



Housing Authority of the City of Alameda

701 Atlantic Avenue, Alameda, CA 94501 – Tel (510) 747-4300

TDD: (510) 522-8467 Website: www.alamedahsg.org



Project-based Voucher (PBV) Program Waiting List PRE-APPLICATION FORM

PLEASE ANSWER ALL QUESTIONS. INCOMPLETE and DUPLICATE APPLICATIONS WILL BE REJECTED.

Part 1: Application/Waiting List Identification

This pre-application is submitted for placement on the site-based waiting list for project-based voucher (PBV) units as follows:

Property: PBV-Esperanza Apartments, Alameda, CA

Bedroom size: Five (5) Bedroom

Part 2: Applicant Identification

Please note that applicants will be required to provide evidence of citizenship or eligible immigration status when selected for assistance.

1. Applicant/Head of Household: _____
Last First Middle

2. Date of Birth: _____ Age on Date of Application: _____

3. Social Security Number: _____ - _____ - _____

4. Address: _____
(Street) (apt.)

(City) (State) (Zip)

Please provide a reliable mailing address where you can be reached. Same as above? ☐ YES ☐ NO

5. Mailing Address: _____
(Street or P.O. Box) (apt.)

(City) (State) (Zip)

6. Telephone Number: (_____) _____ Alternate Telephone No.: (_____) _____

7. Email Address: _____

8. If you wish to provide an additional contact person or organization; please indicate name and contact information: _____

9. What is your race (applicant Head of Household)? Please indicate one or more as appropriate:

☐ Black/African-American Asian ☐ White/Caucasian ☐ American Indian/Alaskan Native ☐ Asian ☐ Native Hawaiian/Other Pacific Islander

10. What is your Ethnicity? ☐ Hispanic ☐ Non-Hispanic

Part 3: Preference Information (Please answer each question as indicated; additional information or verification may be required.)

11. Are you a U.S. Veteran or are you the surviving spouse of a U.S. Veteran? ☐ YES ☐ NO
12. Are there two (2) or more people in your applicant family? ☐ YES ☐ NO
13. Are you or is your spouse/co-head a person with a disability? ☐ YES ☐ NO
14. Is any other member of your household a person with a disability? ☐ YES ☐ NO
15. Has your family been displaced due to natural disaster or government action? ☐ YES ☐ NO
16. Has your family been terminated from the Section 8 Housing Choice Voucher Program due to overleasing or lack of federal funding? ☐ Yes ☐ No If Yes, what Housing Authority? _____
17. Are you a resident of the City of Alameda or employed in the City of Alameda? ☐ YES ☐ NO

Part 4: Household Information

List all people who would be in your household under this pre-application, including yourself. Provide the required information for all members. Please **print clearly**.

Name Last	First	Mdl.	Social Security Number	Relation- ship (see key below)*	Sex	Date of Birth	Source(s) of Income (Wages, TANF, SSI, etc.)	Gross Annual Income
Head of Household								
Total Annual Gross Family Income from all Sources:								

* Relationship Key (indicate appropriate word or letter): Head of Household=H; Spouse=S; Co-Head=K
Foster child/Adult=F; Other Adult (18+)=A; Other Youth Under 18=Y; Full-time Student 18+=E; Live-In Aide-=L

18. What primary language do you speak/write? ☐ English ☐ Spanish ☐ Mandarin ☐ Cantonese ☐ Russian
☐ Tagalog ☐ Korean ☐ Vietnamese ☐ Persian/Farsi ☐ Other _____
19. What other language(s) are spoken/written by your family? ☐ English ☐ Spanish ☐ Mandarin ☐ Cantonese
☐ Russian ☐ Tagalog ☐ Korean ☐ Vietnamese ☐ Persian/Farsi ☐ Other _____

Part 5: Applicant Certification

I certify that all the information given above is true and complete. I understand that, pursuant to Section 1001 of Title XVIII of the United State Code, any misrepresentation or willfully false statements made to a Department or Agency of the United States Government is grounds for denial or termination of assistance and punishable by fine and/or imprisonment.

Applicant Signature: _____ Date: _____