

July 1, 2016

Memorandum

Re: Site Specific Section 8 Voucher Program Applications

The Santa Monica Housing Authority's (SMHA) application for "Site Specific Section 8 Vouchers" is open. There are 50 total vouchers available for this Program. Please provide the attached "Pre-Application" to the tenants whom you think may qualify for rental assistance. The Pre-Application is a voluntary application and will help determine if your tenant is eligible for assistance. Once they have completed the two page application, they may submit it directly to the SMHA in person or in the mail at:

Santa Monica Housing Authority
Attn: Patrick Gregorian
1901 Main Street Suite A
Santa Monica, CA 90405

Please keep in mind that the information your tenant(s) provide to the SMHA is confidential. The decision to apply or not apply, as well as results of any eligibility review may only be shared with you with the tenant's permission.



PRELIMINARY APPLICATION

PLEASE COMPLETE THIS FORM AND RETURN TO:

Santa Monica Housing Authority
 1901 Main Street
 1st Floor
 Santa Monica, CA 90405

Name of Head of Household and Address of Current Santa Monica Residence:

Santa Monica, CA 9040_____

This application is for current Santa Monica residents seeking **PROJECT BASED RENTAL ASSISTANCE**. Project Based Rental Assistance only applies to a specific address, and is not attached to the tenant.

Evidence of legal address claimed at time of application must accompany this form when returned. Acceptable evidence includes copy of driver's license or other official document listing head of household, spouse or co-head at claimed legal address. Preliminary Applications returned without evidence of legal address cannot be accepted.

Part 1: Head of Household

Social Security Number	_____	Ethnicity (Check One Box)	<input type="checkbox"/> Hispanic/Latino
Date of Birth	_____		<input type="checkbox"/> Not Hispanic/Latino
Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male	OR	
Home Telephone	_____	Race (Check All That Apply)	<input type="checkbox"/> White
Other Telephone	_____		<input type="checkbox"/> Black/African American
Other Telephone Type	<input type="checkbox"/> Work <input type="checkbox"/> Other Specify: _____		<input type="checkbox"/> American Indian/Alaska Native
E-mail Address	_____		<input type="checkbox"/> Asian
<input type="checkbox"/> I would like to receive correspondence via e-mail.			<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
Do you qualify for a reasonable accommodation due to a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<small>Racial and ethnic data for statistical purposes only.</small>

Part 2: Household Information

List information for adults first, then children under age 18. Use "F" or "M" to indicate sex. If a household member qualifies for a reasonable accommodation due to a disability select "Y", if not, select "N." List relationship of each person to the Head of Household. Attach additional sheet if family has more than ten members.

<u>First Name</u>	<u>MI</u>	<u>Last Name</u>	<u>Social Security #</u>	<u>Date of Birth</u>	<u>Sex</u>	<u>Disabled</u>	<u>Relationship</u>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

Please Continue to Part 3



PRELIMINARY APPLICATION

Part 3: Family Income and Assets

List total gross income (before taxes) and payments received by each family member age 18 and older for wages, military pay, pensions, social security, SSI, welfare, child support, unemployment, business, profession or any other source. Include payments made to family members 18 or older on behalf of other family members under age 18.

<u>First Name</u>	<u>Gross Income</u>	<u>How Often</u>	<u>If Income is from Wages</u> <u>List Address of Employer</u>
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____

List total cash value and total income received for assets owned by all family members.

<u>Type of Asset</u>	<u>Cash Value of Asset</u>	<u>Income Received from Asset</u>
Checking Accounts	\$ _____	\$ _____
Savings Accounts	\$ _____	\$ _____
Stocks, Bonds, CDs, Investment	\$ _____	\$ _____
Real Estate	\$ _____	\$ _____
Other	\$ _____	\$ _____

Part 4: Property Owner or Property Manager Name and Contact Information (Required)

Part 5: U.S. Citizenship Notification and Certification

Housing may be contingent upon the submission and verification of evidence of citizenship or eligible immigration status prior to the time housing is made available. Based on the evidence submitted at that time, assistance may be prorated, denied or terminated following appeals and informal hearing processes.

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000, or imprisoned up to five years if I furnish false or incomplete information.

X _____ Date _____

Privacy Act Notice: For your protection, the data collected on this form will only be released in accordance with the Privacy Act of 1974.

Part 6: Owner Acknowledgment

Property Owners and/or Managers must refer tenants to this pre-application. This section is to be read and signed by your landlord, acknowledging that they are referring you, and they agree to begin the process of determining eligibility for your apartment. This signature does not commit your landlord to anything, nor does it guarantee that your apartment is eligible for the program.

X _____ Date _____

Owner Signature

