



Dear Rental Assistance Applicant,

Attached is the Pre-application Form for the City of Encinitas Housing Authority Rental Assistance Program.

The Pre-application Form should be completed thoroughly. After you have completed, signed and dated the application, please mail the form to the address below.

Due to the high volume of individuals on the wait list, the current estimated wait is over ten years for eligible applicants.

You will be notified by mail when your name is reached on the waiting list. **If any of the information submitted on the pre-application changes during the waiting list period, such as: address, phone number, email address, income, or household composition, then please notify the Encinitas Housing Authority in writing by submitting an updated pre-application form within two weeks of the change.**

Please be aware that first priority on our waiting list will be given to persons who live or work in the City of Encinitas. Due to the high number of individuals on the wait list, we anticipate that your name may not be reached if you do not presently live or work in Encinitas. If you live outside of Encinitas, we suggest that you contact the Housing Authority that covers the area in which you live.

Thank you,

Waiting list staff

Enclosures

PRE-APPLICATION

(Please Print)

Head of Household: _____
LAST FIRST MIDDLE INITIAL

Residence

Address: _____ Telephone (____) _____
Street & Apt. Number City State Zip

Mailing

Address: _____ Email: _____
Street & Apt. Number City State Zip

HOUSEHOLD COMPOSITION

| PERSONS WHO WILL LIVE WITH YOU (INCLUDING AN UNBORN CHILD) | RELATIONSHIP TO APPLICANT | MONTHLY INCOME | DATE OF BIRTH | AGE | SEX | SOCIAL SECURITY NUMBER |
|--|---------------------------|----------------|---------------|-----|-----|------------------------|
| 1. (Your Name Here) | APPLICANT | \$ | | | | |
| 2. | | \$ | | | | |
| 3 | | \$ | | | | |
| 4. | | \$ | | | | |
| 5. | | \$ | | | | |
| 6. | | \$ | | | | |

(For additional members of your household, attach separate sheet listing same information as above)

Current monthly rent: \$_____ If sharing, portion of rent you pay: \$_____

Number of bedrooms in current residence? _____ If sharing, number of bedrooms your family occupies? _____

TOTAL GROSS monthly income of ALL household members 18 years of age or older: \$_____

MONTHLY HOUSEHOLD INCOME

Indicate amounts on any sources of income for household members 18 years of age or older:

| SOURCE | MONTHLY | SOURCE | MONTHLY | SOURCE | MONTHLY |
|------------------|---------|-----------------|---------|--------------------|---------|
| Wages | \$ | Social Security | \$ | Veteran's Benefits | \$ |
| Welfare/CalWORKs | \$ | S.S.I | \$ | Pension/Retirement | \$ |
| Unemployment | \$ | Asset Income | \$ | Child Support | \$ |
| Other | \$ | | | Spousal Support | \$ |

CITIZEN STATUS/ETHNICITY

| | | | | | | |
|-------------------------------|---|---|--|--|---|--------------------------------|
| I am: | <input type="checkbox"/> U.S citizen/national | <input type="checkbox"/> Noncitizen over age 62 | <input type="checkbox"/> Noncitizen, lawful status | <input type="checkbox"/> Noncitizen, unlawful status | | |
| Members of my household are: | <input type="checkbox"/> U.S citizen/national | <input type="checkbox"/> Noncitizen over age 62 | <input type="checkbox"/> Noncitizen, lawful status | <input type="checkbox"/> Noncitizen, unlawful status | | |
| (Optional) I consider myself: | <input type="checkbox"/> White | <input type="checkbox"/> African American | <input type="checkbox"/> American Indian | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Other |

| HOUSEHOLD INFORMATION | | |
|--|------------------------------|-----------------------------|
| Please respond to the following questions: | | |
| 1. Are you, your spouse or deceased spouse a U.S. Veteran? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Are you currently homeless? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Are you or your spouse disabled or handicapped? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are you or your spouse 62 years of age or older? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Are you or your spouse employed? <i>If yes, how many hours per week?</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Do you or your spouse work in the City of Encinitas? <i>If yes, give place of employment:</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Do you or your spouse attend school or job training? <i>If yes, how many hours per week/units?</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Are you being displaced or required to move due to governmental action? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Have you or any family member ever engaged in drug related, criminal, or violent criminal activity? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Have you or any family member ever been evicted due to drug related or violent criminal activity? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Have you or any family member ever lived in subsidized housing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Do you or any family member owe money to any Housing Agency? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Is there a fulltime student over 18 years of age in your household? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Does anyone outside of your household pay for any of your bills or give you money? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Provide an explanation for any "yes" answers to questions 9-14

Important: This application must be completed and returned or your name will not be placed on the waiting list. It is your responsibility to notify the Housing Authority in writing if you have a change in address, income, or if your family composition changes. Failure to reply to any correspondence, requests for updated information, or appointments will result in your application being deleted from the waiting list.

I certify that all statements on this pre-application are true and correct.

Signature of Head of Household

Date

Signature of Other Adult

Date

NOTE TO ALL APPLICANTS: The Encinitas Housing Authority is committed to providing equal housing opportunity for all people regardless of race, color, age, ancestry or national origin, religion, sex, disability, familial status or any other protected class under Federal and State Law. If you believe you have been a victim of discrimination, or have any questions about fair housing, please contact Legal Aid Society of San Diego at (844) 449-3500. You may also contact the U.S. Department of Housing and Urban Development's Fair Housing hotline at (800) 669-9777.

Maximum annual income to qualify for the rental assistance program:

| | |
|--------------------|----------|
| 1 person household | \$48,250 |
| 2 person household | \$55,150 |
| 3 person household | \$62,050 |
| 4 person household | \$68,900 |
| 5 person household | \$74,450 |
| 6 person household | \$79,950 |
| 7 person household | \$85,450 |
| 8 person household | \$90,950 |

Effective 5/15/2023 and updated annually