



**CITY OF HAWAIIAN GARDENS HOUSING AUTHORITY
APPLICATION
SECTION 8 HOUSING CHOICE VOUCHER PROGRAM**

The City of Hawaiian Gardens Housing Authority (HGHA) is currently accepting applications for the Section 8 Housing Choice Voucher Program. Applications will be accepted for only those individuals who live or work in the City of Hawaiian Gardens. Applications will be available on the following dates:

**OPENING: TUESDAY, SEPTEMBER 10, 2019 8:30 A.M.
CLOSING: THURSDAY, SEPTEMBER 26, 2019 BY 3:00 P.M.**

Applications will be taken on a first come first serve basis only and must be submitted in person or mailed to the City of Hawaiian Gardens Housing Authority located at:

**CITY OF HAWAIIAN GARDENS HOUSING AUTHORITY
21815 PIONEER BLVD.
HAWAIIAN GARDENS, CA 90716**

The program provides rental assistance on behalf of low-income families, elderly and disabled persons in privately owned housing. Applications will be accepted for those individuals who live or work in the City of Hawaiian Gardens. In developing the Waiting List for this program, applications will be processed in the order received based on date and time application was received. Selection procedures will be administered fairly and in such a way as not to violate rights of privacy or discriminate on the basis of race, color, religion, sex, age, disability, familial status or national origin.

The HGHA offers no guarantees of rental assistance and cannot provide an estimate of when assistance will be provided. **All application forms must be returned by no later than September 26, 2019 by 3:00 P.M. Forms returned or postmarked after September 26, 2019, will not be accepted.**

Please Note: The family must meet Section 214 requirements governing U.S. Citizenship and eligible immigration status. In order to receive assistance, at least one family member must be a U.S. Citizen or eligible immigrant. The Housing Authority will also conduct criminal background checks on all adult family members (age 18 and over).

It is your responsibility to notify the Housing Authority immediately if you move or have any changes in your family composition. **ALL CHANGES MUST BE MADE IN WRITING. PHONE CALLS WILL NOT BE ACCEPTED.**

Once the enrollment period closes, a letter acknowledging receipt of your application will be mailed. If you have any questions regarding the application process or the application, please call the Housing Authority at (562) 420-2641 ext. 270. Thank you for your cooperation.



**CITY OF HAWAIIAN GARDENS HOUSING AUTHORITY
PRE-APPLICATION
SECTION 8 HOUSING CHOICE VOUCHER PROGRAM**

FOR OFFICE USE ONLY

PLEASE COMPLETE APPLICATION COMPLETELY. USE PEN ONLY AND PRINT CLEARLY.

Applicant First Name:	Middle:	Last Name:
Address:		City, State, Zip:
Mailing Address:		City, State, Zip:
Home#: ()	Cell Phone#: ()	Work#: ()

HOUSEHOLD MEMBER INFORMATION (List Head of Household/Applicant Name first):

FIRST AND LAST NAME	DATE OF BIRTH (MM/DD/YYYY)	GENDER (M/F)	SOCIAL SECURITY #	RELATIONSHIP TO HEAD OF HOUSEHOLD (Spouse, Daughter, Son, Grandchild, etc)	
				HEAD	
TOTAL NUMBER OF HOUSEHOLD MEMBERS (Include head of household)			ADULTS	MINORS	TOTAL

(Please list any additional household members, with all information, on the reverse side of this form)

HOUSEHOLD INCOME INFORMATION (Income from all household members):

NAME	SOURCE OF INCOME (Employment, Social Security, Welfare -AFDC/TANF, Pension, Unemployment, Child Support, Worker's Compensation, etc.)	AMOUNT PER MONTH
		\$ _____ /MONTHLY
		\$ _____ /MONTHLY
		\$ _____ /MONTHLY
		\$ _____ /MONTHLY
TOTAL GROSS MONTHLY INCOME		\$ _____ /MONTHLY

BACKGROUND INFORMATION:

RACE	ETHNICITY
<input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic

RANKING PREFERENCES:

#	YES	NO	PLEASE ANSWER EACH QUESTION BELOW WITH AN "X" TO THE LEFT FOR YES OR NO
1.			Is any household member employed within the City of Hawaiian Gardens?
2.			Are you or any other adult household member disabled or handicapped?
3.			Is your household involuntarily displaced by government action or natural disaster?
4.			Are you a disabled veteran, or a widow or spouse of a disabled veteran of the U.S. Armed Forces?
5.			Does anyone in your household include other veteran(s) or honorably discharged service member(s)?
6.			Are you a U.S. Citizen or legal immigrant to the U.S.?
7.			If your answer to Question #6 was "NO" is there a household member who has legal U.S. Citizenship or legal immigration status?

CERTIFICATION:

I certify that the above information is true and complete to the best of my knowledge and belief. I will provide verification of this information when requested. I understand that it is a crime to make false statements to a governmental agency.

Applicant Signature

Date

Co-Head Signature

Date