



Application for Public Housing (NOT SECTION 8)
 Managed by the Housing Authority of the City of San Luis Obispo (HASLO)
 PO Box 1289 – 487 Leff Street, San Luis Obispo, CA 93406 (805)543-4478

AFFIRMATIVE ACTION INFORMATION: To help us with Federal/State record keeping, reporting and other legal requirements, please enter the appropriate code and numbers in the Race, Ethnicity and Immigration Status columns. Information is for Head of Household.

- | | | |
|---------------------------------------|--|---|
| Race: <input type="checkbox"/> | Ethnicity: <input type="checkbox"/> | Immigration Status: <input type="checkbox"/> |
| 1 White | 1 Hispanic | EC Eligible Citizen |
| 2 Black/African American | 2 Non-Hispanic | EN Eligible Non-citizen |
| 3 American India/Alaskan Native | | IN Ineligible Non-citizen |
| 4 Asian | | PV Pending Verification |
| 5 Native Hawaiian/Pacific Islander | | |

Household Information:

Name of HEAD of HOUSEHOLD:		Spouse/ Co-head:	
Social Security No:	SEX:	Social Security No:	SEX:
ID/ Driver License No:	DOB:	ID/ Driver License No:	DOB:
Home Phone #	Cell#	Home Phone #	Cell#
Is head of household an honorably discharged Veteran?	YES NO Circle one	Is head a widow/er, not remarried, of an honorably discharged veteran	YES NO Circle one

Other Family Members who will live in the household:

Name:	Age	Date of Birth	Sex	Social Security No:	Fulltime student	ID / Driver License number	Immigration status

Current Information: "MUST PROVIDE A RELIABLE MAILING ADDRESS"

Current living address:	City:	State:	ZIP Code:
Mailing Address:	Monthly rent :	Length of time at this residence:	
Landlord Name:	Phone #	Cell#	
Address:	City:	State:	ZIP Code:
Do you currently have a Section 8 Voucher? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Source of Income :

Please list gross monthly income for all Household Members, separately

\$ Employment (Head)	\$ Employment (other)	\$ Employment (other)	\$ Unemployment
\$ TANF / Calworks	\$ Social Security	\$ Disability	\$ VA
\$ Child Support	\$ SSI	\$ Pension/retirement	\$ Investments
\$ Financial Aide	\$ Self Employment	\$ Other:	

Name of Employer:	Date of employment:	How long?	
Position:	Rate of pay:	Hours per week:	Gross Monthly income:
Employer Address:	City:	State:	ZIP Code:
Phone:	Message Phone:	Fax:	
Which household member is employed by the above?			

Name of Employer:	Date of employment:	How long?	
Position:	Rate of pay:	Hours per week:	Gross Monthly income:
Employer Address:	City:	State:	ZIP Code:
Phone:	Message Phone:	Fax:	
Which household member is employed by the above?			

PLEASE COMPLETE OTHER SIDE

1. What bedroom size are you requesting? 1 2 3 4 5

2. It MAY be a requirement of eligibility into this housing program that the Head of Household or the spouse fall into one of the following categories: a) Elderly b) Disabled c) Near Elderly (50 years or older)

3. If one of the above categories is checked, is a reasonable accommodation required? Yes No
If yes, what kind of reasonable accommodation is required? _____

4. Do you have a pet? Yes No

5. Is ANY household member 18yrs. or over a fulltime student?..... Yes No

6. Does ANY adult member anticipate becoming a fulltime student in the next 12 months? Yes No

7. Has ANY household member ever been arrested? Yes No

8. Has ANY household member ever been convicted of a crime?..... Yes No

9. Is ANY household member on parole or probation?..... Yes No

10. Has ANY household member ever been served with an eviction notice?..... Yes No

11. Has ANY household member ever been terminated from a subsidized housing program?..... Yes No
(This includes Section 8, People Self-Help Housing, Public Housing, Section 236, Madonna Road Apts, etc.)

12. Has ANY household member ever been evicted by court order?..... Yes No

If you answered YES to questions 4–12 above, please explain below:

Question	Explanation:
# _____	_____
# _____	_____
# _____	_____
# _____	_____
# _____	_____
# _____	_____

Previous Rental History: Last 5 years needed, if more space needed use a separate sheet.

Previous address:		City:	State:	Zip Code:
Monthly rent :	Length of time at this residence:	Do you have a letter of reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Landlord Name:		Phone #	Cell#	
Address:		City:	State:	ZIP Code:
Previous address:		City:	State:	ZIP Code:
Monthly rent:	Length of time at this residence:	Do you have a letter of reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Landlord Name:		Phone #	Cell#	
Address:		City:	State:	Zip Code:

References:

Name:	Title:	Address:	Phone:

Read carefully before signing: I, do hereby swear and attest **under penalty of perjury** that all of the information about me and my household is true and correct and hereby authorize the Housing Authority of the City of SLO to verify the above items including, but not limited to, the obtaining of a credit report. I understand that Federal Regulations allow for criminal background checks on all household members 18 years of age or older, and that our rental assistance can be denied or terminated as a result of certain violations or any untruthfulness on this declaration. **I further understand that all changes in the income of any member of the household, acquisition of assets, as well as any change in household composition must be reported to the Housing Authority of the City of SLO "In Writing" within 10 (ten) days of the change. Failure to report these changes constitutes theft by fraud and could result in denial, termination and/or the filing of criminal charges for fraud.**

Signature of Household Members 18 years or older:

Signature:	Date:
Signature:	Date:
Signature:	Date:
Signature:	Date:

For office Use Only

Landlord reference mailed

Date Mailed	Initials	Date Mailed
Initials		

REV: 8/06
REV: 12/09
REV: 1/12