

SECTION V.

If you should receive Assisted Housing, please list everyone in your household:

Last Name, First Name	Date of Birth	Social Security Number	Relationship to Head of Household	Sex	Place of Birth
			Self		
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

SECTION IV. Income:

Total household income; list monthly income received by EVERYONE in your household. This includes money from Unemployment, wages, self-employment, Workman’s Compensation, child support, Social Security (SSI) Disability, retirement benefits, rental property income, stocks, income from bank accounts, Aid for Dependent Children (AFDC), General Assistance (GA) and all other sources of income.

INCOME SOURCES FOR THE HOUSEHOLD

Person’s Income	CA Works/GA	SSI	Employment	Social Security	Child Support Alimony	Other (Please explain)
1.						
2.						
3.						

SECTION VII. CONSENT:

I /we, hereby authorize and direct any Federal, State of local agency, organization, business, or individual to release information to the Housing Authority of the County of Contra Costa.

I /we, understand that depending upon program policies and requirements, previous/current information regarding me or members of my household may be needed. Sources of such information may include landlords, resident managers, housing managers, tenant research agencies, employers, social workers, welfare workers, parole officers, court records, drug treatment centers, clinics, physicians or police departments where warranted by particular circumstances.

MAIL TO: Public Housing Pre-Application Waiting List P.O. Box 156 Rodeo, CA 94572

CONDITIONS:

I /we, agree that a photocopy of this authorization may be used for the purpose stated above. This authorization will stay in effect as long as I am an applicant or participant for the public housing program.

I understand that a photocopy of this authorization is as valid as an original.

Name (Print)

Signature of Head of Household

Name (Print)

Signature of Spouse

Name (Print)

Signature of other adult member

I do hereby swear and attest that all of the information above is true and correct. I also understand that all changes to the information in this pre-application must be reported to the Housing Authority in writing, immediately.

APPLICATION MUST BE SIGNED AND DATED FAILURE TO DO SO WILL JEOPARDIZE YOUR PLACEMENT ON THE WAITING LIST.

Signature of Head of Household Date

Signature of Spouse Date

I/we hereby certify and affirm under the penalty of perjury that the above statements are true and correct. I promise to inform the Housing Authority of the County of Contra Costa of any changes in my/our status. Section 1001 of Title 18 of the United States Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

PLEASE NOTE:

- **PRINT PRE-APPLICATION**
- **MAIL TO P.O. BOX 156, RODEO, CA 94572**
- **NO PRE-APPLICATIONS ACCEPTED IN ANY HOUSING AUTHORITY OFFICES**



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