



Housing Authority of the County of Merced
 405 U STREET MERCED, CA 95341
 PHONE (209) 722-3501 TDD 711 or 800-855-7100
www.merced-pha.com

Public Housing Program Pre-Application

Instructions: Please print all information and make sure the form is complete in full and is legible.

Last Name:		First Name:		MI:
Address:		City:	State:	Zip:
Daytime Telephone Number:			Cell Phone Number:	
Email Address:				

Family Composition: Please complete one line for each member of the household, starting with yourself. If more room is needed to add family members, please attach a separate sheet of paper.

Full name of Household Member	Relationship	Date of Birth (MM/DD/YY)	Sex (M or F)	Race Codes (Codes Listed Below)	Ethnicity (Hispanic/Latino or Not Hispanic Latino)	Social Security Number	Type of Income (TANF, wages, SSI/SS etc.)	Total Monthly Income
SELF	Head of Household							
2								
3								
4								
5								
6								

Please specify which waiting list by City/ies you want to be placed on. **Please note that pre-application is only for 3 and 4 bedroom:**

- Atwater** (3 & 4 Bedroom) **Dos Palos** (3 & 4 Bedroom)
 Livingston (3 & 4 Bedroom) **Los Banos** (3 & 4 Bedroom)
 Merced (3 & 4 Bedroom) **Winton** (3 Bedroom only)

RACE CODES: 1- American Indian/Alaska Native 2- Asian 3- Black or African American 4- Native Hawaiian or Other Pacific Islander 5- White
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SPECIAL NEEDS:

Does anyone in your household claim a mobility, visual, or hearing impairment or other special need (wheelchair) which would require a special type of unit or other accommodation? Yes No
 If YES, which apply? Mobility Access Hearing Access Visual Access

Certification: I hereby certify under penalty of perjury, that to the best of my knowledge, all of the information I have provided is true and correct. I understand that providing false information may be grounds for cancelation of my pre-application. I also understand that I will be required to provide the Housing Authority of the County of Merced (Authority) with verification and/or proof to support any and all of the claims I have made on this pre-application and that it is my responsibility to make any changes of address, income or family composition through the Authority Online Portal. The Authority has adopted a policy performing registered sex offender checks on all applicants for the Public Housing program. I/We hereby authorize the Authority and its designated agents and representatives to conduct a credit, background, and registered sex offender check, at time of a complete/full application.

Signature of Head of Household Date Signature Other Adult Date Signature Other Adult Date

HA USE ONLY:	Applicant #:	Date/Time entered:	Print Name of HA Rep:	Initials:
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Please complete the Preference Form



**Housing Authority of the County of Merced (Authority)
Local Preferences**

The Authority has adopted the following preferences to meet the “local” housing needs. You will be required to provide “verification” of the preference/s you have indicated below. If you are unable to provide “verification” your preference will be denied and your pre-application will be returned to the waiting list. In addition, if you make a false statement in order to qualify for any “local” preference, your pre-application will be permanently denied and you/your family will be denied admission into the program.

Please check only those that apply to your household:

- Veteran Preference:** Current member(s) of the military, veteran, or surviving spouse of veteran may qualify for this preference. Applicants must provide **proof of honorable discharge**. If discharge is less than honorable, applicant must provide proof of eligibility to receive veteran benefits.
- Involuntarily Displaced:** Families who have been displaced due to a locally declared disaster, state declared disaster, federally declared disaster or other national emergency. It will also be given to those families that are involuntarily displaced by Authority action (emergency relocation, extensive rehabilitation and insufficient funding or other local disasters) as approved by Executive Director. New applicants to the Public Housing Program must be a family displaced within the last six (6) months by a natural disaster, including disasters recognized by the Federal government, which extensively damages or destroyed their dwelling or:
 - Is dilapidated as cited by city/county officials of a local code enforcement office and does not provide safe, adequate shelter, has one or more critical defects or a combination of defects requiring considerable repair or endangers the health, safety and well-being of the family.
 - Has been declared unfit for habitation by a government agency.
- Residency Preference:** Families who live, work, or have been hired to work within Merced County and/or residents moving to Merced County who currently participate in an education or training program designed to prepare the individual for the job market at time of selection from the waiting list. Applicants who are working or who have been notified that they are hired to work in a residency preference area must be treated as residents of the residency preference area. HUD regulations state that a residency preference must not be based on how long an applicant has resided or worked in a residency preference area
- Elderly or Disabled Person Preference:** An elderly preference applies if the head, spouse or co-head are a person who is age 62 or older. A disabled person preference applies if the head, spouse or co-head receives Social Security or Supplemental Security benefits or otherwise meets the definition of disabled as defined under Section 223 of the Social Security Act.

Warning! Any person who signs below and who willfully states as true, any material matter which he/she knows to be false, is subject to the penalties prescribed for perjury in Section 118 of the California Penal Code and Section 11054 of the Welfare and Institutions Code.

Section 1001 of Title 18, United States Code provides: “Whoever, in any matter within the jurisdiction of any department or agency of the United States makes any false, fictitious, or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000.00 or imprisoned not more than five years, or both.”

Head of Household: _____ Date: _____

Print Name: _____

Phone Number: _____ Social Security Number: _____

Email Address: _____



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.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (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	
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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.