)_____

Home Phone # _____ Cell # _____ Work # _____

Primary language of the applicant: Oral _____ Written _____

A. HOUSEHOLD COMPOSITION:

1. List everyone, including yourself, foster children/adult, and attendants who are necessary for the care of a family member, who will be living in the public housing unit that you are applying for. If you need more space, continue on back side. You must complete each box for each family member. You (the applicant/head of household) are to be in the 1st line. If you require more space, please continue on another sheet and attach to this application.

Ln #	Last Name	First Name	MI	SSN	Relationship to Head of Household	Sex M/F	Birth Date	Age	Place of Birth
1					Applicant/Head of Household				
2					Co-Head				
3									
4									
5									
6									
7									
8									
9									

2. Do you anticipate any changes in your household composition during the next 12-months?
☐ Yes ☐ No. If Yes, please explain _____

3. Is any member of your household temporarily away from the residence? ☐ Yes ☐ No. If Yes, please explain _____

B. PREFERENCE INFORMATION

Admission to the Public Housing program is based upon local preferences. Please indicate the preference category that your household falls under. **You must check at least 1 of the following**:

- ☐ The Head of Household or co-head works at least 20 hours a week
- ☐ The Head of Household and co-head or sole member are over the age of 62 years or disabled
- ☐ The Head of Household or co-head is enrolled full time in an accredited educational or training program that is designed to prepare them for the job market
- ☐ Either the Head of Household or co-head, work and attend an institution of higher learning, in combination, at least 20 hours each week
- ☐ Otherwise income self sufficient (20 x Current Minimum Wage x 52)
- ☐ A member of the household is a service person or a Veteran
- ☐ None of the above

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C. ESTIMATED INCOME:

1. Based upon all sources of income for all members of your household, what is the estimated annual income for the household? Sources of income include, but are not limited to the following: Employment, V.A. Benefits, Welfare (TANF/Calworks, General Relief), Social Security, SSI, Disability, Unemployment, Scholarships, Worker's Compensation, Pensions, Annuity, Child Support, Alimony, Foster Care, KinGAP, and earned income tax credit. This includes any regular contributions or donations to the family from organizations or other persons who do not live in the unit or payments made on behalf of the family by an outside organization/person(s).

Name of Household Member	Income Type	Rate :($ per day, week, month, year…)	Name of Household Member	Income Type	Rate :($ per day, week, month, year…)
		$ per			$ per
		$ per			$ per
		$ per			$ per

D. REASONABLE ACCOMMODATIONS

If you or a member of your household is mobility impaired, you may be assigned to an accessible unit at your request, providing such an apartment is available. There are two types of accessible apartments, fully accessible apartments designed for wheelchair access and one story or "flat" apartments.

Please indicate if your family requires an accessible unit and if so, what type.

☐ No, I/we do not require an accessible unit

☐ Yes, I/we require an accessible unit (Please indicate below which type)

- ☐ Fully accessible apartments, those apartments designed for wheelchair access
- ☐ One story or "flat" apartments (all the rooms are on the ground floor)
- ☐ Other. Please specify _____

E. RACE/ETHNICITY – This following information is for statistical purposes only and will not affect your place on the waiting list. Your voluntary cooperation in providing this information is appreciated. Please indicate the ethnicity of the Head of Household:

☐ Caucasian ☐ Hispanic ☐ Black ☐ Asian/Pac Islander ☐ Amer Indian/Alaskan Native

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APPLICANT CERTIFICATIONS

I/We understand that I/we must provide verification that I/we are qualified for a preference and this must be my/our status at the time I/we are offered housing. I further understand that if I/we do not qualify for the preference at the time that my/our household is offered housing, my/our preference status will be withdrawn and my/our application returned to the appropriate place on the waiting list.

I/We certify that the statements made on this Application for Public Housing are true to the best of my/our knowledge and belief and understand that for verification purposes inquiries must be made by the Housing Authority. I/We authorize employer(s), the Department of Public Social Services, the Social Security Administration, and all others to release any and all information about me/us, which the Housing Authority deems necessary, in order to be approved for participation in the Public Housing Program. I/We understand that any false or incomplete statements made on this application will cause me/us to be ineligible.

WARNING: 18 U.S.C. 1001 provides that whoever knowingly and willingly makes or uses a document or writing containing false, fictitious, or fraudulent statement or entry in any manner within the jurisdiction of any department or agency of the United States shall be fined or imprisoned for not more than five years or both.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____