



This application is for the waiting list of the Santa Barbara Workforce Program for properties owned and/or managed by the Housing Authority of the City of Santa Barbara. All units are located within the Santa Barbara City limits. Unit sizes range from studio to 3-bedroom and some are designated for those employed within specific boundaries. Applicants who are gainfully employed a minimum of 20 hours per week will receive a preference on this waiting list.

[illegible]

Street Number/P.O. Box	N,S,E,W	Street Name/P.O. Box Number	St, Ave, Dr, Blvd

Apt/Suite No.	City	State	Zip Code

Phone Number                      CA Drivers License/ I.D. Number                      Gross Monthly Income (All Members)

Social Security Number      Birthdate      Number of household members, including self. (01, 02, 03, etc)

Not Like This--> ☒ ☐

Member 2 First Name 

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 Last Name 

--	--	--	--	--	--	--	--	--

☐ Male ☐ Female

Social Security Number      Birthdate      Legal Resident  
   -   -     /   /      
☐ Yes      ☐ No

Member 3 First Name 

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 Last Name 

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☐ Male ☐ Female

Social Security Number      Birthdate      Legal Resident  
   -   -     /   /        
☐ Yes      ☐ No

**Member 4 First Name** Last Name ☐ Male ☐ Female

Social Security Number      Birthdate      Legal Resident  
   -   -     /   /      
☒ Yes      ☐ No

<b>Member 5 First Name</b>	<b>Last Name</b>	
		<input type="radio"/> Male <input type="radio"/> Female

Social Security Number      Birthdate      Legal Resident  
   -   -     /   /      
☒ Yes      ☐ No

Member 6 First Name 

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 Last Name 

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☐ Male ☐ Female

Social Security Number      Birthdate      Legal Resident  
   -   -     /   /      
☐ Yes      ☐ No

[illegible]

Social Security Number      Birthdate      Legal Resident  
   -   -     /   /     ☐ Yes ☐ No



**EQUAL HOUSING  
OPPORTUNITY**

**ADDITIONAL INFORMATION & SIGNATURE REQUIRED ON THE REVERSE SIDE OF THIS FORM**



Please select the one that you consider yourself to be:

☐ American Indian ☐ African American

☐ Asian/Pacific Islander ☐ White

○ Si su primer idioma es Español, llene el circulo con una pluma.

Are you a U.S. citizen or a legal immigrant to the United States? ☐ Yes ☐ No

Are you currently receiving rental subsidy or housing assistance (i.e. Section 8, Public Housing, other)? ☐ Yes ☐ No

Are you or any adult on this application currently employed a minimum of 20 hours per week? ☐ Yes ☐ No

Are you or any adult on this application employed within the HACSB downtown workforce boundaries? ☐ Yes ☐ No  
(See attached map for HACSB downtown workforce boundaries.)

Are you disabled? ☐ Yes ☐ No

**FILL IN ALL SOURCES OF INCOME THAT APPLY TO YOUR HOUSEHOLD:**

☐ Employment   
 ☐ Unemployment   
 ☐ Workers Compensation   
 ☐ Social Security   
 ☐ SSI   
 ☐ Retirement Pension  
☐ Veterans Benefits   
☐ SelfEmployed   
☐ State Disability   
☐ General Relief   
☐ CalWorks   
☐ Child Support

**Attach a current paystub or other current verification of employment for each employment source.**

Applicant Name	Employer Name	Employment Address (Where you regularly report to work)	Gross Monthly Pay

Is anyone on this application a full time student? ☐ Yes ☐ No

Has anyone on this application ever been cited, arrested or convicted of a crime (misdemeanor or felony)? ☐ Yes ☐ No

If yes, specify name(s): \_\_\_\_\_

Fill in if you are on:      ☐ Probation      ☐ Parole      ☐ Supervised      ☐ Unsupervised

Is anyone on this application a registered sex offender and/or subject to lifetime registration requirement? ☐ Yes ☐ No

If yes, specify name(s): \_\_\_\_\_

How many vehicles will your household have or use? ☐ None ☐ 1 ☐ 2 ☐ more than 2

**Carefully read and initial each of the statements below, then sign and date the form.**

\_\_\_\_\_ All information provided on this application is true and complete.

\_\_\_\_\_ I understand that this application is for the Workforce Housing waiting list only. If I want to apply for other HACSB programs, I must obtain separate applications for those programs.

\_\_\_\_\_ I understand that if this application is approved, my name will be placed on the Santa Barbara Workforce Housing waiting list and when my name is selected, an interview will be scheduled to verify all information provided to determine my eligibility.

\_\_\_\_\_ I understand that it is a criminal offense to make willful false statements or misrepresentations to any U.S. department or agency. I further understand that failure to disclose any history or criminal activity and/or drug activity as well as false statements or misrepresentations regarding my criminal record may be grounds for denial of assistance.

\_\_\_\_\_ I understand that the Housing Authority of the City of Santa Barbara will run criminal background and credit checks as part of determining my eligibility and by my signature below, hereby authorize them to do so.

\_\_\_\_\_ I understand that I must notify the Housing Authority of the City of Santa Barbara immediately in writing if I move or change my mailing address, my telephone number, or have a change in my household composition or financial conditions. If I do not keep my information updated, my application may be canceled. If my application is canceled I will have to re-apply with a new application date.

Date \_\_\_\_\_

E-Mail (Please place a "." in one box)

[illegible]

**FOR OFFICE USE ONLY**

Date Received (MM/DD/YYYY)

Time Received (AM/PM)

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