



If you have limited English proficiency and do not have a competent adult English speaking person to assist you, what language would you like to have interpretation/translation from the Housing Authority?

Cantonese    Farsi    Spanish    Vietnamese    Other: \_\_\_\_\_

**Part 2: Household Information**

**Mailing Address:**

In Care Of (only if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

**Household Members – Who will live with you if you are assisted by HACA?**

If you will live by yourself (no one else will live with you), write "None" in the first box. List information for adults first, then children under age 18. List the relationship of each person to the Head of Household (spouse, mother, child, foster child, Live-In Aide, etc.). Use a separate piece of paper if there are more household members.

| First Name | Last Name | Full Social Security # | Date of Birth (mm/dd/yyyy) | Disabled? (Write Yes or No) | Relationship to Head of Household |
|------------|-----------|------------------------|----------------------------|-----------------------------|-----------------------------------|
|            |           |                        |                            |                             |                                   |
|            |           |                        |                            |                             |                                   |
|            |           |                        |                            |                             |                                   |
|            |           |                        |                            |                             |                                   |
|            |           |                        |                            |                             |                                   |
|            |           |                        |                            |                             |                                   |

**Reasonable Accommodation**

Does any disabled family member require a reasonable accommodation due to a disability? Yes No

What kind of accommodation do you require? \_\_\_\_\_

Would any disabled family member benefit from living in a unit configured with accessibility features (select all that apply)? Mobility Accessible    Hearing Accessible    Visually Accessible    None

**Household Income**

You must report all gross income for all members of your household. Income includes wages, Social Security benefits, pensions, child support, alimony, unemployment benefits, CalWin (TANF), etc.). Gross income is the amount before taxes and deductions.

Example: One household member receives a gross benefit of \$836 per month from SSA/SSI and the other household member earns \$1,000 per month in gross wages. The household's gross annual income is \$22,032 (\$836 X 12 = \$10,032 plus \$1,000 X 12 = \$12,000).

What is your total yearly gross household income? \$ \_\_\_\_\_

**Part 3: Additional Eligibility, Preference and Priority Information**

|    |  |   |
|----|--|---|
| 1) | Is one or more of the persons listed on this form a current member of the military or a veteran? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 2) | Are you a resident of the City of Emeryville?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

**Part 4: Certification and Signature**

I certify under penalty of perjury that the above statements are true and correct. I understand that the reporting of false or incomplete statements or information may result in denial of Section 8 assistance.

\_\_\_\_\_

Head of Household Signature

\_\_\_\_\_

Date Signed

## FOR OUR NON-ENGLISH SPEAKING CLIENTS

The Housing Authority of Alameda County is sending you an important document. This document may affect housing assistance that you receive or housing assistance that you have applied for. Please read it carefully.

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ها زينگ آلاميدا كانتى مدارك مهمى را به شما فرستاده است كه با يد با دقت تمام خوانده و تكميل نماييد. در غير اينصورت احتمال از دست دادن كمك كرايه اى و يا تقاضانامه ي كمك كرايه اى شما خواهد شد.

اگر در خواندن اوراق انگليسى اشكالى داريد. مى توانيد با شماره تلفن ذيل ارتباط حاصل نماييد.

فارسی 510-727-8532

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Văn phòng Housing gửi kèm theo thông cáo này những giấy tờ quan trọng cho quý vị đang được hưởng trợ cấp nhà cửa hay đang trong diện nộp đơn xin. Xin quý vị đọc kỹ những giấy tờ này.

Nếu quý vị không thông thạo về tiếng Anh thì xin vui lòng gọi số điện thoại sau đây sẽ có nhân viên người Việt giúp đỡ (510) 727-8584.

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La Autoridad de Viviendas del Condado de Alameda le envia este muy importante aviso. Este documento le podra afectar su asistencia continua o ha la asistencia de renta que esta en los tramites de aplicar. Por favor lea bien este aviso.

Si no lo entiende en ingles y necesita ayuda en español, por favor marque el numero 510-727-8578 para mas detalles.