



HOUSING AUTHORITY OF THE CITY OF LOS ANGELES
APPLICATION FOR CONTINUED OCCUPANCY



This top part to be completed by HACLA		
Property:	Unit #	Appointment Date:
HoH Last Name:	First Name:	

Residents: Please read the enclosed ***Notice of Non-Discrimination Based on Disability and Reasonable Accommodation Policy*** (S504-01). If a reasonable accommodation is required due to a disability, please complete the ***Reasonable Accommodation Questionnaire*** (S504-02) and/or notify your HACLA worker.

Federal regulations require the Housing Authority to verify all sources of income, assets, and deductions for all members of the household. To ensure that your rent is calculated correctly and with the least complications or inconvenience on your household, please come to the interview with the following information and documentation:

- Government issued picture identification (State Driver’s License or ID card, Passport, Resident Alien Card, etc.) **and** Social Security Card and Birth Certificate **for any new** member or additions to the household.
- Verification of all sources of income which includes the **most recent original or authentic** documents from the originating source of income such as employer, Social Security Administration, DPSS, banking institution, etc... Specific examples include, but are not limited to:
 - Pay stubs (at minimum the most recent 2 consecutive pay stubs)
 - Payroll summary report
 - Employer notice/letter of hire/termination
 - SSA benefit verification letter
 - Bank statements (most recent monthly or quarterly statement)
 - Child support payment stubs
 - Current welfare benefit letters and/or printouts (DPSS Notice of Action)
 - Unemployment monetary benefit notices
 - Receipts for medical & disability expenses (for household whose Head/Co-head/Spouse are 62 years of age or older or disabled)
- The name, addresses, and phone numbers of all sources of income and child care providers.
- Name and address of any college/schools/institutions attended by any adult household member.
- **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. Making false statements is a felony under California Penal Codes Section 115, 118, 487, and 552, and may result in criminal charges.

Please complete this application prior to your scheduled appointment and bring to the appointment along with all applicable supporting documentations listed above. Please complete all questions, and write clearly. Use blue or black ink only. All questions must be answered. Please ask your HACLA worker if you need assistance or if you are not clear as to a question.

A. CONTACT INFORMATION: Please provide current contact information:

Phone #s: Home: _____ Cell: _____ Work: _____

Email address: _____ Other: _____

B. EMERGENCY CONTACT

Name	Relationship	Address, City, State, Zip	Phone #

HACLA to Complete this Box

Unit #: _____ Resident #: _____



C. 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. **You must complete each box for each household member.** You (the head of household) are to be on the 1st line. **If there is no co-head, leave Line # 2 blank.** If you require more space, please continue on the space provided on Page 5.*

Ln #	Last Name	First Name	MI	SSN	Relationship to Head of Household	Gender M/F	Birth Date (MM/DD/YYYY)	Age	Place of Birth	Ethnicity 1 = Hispanic 2 = Non Hispanic	Race 1 = White 2 = Black/Afr Amer 3 = Amer Indian 4 = Asian 5 = Nat Hawaii/PI	If Adult is a Full-Time Student Yes/No	If Adult is a Veteran** Yes/No	Driver's License or State ID # (If Youth- under 18 years old = "N/A")
1					Head of Household									
2					Co-Head									
3														
4														
5														
6														
7														
8														
9														

2. Have any members of your household moved out in the last 12-months? Yes No. If yes, who and when did they leave: Name: _____ When: _____
3. Have any new members moved into your household in the last 12-months? Yes No. If yes, who and when did they move-in: Name: _____ When: _____
4. Do you anticipate any changes in your household composition during the next 12-months? Yes No. If yes, please explain: _____
5. Is any member of your household listed above temporarily away from the residence? Yes No. If yes, please explain: _____

* Additional space for this or other questions is provided on Page 5.

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

HACLA to Complete this Box

Unit # _____ Resident #: _____



6. Has anyone in the household who lacked eligible immigration status obtained eligible immigration status since your last review? Yes No N/A. If yes, please explain:

7. In the past 18 months, has any member of the household been arrested and/or convicted of any crime other than traffic violations? Yes No. If yes, please explain: _____

8. Does anyone not included in the household use your address for any purpose including to receive mail? Yes No. If yes, please explain: _____

9. Are you or any member of your household required to register as a sex offender in any state? Yes No. If yes, please explain: _____

D. INCOME:

1. List **all sources of income** for **every member** of your household. 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, Paid Training or Internship, Worker's Compensation, Pensions, Annuity, Child Support, Alimony, Foster Care, KinGAP, and CAPI.

List All Sources of Income for Every Member of the Household – Attach sheet of paper if more space is needed					
Name of Household Member	Income Type	Source (name of employer, aid agency...)	Income Source Address	Phone# /Fax#	Rate (\$ per day, week, month, year...)
					\$ per
					\$ per
					\$ per
					\$ per
					\$ per
					\$ per
					\$ per

2. Does anyone in the household anticipate any change in the types, sources, and/or amounts of income in the next 12-months? (Example – someone on disability or unemployed returning to work, someone retiring) Yes No. If yes, please explain: _____

3. Does anyone in the household receive Food Stamps? Yes No. If yes, Who _____ Value \$ _____

4. Does anyone outside your household or an organization regularly give you or a household member money or pay any of your bills, or provides supplies (such as gas, groceries, tuition...)? Yes No. If yes, please explain: _____

5. For military pay, does it include "hostile fire" pay? Yes No N/A. If yes, amount \$ _____

6. Has anyone in the household received any other income not listed above in the past 12 months? Yes No. If yes, please describe: _____

E. ASSETS: Assets include bank and credit union accounts (checking, savings), certificates of deposit, mutual funds, stocks, bonds, and any other asset (includes but is not limited to insurance policies/annuities, and collections such as stamps or coin collections that were held as an investment).

1. Does any member of your household hold/own any assets? Yes No. If Yes, please describe:

Name of Household Member	Type of Asset	Name of Institution	Account #	Value (Balance)

HACLA to Complete this Box	
Unit # _____	Resident #: _____



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2. Does any member of your household own any real estate (includes house, rental property, building, land, or mobile home)? Yes No. If yes, please explain: _____
3. Have any members of your household sold any real estate or disposed of assets in the past 12 months? Yes No. If yes, please explain: _____

F. CHILDCARE EXPENSES

1. Do you or any household member have expenses for childcare for children **12 years of age or younger**? Yes No. If yes, please explain below:

Name of Child	Age	Expense amount per wk/mo
		\$ _____ per _____
		\$ _____ per _____
		\$ _____ per _____

2. Does the childcare provided allow for an adult in the household to be employed, attend school, or receive job training (and related activities)? Yes No. If yes, please explain: _____

G. DISABILITY EXPENSES

Does the household pay for a care attendant, a service animal, or for any equipment for any household member with disabilities that is necessary to permit that person or another adult in the household to work? Yes No.

If yes, do you want us to consider your expenses in the calculation of your rent? Yes No.
If yes, please provide a list of such expenses (item(s) description and costs)

H. ELDERLY OR DISABLED FAMILIES ONLY - Is the Head, Co-Head or Spouse 62 years of age or older or a person with a disability? Yes No

If yes, please complete this section. If no, please skip to Page 6.

1. Do you pay for Medicare? Yes No. If yes, what Part do you pay for and what is your monthly premium?
 Part A \$ _____ Part B \$ _____ Part D \$ _____

2. Do you have any other kind of medical insurance? Yes No. If yes, please provide the following:

Policy #	Insurance Agent's Name	Insurance Company	Address	Phone #	Monthly Premium
					\$ _____
					\$ _____

3. Is any household member paying outstanding medical bills (including dental and/or vision)? Yes No. If yes, please provide the following:

Name of Provider	Address of Provider	Phone #/Fax #	Amount per Month /Balance

4. Do you or any household member expect to have additional medical expenses in the next 12 months that will not be covered by insurance? This includes prescription and non-prescription drugs, co-payments, medical tests, eyeglasses or hearing aid expenses, or other medical costs?
 Yes No. If yes, please provide the following and provide supporting documents:

Household Member	Type(s) of Expenses	Payee Name and Address	Amount per Month



HACLA to Complete this Box

Unit # _____ Resident #: _____



RESIDENT CERTIFICATIONS

I/We certify that the statements made on this Application for Continued Occupancy are true to the best of my/our knowledge and belief and understand that for verification purposes inquiries must be made by the Housing Authority (HACLA). I/We authorize my employer(s), the Department of Public Social Services, the Social Security Administration, and all others to release any and all information about me, which the Housing Authority deems necessary, in order to approve my continued 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 and/or subject to eviction. I/We certify under penalty of perjury under the laws of the State of California that all the information provided on this application is true and correct.

I/We understand that in accordance with our Rental Lease Agreement, I/we are required to report all changes in family income and/or family composition at the time of the Annual or any Review. I/We understand that failure to report changes may result in a retroactive rent charge. I/We understand that any additions to the household are to be in writing and require HACLA's written approval.

I/We certify that the HACLA unit that is leased under my/our name is my/our primary residence. I/we will not receive duplicate federal housing assistance while residing in this unit and will not sublease the HACLA unit.

I/We certify that the above statements were explained and/or translated to me by a reliable source and/or by a HACLA employee.

The above information was translated to me in _____ N/A
 Resident write in your language Resident initials

Signature	City & State Signed	Date
Head		
Co-Head		

CERTIFICATION FROM ADULT MEMBERS (18 years of age or older) OF THE HOUSEHOLD OTHER THAN THE RESIDENT AND CO-RESIDENT

I certify that the information provided in this Application for Continued Occupancy is true and complete to the best of my knowledge, and understand that the Housing Authority will make various inquiries for the purposes of verifying such information. Furthermore, I authorize my employer(s), the Department of Public Social Services, the Social Security Administration, and all others to release any and all information about me, which the Housing Authority deems necessary, in order to approve my continued participation in the Public Housing Program. I certify under penalty of perjury under the laws of the State of California that all the information provided about me on this application is true and correct.

I also understand that I do not acquire an interest in any public housing unit that may be subsequently leased to the head / co-head. My signature is for the purpose of certifying the information provided in this Application for Public Housing and authorizing the release of information about me.

Name (Print)	Signature	City and State Where Signed	Date

HACLA USE ONLY

I have reviewed the application in its entirety with the above Resident (and Co-Resident) for completeness. Any items that were not complete on the date this application was originally submitted have now been entered, dated, and initialed by the Resident (and Co-Resident).

_____ Signature _____ Title _____ Date _____
 HACLA Staff Name (Print)