



Equal Housing Opportunity

HOUSING AUTHORITY OF THE COUNTY OF KERN

601 24th 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: _____ Street City State Zip	Emergency Contact Person: Name: _____
Mailing Address: _____ Street City State Zip	Address: _____ 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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: _____