



HOUSING AUTHORITY OF THE CITY OF ENCINITAS
505 South Vulcan Avenue
Encinitas, CA 92024

Dear Rental Assistance Applicant,

Attached is the Pre-application Form for the City of Encinitas Housing Authority Rental Assistance Program.

The Pre-application Form should be completed thoroughly. After you have completed, signed and dated the application, please mail the form to the above address.

We currently have a very long waiting list. It is estimated to be seven or more years for eligible applicants.

You will be notified by mail when your name is reached on the waiting list. If your mailing address changes, you must notify us in writing.

Please be aware that first priority on our waiting list will be given to persons who live or work in the City of Encinitas. If you do not live/work in Encinitas, then we anticipate that your name **WILL NOT** be reached on our waiting list. If you live outside of our area, it is suggested that you contact the housing authority that covers the area in which you live.

Thank you,

Waiting list staff

Enclosures

Housing Authority of the City of Encinitas

505 S. Vulcan Ave.

Encinitas, CA 92024 (760) 633-2723

PRE-APPLICATION

(Please Print)

Head of

Household: _____

LAST

FIRST

MIDDLE INITIAL

Residence

Address: _____

Street & Apt. Number

City

State Zip

Telephone (____) _____ - _____

Mailing

Address: _____

(If different than residence)

Street & Apt. Number

City

State

Zip

HOUSEHOLD COMPOSITION

PERSONS WHO WILL LIVE WITH YOU (INCLUDING AN UNBORN CHILD)	RELATIONSHIP TO APPLICANT	MONTHLY INCOME	DATE OF BIRTH	AGE	SEX	SOCIAL SECURITY NUMBER
1. (Your Name Here)	APPLICANT	\$				
2.		\$				
3.		\$				
4.		\$				
5.		\$				
6.		\$				

(For additional members of your household, attach separate sheet listing same information as above)

Current monthly rent: \$_____. If sharing, portion of rent you pay: \$_____

Number of bedrooms in current residence?_____ If sharing, number of bedrooms your family occupies?_____

TOTAL GROSS monthly income of ALL household members 18 years of age or older: \$_____

MONTHLY HOUSEHOLD INCOME

Indicate amounts on any sources of income for household members 18 years of age or older:

SOURCE	MONTHLY	SOURCE	MONTHLY	SOURCE	MONTHLY
Wages	\$	Social Security	\$	Veteran's Benefits	\$
Welfare	\$	S.S.I	\$	Pension/Retirement	\$
Unemployment	\$	Asset Income	\$	Child Support/Alimony	\$
Other	\$				

CITIZEN STATUS/ETHNICITY

I am:	<input type="checkbox"/> U.S citizen/national	<input type="checkbox"/> Noncitizen over age 62	<input type="checkbox"/> Noncitizen, lawful status	<input type="checkbox"/> Noncitizen, unlawful status		
Members of my household are:	<input type="checkbox"/> U.S citizen/national	<input type="checkbox"/> Noncitizen over age 62	<input type="checkbox"/> Noncitizen, lawful status	<input type="checkbox"/> Noncitizen, unlawful status		
(Optional) I consider myself:	<input type="checkbox"/> White	<input type="checkbox"/> African American	<input type="checkbox"/> American Indian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Other

HOUSEHOLD INFORMATION

Please respond to the following questions:

1. Are you being displaced or required to move due to governmental action?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are you currently homeless?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are you or any other adult head of household disabled or handicapped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are you or any other adult head of household 62 years of age or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Do you or another adult head of household work? <i>If yes, how many hours per week?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Do you or another adult head of household work in the City of Encinitas? <i>If yes, give place of employment:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Do you or another adult head of household attend school or job training ? <i>If yes, how many hours per week/units?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Have you or any other family member ever lived in subsidized housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Have you or any family member ever engaged in drug related, criminal, or violent criminal activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Have you or any family member ever been evicted due to drug related or violent criminal activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Do you or any family member owe money to any Housing Agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Is there a fulltime student over 18 years of age in your household?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Does anyone outside of your household pay for any of your bills or give you money?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Provide an explanation for any "yes" answers to questions 8-13:

I certify that all statements on this pre-application are true and correct.

Signature of Head of Household Date

Signature of Other Adult Date

Important: This application must be completed and returned or your name will not be placed on the waiting list. It is your responsibility to notify the Housing Authority in writing if you have a change in address, income, or if your family composition changes. Failure to reply to any correspondence, requests for updated information, or appointments will result in your application being deleted from the waiting list.

Maximum annual income to qualify for the rental assistance program:

1 person household: \$29,750
2 person household: \$34,000
3 person household: \$38,250
4 person household: \$42,500
5 person household: \$45,900
6 person household: \$49,300
7 person household: \$52,700
8 person household: \$56,100

Effective 3/28/2016 and updated annually