Housing Authority of the County of Alameda (HACA)

22941 Atherton Street • Hayward, CA 94541-6633 Fax: (510) 886-7058 Email: hacainfo@haca.net

Waiting List APPLICATION

◼Supp. Services ❑Displaced ❑PH Mishoused ❑CHOICES/FACT Grad ❑PBV In-Place ❑Owner Referral

**Please complete this form in ink and sign & date the form. Return it to HACA via mail, fax or email.**

|  |
| --- |
| **Part 1: Head of Household** |

|  |  |  |
| --- | --- | --- |
| **Applicant** | | |
| First Name: | **Ethnicity** (Check one box)  ❑ Hispanic or Latino  ❑ Not Hispanic or Latino  **Race** (check all that apply)  ❑Amer. Indian or Alaska Native  ❑Asian  ❑Black or African American  ❑Native Hawaiian or Other Pacific Islander  ❑White  Racial and ethnic data for statistical purposes only. |
| Middle Name: |  |
| Last Name: |  |
| Social Security Number: | **- -** |
| Date of Birth (mm/dd/yyyy): | **/ /** |
| Sex: | ❑ M ❑ F |
| Disabled? | ❑Yes ❑No |
| Telephone #: | ( ) |
| Message Telephone #: | ( ) |
| Email Address: |  |

|  |  |
| --- | --- |
| Do you understand English well enough to conduct business with the Housing Authority in the English language? | ❑Yes ❑No |
| If necessary, do you have access to a competent adult English speaking person to assist you with conducting business with the Housing Authority in English? | ❑Yes ❑No |
| If you have limited English proficiency and do not have a competent adult English speaking person to assist you, what language would you like to have interpretation/translation from the Housing Authority?  ❑Chinese ❑Farsi ❑Spanish ❑Vietnamese ❑\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Do you require a reasonable accommodation due to a disability? ❑Yes ❑No  What kind of accommodation do you require? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

|  |
| --- |
| **Part 2: Household Information** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Home Address (Where you currently live) | |  | Mailing Address if Different (Where you currently receive mail) | |
| Address Line 1: |  |  | Address Line 1: |  |
| Address Line 2: |  |  | Address Line 2: |  |
| City: |  |  | City: |  |
| State: |  |  | State: |  |
| Zip Code: |  |  | Zip Code: |  |

Note: If you home or mailing address changes, you must notify HACA in writing to maintain your waiting list status.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Household Members – Who will live with you if you are assisted by HACA?** | | | | | | |
| If you will live by yourself (no one else will live with you), write “None” in the first box. List information for adults first, then children under age 18. List the relationship of each person to the Head of Household (spouse, mother, child, foster child, etc.). Use a separate piece of paper if there are more household members. | | | | | | |
| First Name | Last Name | Social Security Number | Date of Birth (mm/dd/yyyy) | Sex (Check one) | Disabled? (Check one) | Relationship to Head of Household |
|  |  |  |  | ❑M ❑F | ❑Yes ❑No |  |
|  |  |  |  | ❑M ❑F | ❑Yes ❑No |  |
|  |  |  |  | ❑M ❑F | ❑Yes ❑No |  |
|  |  |  |  | ❑M ❑F | ❑Yes ❑No |  |
|  |  |  |  | ❑M ❑F | ❑Yes ❑No |  |
|  |  |  |  | ❑M ❑F | ❑Yes ❑No |  |
|  |  |  |  | ❑M ❑F | ❑Yes ❑No |  |

|  |
| --- |
| **Part 3: Additional Eligibility, Preference and Priority Information** |

**Please answer question 1. Then follow the instructions in *italics*.**

|  |  |  |
| --- | --- | --- |
| **1.** | Are you or is one of the people who will live with you a current member of the military, a veteran, or the surviving spouse of a veteran?  *(Please answer question 2.)* | ❑Yes ❑No |
| **2.a** | HACA’s jurisdiction includes the cities of Albany, Dublin, Emeryville, Fremont, Hayward, Newark, Pleasanton, San Leandro, Union City and the all unincorporated areas of Alameda County, including, but not limited to Ashland, Castro Valley, Cherryland, Eden Township, Livermore Valley, San Lorenzo and Sunol.  Do you, or one of the people who will live with you, work, or has been hired to work in HACA’s jurisdiction?  *(Please answer question 2.b.)* | ❑Yes ❑No |
| **2.b** | Do you, or one of the people who will live with you, work, or has been hired to work in the City of *Fremont*?    *(Please answer question 3.a.)* | ❑Yes ❑No |

**Page 1 of 2**

|  |  |  |
| --- | --- | --- |
| In the future, you will be asked to provide verification of involuntary displacement if you answer “Yes” to question 3.b. and answer “No” to question 3.c. or if you answer “Yes” to questions 4. or 5. | | |
| **3.a** | Were/are you living in a unit owned or managed by HACA (including Public Housing) and 1) will be displaced within the next 120 days, 2) have already been displaced within the last 120 days, or 3) your unit has been or is slated to be demolished, disposed of and/or voluntarily converted?  *(If you answered “Yes” to question 3.a., skip to question 4. If you answered “No”, please answer question 3.b.)* | ❑Yes ❑No |
| **3.b** | Are you a person/family whose dwelling unit meets one of the following criteria?   1. Has been destroyed, rendered uninhabitable or projected to be uninhabitable for at least 120 days from the date of displacement as a result of;    1. A Federally-declared disaster in any state, or    2. A disaster declared by the State of California; or    3. In HACA’s jurisdiction, action or inaction by a landlord in response to a disaster declared by the Federal Government or the State of California-provided that you were meeting all conditions of occupancy at the time of its occurrence; or 2. In HACA’s jurisdiction, has been, or will be, rendered legally or functionally uninhabitable for, at least, 120 days from the date of displacement as a result of the disaster.   *(If you answered “Yes” to question 3.b., please answer question 3.c. If you answered “No”, skip to question 4.)* | ❑Yes ❑No |
| **3.c** | Are you currently living in replacement housing that is decent, safe, sanitary, adequate for your family size and occupied through a written or oral lease or occupancy agreement (This does not include transient facilities, hotels, motels or temporary shelters and, in the case of Victims of Domestic Violence, housing occupied by the individual who engages in such violence. It does include shared housing with family or friends)? If you answer “yes” you are considered to be living in “standard, permanent replacement housing”.  *(Please answer question 4.)* | ❑Yes ❑No |
| **4.** | Have you been displaced from your home as a result of the City of Emeryville’s or City of Emeryville Redevelopment Agency’s public projects or the City of Emeryville’s code enforcement activities?  *(Please answer question 5.)* | ❑Yes ❑No |
| **5.** | Do you or does your family verifiably lack housing? This includes one whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations; or an individual who is a resident in transitional housing; or an individual who has as a primary residence a public or private place not designated for, or ordinarily used as, a regular sleeping accommodation for human beings.  *(Please answer question 6.)* | ❑Yes ❑No |

|  |  |  |
| --- | --- | --- |
| **6.** | PBV-Magnolia Terrace and Main Street Village ONLY: Are you a disabled individual or family that is in need of the services offered at a particular Project-Based Voucher project? These units are limited to families and individuals with disabilities that significantly interfere with their ability to obtain and maintain themselves in housing; who, without appropriate supportive services, will not be able to obtain or maintain themselves in housing; and for whom such services cannot be provided in a non-segregated setting.  *(Please answer question 7.)* | ◼Yes ❑No |

|  |  |  |
| --- | --- | --- |
| **7.** | PBV-Main Street Village ONLY: At least one family member who lives in a unit at Main Street Village in Fremont must participate in a Service Plan Agreement and receive at least one of the following supportive services as stated in the Service Plan as offered by the project (as available at the project):   * Transportation for activities such as (but not limited to) grocery shopping, job training, education, attending medical and dental appointments, etc * Supervised taking of medications * Treatment for drug addiction (for recovering and current users) * Treatment for alcohol addiction (for recovering and current users) * Training and development of housekeeping and homemaking skills * Family budgeting * Child care * Parenting skills * Computer access and training * Library access * Work skills development, job training and employment counseling * Educational/vocational opportunities * Case Management services and/or counseling * Access to Health and Psychiatric Services, i.e. nurse/medical staff, mental health professional, etc. * Life skills training * Access to on-site/off-site social activities   If you wish to live at Main Street Village, will at least one family member participate in a Service Plan Agreement and receive at least one supportive service?  *(Please answer question 8.a)* | ❑Yes ❑No |

|  |  |  |
| --- | --- | --- |
| **8.a** | Would your family benefit from living in a home or apartment configured with accessibility features?  *(If you answered “Yes” to question 8.a., answer question 8.b. If you answered “No”, skip to question 9.)* | ❑Yes ❑No |
| **8.b** | Check one or more of the following types of accessible features your family would benefit from:  ❑Mobility ❑Hearing ❑Sight *(Please sign and date in question 9.)* | |

|  |
| --- |
| **Part 4: Certification and Signature** |

|  |  |  |
| --- | --- | --- |
| **9.** | **I certify under penalty of perjury that the above statements are true and correct. I understand that the reporting of false or incomplete statements may result in denial of Section 8 assistance.** | |
|  |  |
|  | Head of Household Signature | Date Signed |

OMB Control # 2502-0581

Exp. (11/30/2015)

Optional and Supplemental 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.

Check this box if you choose not to provide the contact information.

|  |
| --- |
| **Applicant Name:** |
| **Mailing Address:** |
| **Telephone No: Cell Phone No:** |
| **Name of Additional Contact Person or Organization:** |
| **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 |
| **Commitment of Housing Authority or Owner:** If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you. |
| **Confidentiality Statement:** The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law. |
| **Legal Notification:** Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant’s application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975. |

**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 HUD the obligation to require housing providers participating in HUD’s assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, 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 resolving any tenancy issues arising 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 fraud, 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 **HUD- 92006** (05/09)