

HOUSING AUTHORITY OF THE COUNTY OF SANTA BARBARA
PRE-APPLICATION UPDATE FORM – All Housing Program Waiting Lists

(Submittal of this Pre-Application Update Does Not Guarantee an Offer of Housing Assistance)

You MUST write in your Confirmation/Receipt Number or Applicant Code: _____

(Completed Pre-Applications Update forms may be turned in at any Housing Authority Office or mailed to P.O. Box 397, Lompoc, CA 93436)

HEAD OF HOUSEHOLD INFORMATION

First Name:	MI:	Last Name:	Date of Birth:	SSN:
Residence Address:		City:	State:	Zip:
Mailing Address:		City:	State:	Zip:
E-Mail Address:			Telephone Number:	

For Statistical Purposes Only (Check one box in each category)

Race	<input type="checkbox"/> White	<input type="checkbox"/> Black / African American	<input type="checkbox"/> American Indian / Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian / Other Pacific Islander
Ethnicity	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino	Is your current landlord interested in leasing rental housing to participants in the Section 8 Program? <input type="checkbox"/> Yes <input type="checkbox"/> No		

CHECK ALL PREFERENCES BELOW THAT APPLY TO YOUR HOUSEHOLD (Verification(s) must be attached to Update)

<input type="checkbox"/> County Resident	<input type="checkbox"/> Veteran	<input type="checkbox"/> Working Family
<input type="checkbox"/> (Check appropriate category) Involuntary Displacement	<input type="checkbox"/> By HUD Program	<input type="checkbox"/> To Avoid Reprisals
<input type="checkbox"/> By Gov't Action	<input type="checkbox"/> By Private Action	

Do You Or A Household Member Require An Accessible Unit Due To A Physical Impairment? (If Yes, check the correct box below)

Mobility Accessible Unit **Visual** Accessible Unit **Hearing** Accessible Unit

Are you a Full-Time Student? Yes No

LIST ALL HOUSEHOLD MEMBERS WHO WILL BE LIVING WITH YOU (Attach additional listing, if needed)

First Name	MI	Last Name	Relationship	Date of Birth (mm/dd/yyyy)	Gender (M/F)	Social Security No.

LIST GROSS MONTHLY INCOME FOR ALL HOUSEHOLD MEMBERS 18 YEARS OF AGE AND OLDER

Wages:	Self-Employment:	Unemployment:	Retirement:	Veteran's Benefits:
Social Security:	SSI:	State Disability:	Worker's Comp.:	Foster Care:
CalWorks/TANF:	Child Support:	Alimony:	General Assistance:	Other:

List all Assets and their value
(i.e., Savings, Property, Stocks):

I certify that all of the information given to the Housing Authority of the County of Santa Barbara, concerning household composition, residency status, income, family assets, and Preferences, is accurate and complete to the best of my knowledge and belief. I understand that false statements and/or information are punishable under Federal and/or State law. I also understand that false statements or information are grounds for denial or termination of housing assistance and termination of tenancy.

Applicant Signature: _____

Date: _____

