

**Housing Authority of the County of Santa Barbara**

HACSB Goleta Housing Office ■ 5575 Armitos Ave ■ Goleta, CA 93117 ■ (805) 967-3402


**Affordable Housing Program**  
**Lottery Application**


**IMPORTANT** – All information entered on this application will be verified prior to a housing award being granted in order to confirm compliance with the restrictions of the Affordable Housing Program. Verification of income, residency, preferences, and assets will be determined through a subsequent formal application and interview process involving an evaluation and review of, but not limited to, tax returns, bank accounts, earnings statements, employment history, and title searches. Noted discrepancies on your application will be cause for immediate disqualification from the Affordable Housing Program.

**Application Instructions**

- A. ☐ Complete sections 1 thru 5 of this application. Use the letter guide when printing letters and numbers in boxes.
- B. ☐ Carefully read and sign section 5. By signing this application, you are attesting that all information provided is true and will be subject to final confirmation by the City of Goleta.
- C. ☐ Include cashier's check or money order for the nonrefundable fee of \$75, payable to the Housing Authority of the County of Santa Barbara
- D. ☐ Return this completed application with the \$75 fee.

**1. Personal Information Section**

Printing Letter Guide

Printing Letter Guide																0	1	2	3	4	5	6	7	8	9
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z

First Name: (Please print clearly; follow letter guide above)

M.I.

Last Name: (Please print clearly; follow letter guide above)

Street Number or PO Box:

Street Name:

(St., Dr., Ave., Blvd, etc.)

Apt. No./Suite No.:

City: (Please print clearly; follow letter guide above)

State:

Zip Code:

Area Code:

Phone Number:

Birthdate (MM/DD/YY)

CA Driver's License No. or CA I.D. No.

Social Security Number:

Email Address:

Are you related to anyone who works for the Housing Authority of the County of Santa Barbara by blood, marriage, or adoption? If yes, list:

Name(s):

Relationship:

Department:

**2. Eligibility Section (All boxes must be checked to be eligible)**

- A. ☐ I am a United States citizen or have permanent residence status.
- B. ☐ I do not own, or, if selected as a lottery winner, I will not have an ownership interest in any other residential property prior to the completion of the purchase of a restricted unit.
- C. ☐ I meet Santa Barbara County's requirements for moderate and above-moderate income.
- D. ☐ I will reside in the home as my primary residence. I will not rent the home or any rooms in the home.
- E. ☐ I have funds available to make a 5% down payment and can show evidence of funds availability.
- F. ☐ I do not have assets that exceed half (1/2) of the purchase price of the home.
- G. ☐ I will sign and abide by all restricted resale covenants, and I will respond to ongoing compliance monitoring surveys.
- H. ☐ I can provide all necessary income, residency, and other information required to complete an Income Certification within 2 weeks of notice of lottery selection.

Any false statements or misrepresentations to the County will constitute a default of qualifications and may constitute criminal fraud.



### 3. Income Section

All Household Members:

First Name	Last Name	Birthdate (MM/DD/YY)	Social Security Number	Relationship	Current Year Monthly Income	Income Source
						Wages Other
						Wages Other
						Wages Other
						Wages Other
						Wages Other
						Wages Other
					Total Household Monthly Income:	

Check ALL Sources of Income:

Employment	Unemployment	Foster Care	Workers' Comp	Self-Employed	SSI
Social Security	Veteran's Benefits	General Assistance	Child Support	State Disability	Retirement
Interest from Assets (checking, savings, etc)		Other			

### 4. Residency & Employment Section

(Head of Household / Primary Applicant)

Number of Years in County:  Name of Affordable Housing Development:

Employer's Name:  Employer's Phone Number(s):

Employer's Address:  Length of Employment:

( Co-Applicant Name \_\_\_\_\_ or Additional Employer)

Employer's Name:  Employer's Phone Number(s):

Employer's Address:  Length of Employment:

( Co-Applicant Name \_\_\_\_\_ or Additional Employer)

Employer's Name:  Employer's Phone Number(s):

Employer's Address:  Length of Employment:

### 5. Signature Section

I hereby declare under penalty of perjury that the information contained in this pre-application is correct and true. I acknowledge and agree that the Housing Authority of the County of Santa Barbara will verify the accuracy of the information provided on this pre-application. I understand that it is a criminal offense to make willful false statements or misrepresentations to the Housing Authority of the County of Santa Barbara.

I understand that if this pre-application is selected and approved, my name will be put on a waiting list. When my name comes near the top of the Waiting List, I will be required to substantiate the information provided and will supply all requested documentation to complete a full Income Certification, which will determine or confirm my eligibility.

I understand that I am to notify the Housing Authority of the County of Santa Barbara, within 30 days, and in writing, if I move or change my mailing address, my telephone number, or my financial or living conditions while on the Wait List; and I agree to do so. I further understand that if I fail to provide HACSB current information, my pre-application will be cancelled.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_