

Please deliver or mail to:

Portola Vista 20 Del Monte Avenue
Monterey, CA 93940 or
123 Rico Street, Salinas, CA 93907
(831) 372-5057 TDD (831) 754-2951
Fax (831) 754-8928



TO BE COMPLETED BY MANAGER
Application #: _____



**Pre-application for
PORTOLA VISTA**

Please print clearly and legibly.

Name of household: _____

First Name Middle Name Last Name

Mailing Address City State Zip Code

Permanent Address if different from above _____

How long at present address? _____ Monthly Rent \$ _____ Estimated Utilities \$ _____

Phone: HOME _____ WORK _____ MESSAGE _____

BEGINNING WITH YOURSELF, list all persons who will live in your household. All information must be given for each person. List all money earned or received by **ALL** members living in your household including yourself. This includes money from wages, pensions, Social Security, SSI, Child Support, TANF/Cal-Works, contributions, employment, unemployment, etc.)

Last Name	First Name	Sex M/F	Date of Birth	Relationship To Head of Household	Social Security Number	Monthly Income	Source of Income
1.				Head			
2.							
3.							
4.							

For Accommodation Purposes-Do you claim the following:

Mobility Impairment Hearing Impairment Sight Impairment

Do you or a member of the household claim status as a person with a disability?

Yes No If yes, who? _____

Do you or any member of your household need special features in a rental unit (for example wheelchair access)? Yes No

If yes, what features do you need? _____

Race/Ethnicity: This information is confidential and is only used for government reporting purposes to monitor compliance with equal opportunity laws. Your voluntary cooperation in providing the information is appreciated, and will not affect your place on the waiting list.

White Black/African American Black/African American and White Asian Asian and White
 American Indian or Alaska Native American Indian/Alaska Native and Black/African American
 American Indian or Alaska Native and White Native Hawaiian or Other Pacific Islander Other: _____

Hispanic/Latino Ethnicity

Yes No Yes, Mexican/Chicano Yes, Cuban Yes, Puerto Rican

Yes, Other Hispanic/Latino: _____

- Have you ever violated a previous family obligation with a HUD Program? Yes No
- Have you ever lived in Public Housing or Section 8 Housing in any City? Yes No Where? _____
- Have you ever engaged in use/possession of drugs or violent criminal activity? Yes No
- Do you owe any money to a Public Housing Authority? Yes No Where? _____
- Is any household member subject to a lifetime registration requirement under a State sex offender program? Yes No Where? _____
Who? _____



Continue on next page



Landlord References. Please complete the following information for all locations you have lived in for the past three (3) years.

Current Address Information

Current street address, city, State, Zip: _____

Lived there from: _____ to _____

of bedrooms: _____ Rent \$ _____

Reason for moving: _____

Current Landlord's name and phone #: _____

Previous Landlord Information

Street address, City, State, Zip Code: _____

Lived there from: _____ to _____

of bedrooms: _____ Rent \$ _____

Reason for moving: _____

Previous Landlord's name and phone #: _____

Street address, City, State, Zip Code: _____

Lived there from: _____ to _____

of bedrooms: _____ Rent \$ _____

Reason for moving: _____

Previous Landlord's name and phone #: _____

PHA will be contacting all former landlords for the period three years (3) from the date of application.

WARNING: Title 18 U.S.C. 1001 provides in part that whoever knowingly and willfully makes or uses any document containing any false, fictitious or fraudulent statement or entry in any matter in jurisdiction or any department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five (5) years, or both.

PLEASE NOTE: You are required to notify the Housing Authority (*in writing*) of any change of address. If we cannot contact you at the listed address, your name will be removed from the waiting list.

I certify that the information given is accurate and complete and understand any misrepresentation will disqualify the application. I authorize the owner to obtain a credit report(s) verify or check any of the information given including credit references, employment, and income and contact any previous landlords. By signing this form, I certify the information to be true and correct. **Applications cannot be processed without signature.**

Signature of the Head of household

Date

Co-Applicant's Signature

Date

Thank you for applying to live within our rental community. Portola Vista and the Housing Authority of the County of Monterey is an Equal Housing Opportunity provider and seek to process all applications in a fair and consistent manner. We comply with all Fair Housing and offer Reasonable Accommodations to persons with disabilities. If you are a person with limited English proficiency and would like to request an interpreter, please call 831-775-5000 or TDD (831) 754-2951. If you are a disabled individual and require a reasonable accommodation, please contact Lucila Vera, Section 504 Coordinator, in writing at: Housing Authority of the County of Monterey, 123 Rico Street, Salinas, CA 93907 or by phone at 831-775-5046 or TDD 831-754-2951 or by email at lvera@hamonterey.org

