



**HOUSING AUTHORITY OF THE CITY OF LOS ANGELES**  
**APPLICATION FOR PUBLIC HOUSING UNIT**



**(Be sure to answer all questions completely. Please write legibly. Use blue or black ink.)**

It is the applicant's responsibility to notify the Housing Authority's Application Center of any changes to the information provided on this application. Failure to update address and contact information may hinder the applicant's ability to be admitted into the program.

**WARNING:** 18 U.S.C. 1001 provides that whoever knowingly and willingly makes or uses a document or writing containing false, fictitious, or fraudulent statement or entry in any manner within the jurisdiction of any department or agency of the United States shall be fined or imprisoned for not more than five years or both.

**A. GENERAL INFORMATION**

Applicant Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_ E-mail \_\_\_\_\_

Preferred language of the applicant: Oral \_\_\_\_\_ Written \_\_\_\_\_

**B. INCOME**

What is the total annual income **received by every member of the household listed under Section F below**? Examples of income include, but are not limited to the following: Employment (including self-employment), V.A. Benefits, Welfare (TANF/Calworks, General Relief), Social Security, SSI, Disability, Unemployment, Scholarships, Worker's Compensation, Pensions, Annuity, Child Support, Alimony, Foster Care, and KinGap. All sources will be subject to verification when you are called into an interview.

**Estimated Total Annual Income \$** \_\_\_\_\_

**C. PREFERENCE INFORMATION**

Applicants may claim qualification for a preference any time up to the point of a housing offer. At the time of your interview, you must provide verification of the preference status that you claim to hold. Please check each box that applies to your household composition.

- The Head of Household or co-head works at least 20 hours a week
- The Head of Household, co-head or sole member are over the age of 62
- The Head of Household, co-head or sole member are disabled
- The Head of Household or co-head is enrolled full time in an accredited educational or training program that is designed to prepare them for the job market
- The Head of Household or co-head, work and attend an institution of higher learning, in combination, at least 20 hours each week
- The Head of Household or co-head otherwise income self-sufficient (20 hours x Current Minimum Wage x 52 weeks)
- The Head of Household or co-head is an active member in or veteran of a United States military service (Army, Navy, Air Force, Marine Corp, or Coast Guard)
- None of the options above apply

**D. VETERAN PRIORITY**

Is any member of the Applicant household listed in Section F below an active member of the United States armed forces (Army, Navy, Air Force, Marines, Coast Guard) or a veteran released from active service under conditions other than dishonorable or related to a deceased veteran by blood, marriage (and not remarried) or adoption?  Yes  No. If yes, please name the household member, the branch of service, and service period: \_\_\_\_\_



**HACLA USE ONLY**  
Client #: \_\_\_\_\_



**E. HOMELESS & DISPLACEMENT SURVEY** - The following questions are for statistical purposes only and will not affect your place on the waiting list.

Would your household be considered homeless, meaning you are an individual or family who lacks a fixed, regular, and adequate nighttime residence?  Yes  No

Are you a family that is being displaced by public or private action with an agency that has an agreement with the HACLA regarding the displacement?  Yes  No

**F. HOUSEHOLD COMPOSITION:**

1. List everyone, include yourself, minors, other adults, foster children/adults and live-in aides (if present who are necessary for the care of a family member), who will be living in the public housing unit that you are applying for. **You must complete each box for each household member.** You (the applicant/head of household) are to be in the 1<sup>st</sup> line. **If there is no co-head/co-applicant, leave Line # 2 blank.** If you require more space, please continue on another sheet and attach to this application.

A Co-head is the member of the household who will be equally responsible as the head of the household for ensuring the family fulfills all of its responsibilities under the program.

Ln#	Last Name	First Name	MI	SSN	Relationship to Head of Household	Gender M/F	Birth Date (MM/DD/YYYY)	Ethnicity 1 = Hispanic 2 = Non-Hispanic	Race 1 = White 2 = Black/Afr Amer 3 = Amer Indian 4 = Asian 5 = Native Haw/PI	Is member disabled Yes/No	Citizenship Status * (EC, EN, IN)	Is adult member a Veteran ** Yes/No
1					<b>Applicant/Head of Household</b>							
2					<b>Co-Applicant / Co-Head</b>							
3												
4												
5												
6												
7												
8												
9												

2. Have you or any member of your household ever lived in public housing/Section 8 or other assisted or subsidized housing?  Yes  No.

\* **Citizenship Status:** EC = Citizen of the US  
EN = Permanent US residency or hold a work permit under a temporary protected status  
IN = No eligible immigration status

\*\* **Veteran** = active member in or veteran of a United States military service (Army, Navy, Air Force, Marine Corp, or Coast Guard)



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**G. UNIT SIZE**

Indicate the unit size that you are requesting given the number of members of your household you list on Section F. Please circle one.

# Household Members	Minimum # of Bedrooms	Maximum # of Bedrooms
1	1	1
2	1	2
3	2	2
4	2	3
5	3	3
6	3	4
7	4	4
8	4	5
9 - 12	5	5

**H. ACCESSIBILITY FEATURES**

Do you or any member of your household require a unit with accessible features? If so, please indicate which one(s):

Hearing       Mobility       Sight       None

**APPLICANT CERTIFICATIONS**

- I/We understand that I/we must provide verification that I/we are qualified for a preference and this must be my/our status at the time I/we are offered housing.
- I understand that if I/we do not qualify for the preference at the time that my/our household is offered housing my/our application will be returned to the appropriate place on the waiting list.
- I/We certify that the statements made on this Application for Public Housing are true to the best of my/our knowledge and understand that for verification purposes inquiries must be made by the Housing Authority.
- I/We authorize employer(s), the Department of Public Social Services, the Social Security Administration, and all others to release any and all information about me/us, which the Housing Authority deems necessary, in order to be approved for participation in the Public Housing Program.
- I/We understand that any false or incomplete statements made on this application will cause me/us to be ineligible.
- I/we understand that we are responsible for notifying the Housing Authority's Application Center of any changes to the information provided on this application.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_