

SANTA BARBARA WORKFORCE HOUSING PROGRAM WAITING LIST APPLICATION

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.

APPLICANT/HEAD OF HOUSEHOLD INFOR	MATION (PLEASE PRINT CLEARLY)						
First Name	M.I. Last Name						
**IF HOMELESS, ENTER AN ADDRESS OR P.O. BOX	WHERE YOU CAN RECEIVE MAIL						
	O. Box Number	St, Ave, Dr, Blvd					
Apt/Suite No. City	State	Zip Code					
Phone Number	CA Drivers License/ I.D. Number Gross N	Aprthly Income (All Members)					
	CA Divers Licensey i.b. Number Gloss in	Monthly Income (All Members)					
Social Security Number		ber of household bers, including					
		(01, 02, 03, etc)					
For each of the following questions, please fully darken the circle for your answer using a black pen as shown. Shade Circles Like This> ◆ Not Like This> ★							
Enter the information of a	dditional persons who will live with you (if applica	<u>ble)</u>					
Member 2 First Name	Last Name						
		O Male O Female					
Social Security Number	Birthdate	Logal Davidant					
	/ /	Legal Resident O Yes O No					
Member 3 First Name	Last Name						
		O Male O Female					
Social Security Number	Birthdate	Logal Davidant					
		Legal Resident O Yes O No					
Member 4 First Name	Last Name						
		O Male O Female					
Social Security Number	Birthdate						
		Legal Resident O Yes O No					
Member 5 First Name	Last Name						
		O Male O Female					
Social Security Number	Birthdate	Legal Resident					
		O Yes O No					
Member 6 First Name	Last Name						
		O Male O Female					
Social Security Number	Birthdate	Legal Resident					
		O Yes O No					
Member 7 First Name	Last Name						
		O Male O Female					
Social Security Number	Birthdate	Legal Resident					
		O Yes O No					



If you have any questions, call (805) 965-1071 or via email at info@hacsb.org
This application must be returned to:
Housing Authority of the City of Santa Barbara
808 Laguna Street - Santa Barbara CA 93101





Your gender is: O M	lale O Fe	male						
Please select the one that ye	ou consider	onsider yourself to be: O American Indian O African A		American				
			O Asian/Pacific Islander O White					
Please select the one you co	onsider your	self to be:	O Hispani	c O Non-l	Hispanic			
O Si su primer idioma es Es	pañol, llene	el circulo con ur	na pluma.					
Do you live or work in the Ci	ty of Santa E	Barbara, Goleta	or Carpinte	ria?			O Yes	O No
Are you a U.S. citizen or a legal immigrant to the United States?						O Yes	O No	
Are you, your spouse (if not divorced) or other persons on this application a U.S. Veteran?						O Yes	O No	
Are you currently receiving rental subsidy or housing assistance (i.e. Section 8, Public Housing, other)?						O Yes	O No	
Are you or any adult on this application currently employed a minimum of 20 hours per week?						O Yes	O No	
Are you or any adult on this application employed within the HACSB downtown workforce boundaries? (See attached map for HACSB downtown workforce boundaries.)						O Yes	O No	
Are you disabled?							O Yes	O No
FILL IN ALL SOURCES OF I	NCOME THA	AT APPLY TO	YOUR HOU	SEHOLD:				
O Employment O Unemp	loyment	O Workers Cor	mpensation	O Social S	Security C	SSI OR	Retirement	Pension
O Veterans Benefits O Sel	fEmployed	O State Disabil	lity O Gei	neral Relief	O CalWo	rks O Chi	ld Support	
LIST ALL EMPLOYERS FOR Attach a current paystub or								
				Emp	loyment Add	dress	Gı	ross
Applicant Name	E	mployer Name		(Where you	regularly rep	oort to work)	Mont	hly Pay
							O Yes (O No
Is anyone on this application	a full time s	tudent?					O les	J INO
Has anyone on this applicati or felony)?	on ever bee	n cited, arrested	d or convict	ed of a crime	e (misdemea	anor	O Yes	ON C
If yes, specify name(s):								
	Probation	O Parole	O Supervi	sed OUn	supervised			
Is anyone on this application requirement?	a registered	d sex offender a	•		•		O Yes	ON C
If yes, specify name(s):								
How many vehicles will your	household I	nave or use?			O None	01 02	O more th	nan 2
Carefully read and initial	each of the	e statements	below, the	en sign an	d date the	form.		
All information provide	d on this appl	ication is true and	d complete.					
I understand that this a programs, I must obta					If I want to ap	oply for other H	HACSB	
I understand that if this and when my name is	selected, an	interview will be s	scheduled to		mation provid	ded to determi	ine my eligib	oility.
	i criminal offei	aca ta maka willfi						
I understand that it is a agency. I further unde statements or misrepro	erstand that fa	ilure to disclose	any history o	r criminal acti	vity and/or dr	ug activity as v		•
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