

Please deliver or mail to:

Housing Authority of the County of Monterey (Office)
123 Rico Street, Salinas, CA 93907
(831) 775-5000 TDD (831) 754-2951
Fax (831) 424-9153



TO BE COMPLETED BY MANAGER
Application #: _____

Pre-application for:
Fanoe Vista
550 Fanoe Rd. Gonzales, CA 93960

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 \$ _____

Day Phone # () _____ Cell Phone # () _____ Message Phone # () _____

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 for additional space if necessary.)

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 felonious use/possession of drugs or violent criminal activity? Yes No
4. Do you owe any money to a Public Housing Authority? Yes No
5. Is any household member subject to a lifetime registration requirement under a State sex offender program? Yes No Where? _____



Continue on next page



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.							

WARNING: Title 18 U.S.C. 1001 provides in part that whoever knowingly and willfully makes or uses 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 Eligibility Department *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

2021 INCOME LIMITS FOR MONTEREY COUNTY PUBLIC HOUSING

Number of Persons in Family — Very Low Income (50% Median Income) as of 04/01/2021

1 2 3 4 5 6 7 8 9 10 11

35,600 40,700 45,800 50,850 54,950 59,000 63,100 67,150 71,200 75,300 79,350

NOTICE OF NON-DISCRIMINATION – REASONABLE ACCOMMODATION

It is the policy and intention of this Housing Authority to comply in all its policies and procedures affecting all its programs and activities, including employment and housing with all federal, state, and local regulations prohibiting discrimination based on: race, color, creed, sex, ancestry, national origin, religion, age, family states, sexual orientation, marital status, or disability.

If you have a documented physical, mental, or developmental impairment that substantially limits one or more major life activities; have a record of such impairment; or are regarded as having such impairment, the HACM would like to know what your special needs are so they can be readily addressed. Please notify the HACM of your special needs, if any, at the time of your annual Recertification.

It is the policy of HACM to provide a 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) 775-5000 or by TDD at (831) 754-2951.

This Agency will not directly or through contractual, licensing, or other arrangements permit or engage in discrimination in admission or access to or treatment or employment in, its federally assisted programs and activities.

AVISO DE NO DISCRIMINACIÓN - ADAPTACIONES RAZONABLES

Es la póliza y la intención de esta Autoridad de Vivienda acatar todas sus pólizas y procedimientos que afectan a todos sus programas y actividades, incluidos el empleo y la vivienda con todas las leyes federales, estatales y locales que prohíben la discriminación con base a raza, color, credo, sexo, ascendencia, origen nacional, religión, edad, el estado de la familia, orientación sexual, estado civil o discapacidad.

Si usted tiene un impedimento físico, mental o del desarrollo que este documentado que limita sustancialmente una o más actividades importantes de su vida; tiene un registro de tal impedimento, o se considera que tiene tal impedimento, a HACM le gustaría saber cuáles son sus necesidades especiales para que puedan ser fácilmente abordados. Por favor notifique a la HACM sus necesidades especiales, si existe alguna, en el momento de su recertificación anual.

La póliza de HACM es de ofrecer adaptaciones razonables a las personas con discapacidades para que también puedan participar en sus programas de vivienda. Para solicitar una adaptación razonable, puede ponerse en contacto con la coordinadora de la Sección 504, Lucila Vera; ponga su petición por escrito en la Oficina Central ubicada en 123 Rico Street, Salinas, CA 93907 o por teléfono al (831) 775-5000 o por TDD en (831) 754-2951.

Esta Agencia no directamente o a través de la concesión de licencias contractuales u otras disposiciones permite o practica la discriminación en la admisión o acceso a, o tratamiento o empleo en, sus programas y actividades que reciben asistencia federal.