



# City of Port Hueneme

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## APPLICATION INSTRUCTIONS

STEP 1: COMPLETE & SIGN APPLICATION.

STEP 2: ALL APPLICATIONS CAN BE MAILED OR  
DROPPED OFF AT:

250 NORTH VENTURA RD  
PORT HUENEME, CA 93041

STEP 3: WE DO NOT HAVE EMERGENCY ASSISTANCE,  
QUALIFIED APPLICANTS WILL BE PLACED ON  
THE WAIT LIST BASED ON DATE AND TIME OF  
APPLICATION.

**SUBJECT OF LETTER**

**Date**

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# PRE-APPLICATION FOR HOUSING ASSISTANCE

CHECK ALL THAT APPLY

- Resident of Port Hueneme
- Employed in Port Hueneme

TYPE OF HOUSING

- HCV (Sec 8)
- Mar Vista (Elderly/Disabled)
- Public Housing

Do you or any member of your household have a disability that requires reasonable accommodation?  YES  NO

LEGAL NAMES OF PERSONS OCCUPYING UNIT	RELATIONSHIP	BIRTH DATE	AGE	OCCUPATION	REQUIRES ACCOMODATIO
1. _____	HEAD	_____	_____	_____	YES/NO
2. _____	_____	_____	_____	_____	YES/NO
3. _____	_____	_____	_____	_____	YES/NO
4. _____	_____	_____	_____	_____	YES/NO
5. _____	_____	_____	_____	_____	YES/NO

Note: The following information is being requested to comply with equal opportunity requirements and to assure that no discrimination occurs. Your answer will not affect your selection for the program. Is the head of your household:

- White  African/American  American Indian/Alaska Native  Asian/Pac. Islander  Hispanic  Other

Applicant's CA License or I.D.# \_\_\_\_\_ Social Security# \_\_\_\_\_

Spouse's CA License or I.D.# \_\_\_\_\_ Social Security# \_\_\_\_\_

Other Adults CA License or I.D.# \_\_\_\_\_ Social Security# \_\_\_\_\_

Are you or any household members receiving Social Security /SSI Benefits?  YES  NO

What is your GROSS MONTHLY INCOME (before taxes)? \_\_\_\_\_ (This includes income from all sources)

**THIS FORM MUST BE COMPLETELY FILLED OUT OR AN EXPLANATION GIVEN FOR ANY UNANSWERED QUESTION(S) BEFORE YOUR APPLICATION CAN BE CONSIDERED.**

**APPLICANT CERTIFICATION:** I/We certify that all information I/We have provided is complete and accurate. I/We understand that false statements or information are punishable under federal law and understand that false statements or information are grounds for denial of housing assistance.

\_\_\_\_\_  
Signature of Head of Household                      Date

\_\_\_\_\_  
Signature of Spouse                                      Date

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

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

\_\_\_\_\_  
Present Address    City    State    Zip

The City of Port Hueneme does not discriminate on the basis of disability in admission or access to, or treatment or employment in, its federal assisted program and activities.

**WARNING! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.**



HOUSING AUTHORITY OF THE CITY OF PORT HUENEME  
250 N. Ventura Road, Port Hueneme, Ca 93041 (805) 986-6527

Name: \_\_\_\_\_  
Last First MI

Social Security #: \_\_\_\_\_

You have self-certified your eligibility and have been placed on the waiting list. Any changes in your pre-application must be submitted **IN WRITING** to the Housing Authority. Prior to being assisted you will be contacted to determine final eligibility based on:

1. PROOF OF RESIDENCY OR WORK STATUS IN PORT HUENEME
2. INCOME ELIGIBILITY
3. FAMILY COMPOSITION OR PROOF OF ELIGIBLE IMMIGRATION STATUS
4. CLEAR CRIMINAL BACKGROUND

Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse/Other Adult: \_\_\_\_\_ Date: \_\_\_\_\_

FALSE INFORMATION WILL BE GROUNDS TO DENY ELIGIBILITY  
Applications are processed by date and time they are received only

Office Use:	Date: _____	Time: _____	PHA Rep: _____
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Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.