

***IMPORTANT: THIS APPLICATION NEEDS TO BE RETURNED IN-PERSON TO THE PASO ROBLES HOUSING AUTHORITY OFFICE AT 3201 PINE STREET, PASO ROBLES, CA . WITH: A VALID GOVERNMENT ISSUED IDENTIFICATION CARD, SOCIAL SECURITY CARD, AND PROOF OF INCOME.**

**APPLICATION FOR HOUSING
PASO ROBLES NONPROFIT
801 28TH Street, Paso Robles
238-4015**

Household Information

Name of Lessee _____ DOB & Age _____ Phone # _____

Soc. Sec. # _____ ID/Drivers License# _____

Spouse/Co Head: _____ DOB & Age _____ Phone # _____

Soc. Sec. # _____ ID/Drivers License# _____

Previous Tenant of Housing Authority? _____ Date: _____

Address: _____

.....

Present Address: _____

How Long? _____ Reason for Moving: _____

Landlord Name and Address _____

Landlord Phone Number: _____

.....

PREVIOUS ADDRESS: _____

How Long: _____ Reason for Moving: _____

Landlord Name and Address _____

Landlord Phone Number: _____

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Employment: \$ _____ Social Security \$ _____ SSI \$ _____ VA \$ _____

Pension/Retirement \$ _____ Investments \$ _____ Self Employment \$ _____

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- 1. Do you smoke?yes no
- 2. Do you have a pet.....yes no
- 3. Is ANY household member an Honorably Discharged Veteran?.....yes no

4. Has ANY member ever been arrested?.....yes no
5. Has ANY member ever been convicted of a crime?.....yes no
6. Is ANY household member on parole or probation?.....yes no
7. Has ANY household member ever been served with an eviction notice?.....yes no
8. Has ANY household member ever been terminated from subsidized housing programyes no
9. Do ANY family members require special accommodations.....yes no

If you answered yes to questions 1-9 above, please explain below:

Question	Explanation:
# _____	_____
# _____	_____
# _____	_____
# _____	_____

.....
 References: NO RELATIVES

Name: _____ Address: _____ Phone: _____

Name: _____ Address _____ Phone: _____

Name: _____ Address _____ Phone: _____

Are you working with a Social Service Agency: yes _____ no _____ Workers Name: _____

Read carefully before signing: The information on this application is true and complete. I understand that it is a criminal offense to make willful false statements or misrepresentations to secure assistance from government supported programs. I further understand that my application will be denied if I have made any false statements for misrepresentations to Paso Robles Housing Authority managing agent for its non-profit affiliates. I have no objections to inquires being made to verify the information I provided. Information provided to determine eligibility shall be held as confidential. I give Paso Robles Housing Authority permission to run a background check on all household members.

Signature: _____ Date: _____

Signature: _____ Date: _____

.....
 FOR PHA USE

Date of application _____ Completed _____

Comments: _____
