



Equal Housing Opportunity

# HOUSING AUTHORITY OF THE COUNTY OF KERN

601 24<sup>th</sup> STREET BAKERSFIELD, CA 93301 (661) 631-8500



## Preliminary Application Form

|  |        |       |   |                        |  |                    |
|--|--------|-------|---|------------------------|--|--------------------|
| Who is the Head of Household? (Use Legal Name)   |        |       | Sex   | Social Security Number | Date of Birth  | Income Source:     |
| Last:  | First: | M.I.: | M   | - -                    | / /  | Monthly Income: \$ |
|  |        |       | F   |                        |  | Monthly Rent: \$   |
| Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian or Pacific Islander |        |       |   |                        | Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic |                    |
| Which of the following housing programs are you applying for?  |        |       | <input type="checkbox"/> Low Income Public Housing <input type="checkbox"/> Section 8(CLOSED) |                        | <input type="checkbox"/> Project-Based Housing                                     |                    |
|  |        |       | <input type="checkbox"/> USDA <input type="checkbox"/> RHCP                                   |                        | <input type="checkbox"/> Other Housing Program:                                    |                    |

### PRESENT ADDRESS

Have you ever lived in Public Housing? Yes  No

|  |  |
|--|--|
| Street Address: _____<br>Street City State Zip   | Emergency Contact Person:<br>Name: _____ |
| Mailing Address: _____<br>Street City State Zip  | Address: _____<br>Street City Zip        |
| Telephone: ( ) _____ Business/Message: ( ) _____ | Telephone: ( ) _____                     |

### LIST ALL OTHER ADULTS THAT WILL BE LIVING IN THE UNIT

| Legal Name | Sex M/F | Relationship to Head | Social Security No. | Date of Birth | School Name or Occupation | Monthly Income |
|------------|---------|----------------------|---------------------|---------------|---------------------------|----------------|
|            |         |                      | - -                 | / /           |                           | \$             |
|            |         |                      | - -                 | / /           |                           | \$             |

### LIST ALL MINORS THAT WILL BE LIVING IN THE UNIT

| Legal Name | Sex M/F | Relationship to Head | Social Security No. | Date of Birth | School Name |
|------------|---------|----------------------|---------------------|---------------|-------------|
|            |         |                      | - -                 | / /           |             |
|            |         |                      | - -                 | / /           |             |
|            |         |                      | - -                 | / /           |             |
|            |         |                      | - -                 | / /           |             |

### DO YOU CLAIM ANY OF THE FOLLOWING PREFERENCES? (Check one)

|  |  |                                |  |
|--|--|--------------------------------|--|
| <input type="checkbox"/> Involuntarily Displaced (referral only) | <input type="checkbox"/> Veteran/Serviceman (or spouse of) | <input type="checkbox"/> Other | Do you require any modification or accommodation in order to fully utilize the unit or the program and its services?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|--------------------------------|--|

Have you or anyone in your household been evicted from Public Housing or assisted Housing for drug related activity within the past 3 years?  Yes  No

|  |       |
|--|-------|
| I understand this is not a contract and does not bind either party. The above information is complete to the best of my knowledge. I hereby authorize the release of any information including credit reports to the Housing Authority of the County of Kern for the purpose of verifying the statements I have made herein. | Date: |
| Signature: _____ Signature of Spouse/Other Adult: _____  |       |

NOTICE: You are required to notify the Housing Authority of any change of address. If we cannot contact you at the above address, your name may be removed from the waiting list, and you will have to re-apply.

FOR OFFICE USE ONLY: Preference Code: \_\_\_\_\_

Verified By: \_\_\_\_\_