

**PRE-APPLICATION FOR LEO A. MEYER SENIOR PLAZA (KING CITY)**

**Instructions: Please read carefully. Incomplete applications will not be processed.**

**1) To be qualified for admissions an applicant must:**

- a) Meet the HUD requirements on citizenship or immigration status;
- b) Have annual income at the time of admission that does not exceed the income limits established by HUD that are posted in PHA offices;
- c) Provide documentation of Social Security numbers for all family members
- d) Pay any money owed to PHA or any other housing authority;
- e) Not have had a lease terminated by PHA in the past 5 years;
- f) Be able and willing to comply with the Housing Authority lease; and
- g) Not have any members engaged in any criminal activity that threatens the life, health safety, or right to peaceful enjoyment of the premises by other residents, and not have any family members engaged in any drug-related criminal activity;
- h) PHA will conduct a criminal record check on all applicants

**2) Mail or deliver completed pre-applications to: Leo Meyer (Main Office) @ 440 Jayne Street, King City, CA 93930.**

**3) Completed applications will be entered on the waiting list in the order received. The waiting list will then be processed in order according to unit type and size and admission preferences.**

- **Section 8 Voucher Holder**-Families who have been issued or a participant in the Section 8 Housing Choice Voucher program.
- **Veterans**-Provide a copy of DD214 certifying an honorable discharge.
- **Residency**-Monterey County Resident

**You will be notified in writing that your application has been accepted within 60 days.**



- 4) Each applicant who meets the above qualifications will be invited to a orientation interview. It is important that you bring all the required documents to the interview. At the interview, staff will discuss your housing needs and options, go over your application and collect the information needed to determine final housing eligibility, resident suitability and total household income. You will be asked to provide detailed information on all members of your household, verify citizenship status, report current income and expenses information, and provide information about where all adult household members have lived for the past three years. If you do not come to the Public Housing orientation you will be removed from the all public housing waiting lists. **You will not be offered housing until you complete a housing interview and the Housing Authority determines you meet the eligibility criteria.**
- 5) Apartment units are offered at affordable rents to eligible families, seniors, and persons with disabilities. These units are managed by the Housing Authority. There are 44 units in this program. Income and rent are reviewed annually.


**Income Limits effective as of April 1, 2022**

<b>NÚMERO DE PERSONAS EN LA FAMILIA</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<b>Very Low Income (50% Median Income)</b>	<b>39,800</b>	<b>45,500</b>	<b>51,200</b>	<b>56,850</b>	<b>61,400</b>	<b>65,950</b>	<b>70,500</b>	<b>75,050</b>
<b>Low Income (80% Median Income)</b>	<b>63,680</b>	<b>72,800</b>	<b>81,920</b>	<b>90,960</b>	<b>98,240</b>	<b>105,520</b>	<b>112,800</b>	<b>120,080</b>

It is the policy of the HACM to provide reasonable accommodation to those persons with disabilities so that they can participate equally in its housing programs. To request a reasonable accommodation, you may contact the Section 504 Coordinator, Lucila Vera, in writing at the Central Office located at 123 Rico Street, Salinas, CA 93907 or by telephone at (831) 775-5060 or by TDD at (831) 754-2951.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National toll-free phone number for filing a complaint at 1-800-347-3739.

**SENIOR CITIZEN’S COMPLEXES - KING CITY**

	<p><b>Leo A. Meyer Sr. Plaza</b>  425 Queen St.  King City, CA 93930  44 units (1-bedroom)</p>
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**Please deliver or mail to:**

Leo Meyer (Office)  
440 Jayne Street, King City, CA 93930  
(831) 385-1381 TDD (831) 754-2951  
Fax (831) 386-9362



**TO BE COMPLETED BY MANAGER**  
Application #: \_\_\_\_\_

**Pre-application for  
LEO A. MEYER SR. PLAZA (KING CITY)**

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.							

(Use back of form if additional space needed.)

Are you a veteran?  Yes  No Family of a veteran or serviceman?  Yes  No  
Relationship to Veteran: \_\_\_\_\_ (Provide a copy of DD Form 214)

**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: \_\_\_\_\_

- 1. Have you ever violated a previous family obligation with a HUD Program?  Yes  No
- 2. Have you ever lived in Public Housing or Section 8 Housing in any City?  Yes  No Where? \_\_\_\_\_
- 3. Have you ever engaged in use/possession of drugs or violent criminal activity?  Yes  No
- 4. Do you owe any money to a Public Housing Authority?  Yes  No Where? \_\_\_\_\_
- 5. 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

**Use this space to list additional family members that will live in your household.**

Last Name	First Name	Sex M/F	Date of Birth	Relationship To Head of Household	Social Security Number	Monthly Income	Source of Income
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							