



LOW-INCOME PUBLIC HOUSING APPLICATION

P.O. Box 12245, 1331 Fulton Mall, Fresno, California 93777-2245

(559) 443-8400 www.hafresno.org TTY: 800-735-2929



APPLICATION INFORMATION (HEAD OF HOUSEHOLD):

NAME: _____
(First) (Middle) (Last)

ADDRESS: _____ APT: _____ CITY: _____ STATE: _____ ZIP: _____

E-MAIL _____ SSN: _____ DATE OF BIRTH: _____

HOME PH.: _____ CELL PH.: _____ MESSAGE PH: _____

Would you prefer that we communicate with you in a language other than English? No Yes If yes, which language? _____

INFORMATION: List ALL persons (other than you) who will be living in the household.

(Relation: 1=Spouse or Co-Head; 2=Other Adult; 3=Son; 4=Daughter; 5=Live-In Attendant; 6=Foster Adult/Child; 7=Other Dependent)

	FIRST AND LAST NAMES	Relation To You	Sex M/F	Date of Birth	Social Security No.
1		HOH			
2					
3					
4					
5					
6					
7					
8					
9					
10					

LOW-INCOME HOUSING LOCATIONS check (✓) one or more you are applying for:

- City of Fresno (includes Pinedale and Highway City)
- County Central Biola Kerman
- County East Del Rey Fowler Laton Orange Cove
- Parlier Reedley Sanger Selma
- County West Firebaugh Mendota San Joaquin Huron

RESIDENCY PREFERENCE: Are you a family who lives or works or has been hired to work or who is attending school in Fresno County? Yes No

VETERANS PREFERENCE: Are you a current member of the U.S. Armed Forces, a U.S. Veteran, or surviving spouse of a U.S. Veteran? Yes No

DISABILITY STATUS: Does anyone in the household require features of accessible housing (Select all that apply)

- Mobility impairment Hearing impairment Vision impairment
- Additional assistance necessary for your housing needs.

AFFIRMATIVE ACTION INFORMATION. Applicants are considered for housing without regard to race, color, religion, sex, national origin, familial status, or disability (physical or mental). Federal and state governments require the Housing Authority to collect certain demographic information. This information helps us to better serve those populations most in need of the Housing Authority's assistance. To help us with this goal, please complete the information regarding ethnicity and race below. The information you provide will only be used for the Authority's compliance with federal and state, record keeping and, reporting requirements. The information you provide has no bearing on the processing or approval of your application and will not be used for law enforcement purposes.

Ethnicity: (Select Only One)

- Hispanic or Latino Non-Hispanic or Latino

Race: (Select All that Apply)

- American Indian or Alaska Native Asian Black or African American
- Native Hawaiian or Other Pacific Islander White Other

APPLICANT'S RESPONSIBILITY. Applicants are required to inform the Housing Authorities, in writing, changes in family composition, income, address, phone numbers, or any other information that may affect their application on the waiting list(s). **You may either mail your application changes to: Housing Authorities, LIPH Applications, P.O. Box 11985, Fresno, CA 93776 or go online and submit an Application Change Form.**

CERTIFICATION. The information provided on this pre-application form is complete and true to the best of my knowledge. I understand that providing false information may lead to denial of this application, to eviction (if the falsehood is discovered after move-in), or to criminal prosecution. I understand that admission to this site is conditioned upon eligibility criteria set by federal law, rules set by this site's resident selection plan, and my payment of any applicable security deposit in advance of move-in.

Applicant's Signature _____

Date _____