This is an application for the PBV-assisted SLO Villages, Madonna Rd, Oak Park 1&2: **4-Bedroom Waiting List**.

To be placed on the waiting list, you must meet the income and occupancy guidelines.

For HASLO Use only:

T-code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scanned/uploaded application

The waiting list is continuously open for 4-bedroom units.

Please check waiting list(s) you wish to apply for: **☐ SLO Villages ☐ Madonna Rd** **☐ Oak Park 1 & 2(Paso)**

SLO Villages + Madonna are in San Luis Obispo, Oak Park 1&2 is in Paso Robles

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| **IDENTIFYING INFORMATION – Head of Household** | | | | | |
| **Name** | **Birthdate** | | **Social Security #** | | **Driver’s License # / State** |
|  |  | |  | |  |
| **E-Mail** | **Gender Identity** | **Disabled** | **Marital Status** | **Full time student ? (Yes or No)** | **Phone #** |
| ☐ Check box if you do not have an e-mail address |  |  |  |  |  |
| **Address** | | | | | |
|  | | | | | |
| **Do you live or work in San Luis Obispo County? ☐ Yes ☐ No** | | | | | |
| **Are you a veteran? ☐ Yes ☐ No** | **DD214 Attached: ☐Yes ☐ No ☐ N/A** | | | | |
| AFFIRMATIVE ACTION INFORMATION - Information is for Head of Household  To help us with Federal/State record keeping, reporting and other legal requirements, please check the appropriate boxes. Please note that if you elect not to provide this information, we are required to provide our best guess to comply with federal/state regulations.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Race | Ethnicity | Disability Status | Access Needs | Elderly | Homeless | | White | Hispanic | Disabled | Hearing | 62+ | Yes | | Black/African American | Non-Hispanic | Not Disabled | Mobility | 55+ | No | | Native American/Alaskan Native |  |  | Sight/ Vision |  |  | | Asian |  |  |  |  |  | | Native Hawaiian/Pacific Islander |  |  |  |  |  | | Other | Applicant: I do not wish to furnish information regarding ethnicity, race & household composition. | | | | | | | | | | | |

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| **IDENTIFYING INFORMATION – Other Adult in the Household □ Spouse □Co-head □Other Adult □ Live- In Aid** | | | | |
| **Name** | **Birthdate** | | **Social Security #** | **Driver’s License # / State** |
|  |  | |  |  |
| **Relationship to Head** | **Gender Identity** | **Disabled** | **Phone #** | |
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| **OTHER HOUSEHOLD MEMBERS** | | | | | | |  |
| **Name: First, Last** | **Relationship to Head** | **Birthdate** | **Age** | **Social Security #** | **Gender Identity** | **Disabled (Yes or No)** | **Full time student? (Yes or No)** |
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| **INCOME INFORMATION for the HOUSEHOLD** *– include all income sources for all family members* |

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| **Income for all household members**  **18+ years of age** | **Type of Income**  *Ex: Wages, SSI, SS, TANF, VA, Child Support, Unemployment, Pension* | **Frequency of Payment**  *Ex. Weekly, biweekly, semimonthly, monthly* | **Amount per Pay Period** | **Gross Monthly Income**  *(before deductions)* |
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| **ASSETS for the HOUSEHOLD** *– include details of all bank accounts, EBT cards, investment accounts, etc.* | | |
| **Asset belongs to** | **Type of Asset** | **Amount** |
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| **GENERAL INFORMATION – please check off your answer** | | |  |
| **Yes** | **No** | **Additional Question(s) / Statement(s)** | |
|  |  | I understand I/we need to meet minimum and/or maximum income guidelines to live at the selected properties. | |
|  |  | Does any household member require a reasonable accommodation or modification to have an equal opportunity to use and enjoy a dwelling unit? If yes, please describe  Do you require a unit with accessibility modifications for: ☐ Hearing ☐ Mobility ☐ Vision/Sight | |
|  |  | Does every household member understand that these are non-smoking properties (inside the units and throughout the grounds and that if you/they are a smoker, everyone must comply with lease and local ordinance regulations? | |
|  |  | Does any household member work with a caseworker at a supporting agency?  If yes, please provide contact details | |
|  |  | Are all adult household members a full-time student or plan on becoming a full-time student in the next 12 months? | |
|  |  | Has any household member ever been terminated from a subsidized housing program? | |
|  |  | Has any household member ever been convicted of a crime in the last seven years? (Check No, if the conviction was sealed) (Please ***note*** that convictions do not automatically disqualify your Rental Application for housing) | |
|  |  | Is ANY family member subject to a lifetime state sex offender registration program in any state? | |

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| **CERTIFICATION & AUTHORIZATION** |  |

**HEAD OF HOUSEHOLD AND ADULTS:**  (*please check of each box*)

☐ I do hereby swear and attest under penalty of perjury that all of the information about me and my household is true and correct.

☐ I further understand that Federal Regulations allow for criminal background checks on all household members 18 years of age or older, and that the application can be denied or terminated as a result of certain violations or any untruthfulness on this declaration.

☐ I understand that if my application is rejected/ denied, my application will not be accepted until a year has passed since my denial.

\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ Signature, Head of Household Date Other Adult Signature Date

\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ Other Adult Signature Date Other Adult Signature Date