



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

Parrot Village Project-Based Voucher (PBV) Units Four (4) Bedroom Units ONLY



Beginning August 13, 2014 pre-applications from families qualifying for 4-bedroom PBV units ONLY will be placed on the PBV-Parrot Village waiting list based on date/time order. In general, to qualify for a 4-bedroom unit, a family must consist of a single/couple as head of head household plus five (5) or six (6) additional people. AHA preferences will apply to all pre-applications. AHA reserves the right to close this waiting list at any time by notification on the AHA website (www.alamedahsg.org).

Waiting List PRE-APPLICATION FORM

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

Part 1: Application/Waiting List Identification

This pre-application is submitted for placement on the Parrot Village Project-Based Voucher (PBV) Waiting List. I understand that this application will be reviewed and that only applications for 4 bedroom PBV pre-applications are being accepted.

Part 2: Applicant Identification

1. Applicant/Head of Household: _____

Last
First
Middle
2. Head of Household Date of Birth: _____
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 (Provide below)

5. Mailing Address: _____

(Street or P.O. Box)
(apt.)

_____ (City)
_____ (State)
_____ (Zip)

6. Telephone Number: (____) _____ Alternate: (____) _____

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

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

11. What primary language do you speak/write? ☐ English ☐ Spanish ☐ Mandarin
☐ Cantonese ☐ Russian ☐ Tagalog ☐ Korean ☐ Vietnamese ☐ Persian/Farsi ☐ Other

12. What other language(s) are spoken/written by your family? ☐ English ☐ Spanish ☐ Mandarin
☐ Cantonese ☐ Russian ☐ Tagalog ☐ Korean ☐ Vietnamese ☐ Persian/Farsi ☐ Other

Part 3: Preferences and Other Information

Please answer each question as indicated; additional information or verification may be required.

13. Has your family been displaced due to natural disaster or government action? ☐ YES ☐ NO

14. 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? _____

15. Are you a resident of the City of Alameda or employed in the City of Alameda? ☐ YES ☐ NO

16. Are there two (2) or more people in your applicant family? ☐ YES ☐ NO

17. Are you or is your spouse/co-head a person with a disability? ☐ YES ☐ NO

18. Is any other member of your household a person with a disability? ☐ YES ☐ NO

19. Are you a U.S. Veteran or are you the surviving spouse of a U.S. Veteran? ☐ YES ☐ NO

Part 4: Household Information

- List all people who would be in your household under this pre-application, including yourself.
- After this application is submitted, you will NOT be able to add or “substitute” household members except as a result of birth, adoption, court-awarded custody, legal guardianship, marriage, civil union, domestic partnership or other operation of law, reasonable accommodation, disabled adult children, or elderly or disabled parents of the head of household or cohead/spouse.
- Please note that applicants will be required to provide evidence of citizenship or eligible immigration status when selected for assistance.

Provide the required information for all members. Please **print clearly.**

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

* Relationship Key (indicate appropriate word or letter): Head of Household=H; Spouse=S; Co-Head=K; Child/Youth Under 18 = Y; Full-time Student 18 or older = E; Foster child/Adult=F; Other Adult (18+)= A; Live-In Aide (provides live-in care to a disabled household member)=L

Part 5: Applicant Certification

I certify that all the information given on all parts of this pre-application 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: _____