



## **PRE-APPLICATION FOR THE CITIES OF HOLLISTER AND SAN JUAN BAUTISTA HOUSING CHOICE VOUCHER PROGRAM (SECTION 8 ONLY)**

### **ABOUT THE HOUSING AUTHORITIES OF THE CITIES OF HOLLISTER AND SAN JUAN BAUTISTA**

The Housing Authorities of the cities of Hollister and San Juan Bautista are administered by the Housing Authority of the County of Santa Cruz. The Housing Authority of the County of Santa Cruz administers several rental and housing assistance programs designed to assist income eligible households. This pre-application form pertains to the Housing Choice Voucher Program (Section 8) of the cities of Hollister and San Juan Bautista only.

### **ABOUT THE HOUSING CHOICE VOUCHER (SECTION 8) PROGRAM**

Participants in the Housing Choice Voucher Program (Section 8) are issued a Voucher. Participants must locate a unit and negotiate the rent with a landlord who agrees to participate in the Section 8 program. The Housing Authority pays a portion of the rent directly to the landlord. The participant pays the difference between the negotiated rent and the amount paid by the Housing Authority to the landlord. This amount can (and in many cases does) exceed 30% of the household's adjusted income. More information about the Housing Choice Voucher Program is available on our website at [www.hacosantacruz.org](http://www.hacosantacruz.org).

Waiting Lists have been established to provide households access to assistance in the order in which they place their name on a list. **The period of time a household must wait for assistance cannot be estimated.** Typically, families wait several years to reach the top of the Waiting List. The Housing Authority does not have any preferences on the basis of need, age, disability, or any other criteria.

If you are interested in placing your name on the Housing Choice Voucher Program (Section 8) Waiting Lists for the Cities of Hollister and San Juan Bautista, please complete the attached Pre-Application and return it to the Housing Authority. Keep this cover page for your records.

### **WHAT TO EXPECT AFTER YOU COMPLETE A PRE-APPLICATION**

- 1. Your name will be placed on the Waiting List by the date the Housing Authority receives your completed pre-application.**
- 2. You will receive a confirmation letter confirming that you have been placed on the Waiting List.** It may take up to three months before you receive this confirmation letter. When you receive your confirmation letter, keep this letter for your records.
- 3. Your wait for assistance may be long.** We cannot predict when your name will reach the top of the Waiting List. Once you have received your confirmation letter, you may not receive anything from the Housing Authority for a very long time. Due to the volume of calls, the Housing Authority will not answer specific questions about your application or waiting list placement over the phone. If, at any time, you request information about your place on the list, we will simply send you another copy of your original confirmation letter. However, for general Waiting List information you may visit our website at [www.hacosantacruz.org](http://www.hacosantacruz.org) or you may call our Waiting List Call Center at (831) 454-5950. The Call Center will inform you of when the people who we are currently receiving full applications from, first placed their names on the Waiting List. For example, if we are taking applications from people who applied in June 2004, and you applied in March 2007, you would know that you may still have a long wait for assistance.

4. **You must keep us informed, in writing, within thirty (30) days of any changes to your mailing address.** It is your responsibility to make sure the mailing address you give us is a reliable and secure one. If, at any time, you do not respond to Housing Authority requests for information or appointments by the due dates established in those letters, or if at any time letters sent to you are returned to the Housing Authority as undeliverable, *no further attempts to contact you will be made and your name will be removed from the Waiting List.*
5. **When your name reaches the top of the Waiting List we will begin the process of determining your eligibility for participation in the program.** As part of that eligibility determination, the Department of Housing and Urban Development requires that we perform a sex offender check on all applicants. Additionally, the Housing Authority may also perform a criminal background check or credit check. Please see our website for more information about program eligibility. However, program rules are subject to change at any time, and your eligibility will not be determined until you have reached the top of the list.
6. **How to reach us – you may visit our website at [www.hacosantacruz.org](http://www.hacosantacruz.org) or call the Waiting List Information Line at (831) 454-5950.** The Waiting List Information Line will inform you of when the people who we are currently receiving full applications from, first placed their names on the Waiting List.

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**The Housing Authority of the County of Santa Cruz**  
2931 Mission Street • Santa Cruz, CA 95060-5709  
Phone (831) 454-9455 • Hollister (831) 637-0487 • TDD (831) 462-6720  
[www.hacosantacruz.org](http://www.hacosantacruz.org)

If you need assistance completing this form,  
please contact the Housing Authority Waiting List Call Center at (831) 637-0487.

**PRE-APPLICATION FOR THE  
CITIES OF HOLLISTER AND SAN JUAN BAUTISTA  
HOUSING CHOICE VOUCHER PROGRAM**

In order to be placed on the Waiting List for the Housing Choice Voucher Program (Section 8), please complete the following questions. Please print your answers neatly in blue or black pen. Incomplete or illegible applications will delay your placement on the Waiting List.

An entire household may apply with one pre-application. However, if there is any change in the household, or if the household separates, only those household members living with the Head of Household will remain on the Waiting List. If any other members leave the household, those household members must re-apply with a new Pre-Application.

Only one Pre-Application form will be accepted per applicant. Duplicate Pre-Application forms will be rejected.

**Information about the Head of Household (In order to submit a complete Pre-Application, please be sure to answer questions 1 through 7. If a question is not applicable to you, answer "N/A" or "None".)**

1. First Name \_\_\_\_\_
2. Middle Initial \_\_\_\_\_
3. Last Name \_\_\_\_\_
4. Social Security Number \_\_\_\_\_ — \_\_\_\_\_ — \_\_\_\_\_
5. Home Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_ — \_\_\_\_\_
6. Mailing Address \_\_\_\_\_  
(If different, or if no resident address provided) \_\_\_\_\_
7. Current Resident Address (Cannot be a PO Box) \_\_\_\_\_  
 *Check here if homeless* \_\_\_\_\_
8. Total annual household income \$ \_\_\_\_\_
9. Number of members in household \_\_\_\_\_
10. In which language do you prefer to communicate?  English  Spanish  
 TDD  Other: \_\_\_\_\_

**Optional – HUD requires the Housing Authority to request this information.**

11. Ethnicity  Hispanic or Latino  Not Hispanic or Latino
12. Race  African American / Black  American Indian / Alaska Native  
 Asian  Caucasian / White  
 Native Hawaiian / Pacific Islander
13. Are you or your spouse age 62 or older?  Yes  No

**PLEASE RETURN THIS PRE-APPLICATION TO THE HOUSING AUTHORITY OF THE COUNTY OF SANTA CRUZ.**

**MAIL THIS APPLICATION TO: HOUSING AUTHORITY OF THE COUNTY OF SANTA CRUZ – 2931 MISSION STREET – SANTA CRUZ CA 95060. APPLICATIONS RECEIVED BY FAX WILL NOT BE ACCEPTED.**

## Optional

14. Are you or your spouse a person with disabilities?  Yes  No

Person with disabilities defined as individuals with mental or physical impairments that substantially limit one or more major life activities. The term mental or physical impairment may include conditions such as blindness, hearing impairment, mobility impairment, HIV infection, mental retardation, alcoholism, drug addiction, chronic fatigue, learning disability, head injury, and mental illness. The term major life activity may include seeing, hearing, walking, breathing, performing manual tasks, caring for one's self, learning, speaking, or working. The definition also includes persons who have a record of such an impairment, or are regarded as having such an impairment. Current users of illegal controlled substances, persons convicted for illegal manufacture or distribution of a controlled substance, sex offenders, and juvenile offenders are not considered disabled by virtue of that status.

15. To help assess special housing needs, please indicate any specific features you would require to accommodate a family member with disabilities.

Wheelchair accessibility

Other: \_\_\_\_\_

## Proof of Residency

**Please provide proof of your current residence along with this pre-application.** Proof of residency can include a photocopy of your driver's license or other valid photo identification, a bill addressed to you (your current PGE bill, phone bill, or any other bill), proof of voter registration, or some other proof of your current address. If you do not include proof of residency with this pre-application, you will be assumed to be a "non-resident applicant". Residents of any location may participate in the Section 8 Housing Choice Voucher Program. However, when non-resident applicants reach the top of the waiting list they have additional restrictions on moving their assistance to another jurisdiction.

## Certification

**By completing and submitting this form I am requesting that my name be placed on the Waiting Lists for the Housing Choice Voucher (Section 8) Programs of the Cities of Hollister and San Juan Bautista.**

**I understand that placing my name on the Waiting List does not give me any right to be admitted to the program, guarantee my future eligibility, or assure that subsidy funds will be available.**

**I understand that I must inform the Housing Authority, in writing, within 30 days of any change to my name and / or mailing address. I understand that if I do not respond to any information or appointment request from the Housing Authority, or if any letter sent to me is returned to the Housing Authority as undeliverable, my name will be removed from the Waiting List.**

16. Printed Name of Applicant \_\_\_\_\_

17. Signature of Applicant \_\_\_\_\_

18. Date \_\_\_\_\_

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