



Housing Authority of the City of National City
Housing Choice Voucher Program

APPLICATION FORM

NAME: _____

DATE: _____

ADDRESS: _____

PHONE: _____

EMAIL ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT):

Check the rental assistance you are applying for:

- Section 8 Tenant Based Rental Assistance
- Section 8 Project Based Rental Assistance (seniors 62 and older only at Kimball Tower)

List all persons who would live with you if you receive Section 8 assistance. Use legal names only. Write "N/A" if information does not apply or "UNK" if unknown. **PLEASE PRINT.** Note: an incomplete application will delay the application process.

LEGAL NAME	RELATIONSHIP TO HEAD	SEX M/F	DATE OF BIRTH	PLACE OF BIRTH	SOCIAL SECURITY NUMBER	SCHOOL NAME OR OCCUPATION
1.	SELF					
2.						
3.						
4.						
5.						
6.						
7.						
8.						

(Attach additional sheet of paper if needed for your household members.)

Does anyone live with you now who are not listed above? Yes No If yes, explain why this person will not be living with you if you receive Section 8 assistance: _____

LIST ALL MONTHLY INCOME FOR ALL PERSONS LISTED ABOVE:

	Amount	Who Receives
Social Security	\$ _____	_____
SSI	\$ _____	_____
CALWORKS	\$ _____	_____
CALFRESH	\$ _____	_____
Employment (Gross Amount)	\$ _____	_____
Other Employment	\$ _____	_____
Retirement	\$ _____	_____
Unemployment	\$ _____	_____
School Grants	\$ _____	_____
Disability	\$ _____	_____
Other Income	\$ _____	_____

NOTE: The following information is being requested to comply with equal opportunity requirements and to assure that no discrimination occurs. Your answers will not affect (either positively or negatively) your selection for the program.

Is the head of your household: (check one)

- White Black/African American American Indian/Alaska Native
 Asian Native Hawaiian/Other Pacific Islander/Other

Ethnicity: Hispanic / Latino or Non-Hispanic / Latino

Do you claim any of the following local preferences? (Check all that apply.)

- Head of household, spouse or a surviving spouse is a U.S. vet (other than dishonorable discharge).
 Head of household or spouse **“live or work”** in the City of National City (excluding Lincoln Acres)
 Head of household or spouse is elderly (62 years or over)
 Head of household or spouse is disabled
 Family with dependent child(ren)
 Displaced by local government action of the City of National City

IMPORTANT: *If you do not speak English, please indicate the language you speak:* _____

NOTICE:

Title 18, Section 1001 of the United States Code states that a person knowingly and willingly makes false or fraudulent statements to any department or agency of the United States is guilty of a felony.

Section 214 of the Housing and Community Development act of 1980, as amended, prohibits HUD from making financial assistance available to persons other than U.S. citizens, nationals, or certain categories of eligible non-citizens in HUD’s Section 8 housing assistance payment program. Each applicant will be required to provide documentation as to his or her citizenship status.

I/WE CERTIFY THAT THE INFORMATION GIVEN ON THIS APPLICATION IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE, AND THAT, I/WE WILL INFORM YOU OF ANY CHANGES, SHOULD THEY OCCUR. I/WE UNDERSTAND THAT FALSE INFORMATION OR FALSE STATEMENTS ARE PUNISHIBLE UNDER FEDERAL LAW AND ARE GROUNDS FOR DENIAL OF HOUSING ASSISTANCE.

Signature (Head of Household)

Signature (Co-Head / Other adult)

Date: _____

Date: _____