

HOUSING AUTHORITY OF THE CITY OF BENICIA
 28 RIVERHILL DRIVE
 BENICIA, CA 94510

Date & Time Received _____

BAY RIDGE APPLICATION

Please complete the following questions. Do not leave any questions unanswered. Failure to fully complete this application could jeopardize your position on the waiting list. If you need additional space, please continue on a separate sheet.

PLEASE PRINT CLEARLY - USE LEGAL NAMES ONLY

| 1. HEAD OF HOUSEHOLD NAME (FIRST/M.I./LAST) | SEX | SOCIAL SECURITY # | DATE OF BIRTH | BIRTH PLACE | MONTHLY INCOME | SOURCE OF INCOME |
|---|-----|-------------------|---------------|-----------------------------------|----------------|---|
| OTHER ADULTS (FIRST/M.I./LAST) | SEX | SOCIAL SECURITY # | DATE OF BIRTH | RELATIONSHIP TO HEAD OF HOUSEHOLD | | <input type="checkbox"/> Wages <input type="checkbox"/> TANF <input type="checkbox"/> SSI/SSA <input type="checkbox"/> VA <input type="checkbox"/> Pension <input type="checkbox"/> Other |
| MINORS (FIRST/M.I./LAST) | SEX | SOCIAL SECURITY # | DATE OF BIRTH | RELATIONSHIP TO HEAD OF HOUSEHOLD | | |
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2. CONTACT INFORMATION :

Enter your current street address: _____

(Street Address)

(City)

(Zip Code)

(Daytime Phone #)

Enter your current mailing address (if different from above): _____

(Street Address)

(City)

(Zip Code)

Emergency phone #: _____

3. CURRENT LANDLORD

Current Landlord's Telephone Number: _____

Monthly Rent \$ _____

Date Leased w/Current Landlord _____

If you have lived at current address less than 3 years, please supply previous landlord's name, address and phone number: _____

Local Resident - Do you or your spouse live or work in the City of Benicia? If working, provide name and address of employer.

Company Name: _____ Address: _____ Phone # _____

Senior/Disabled - Are you or your spouse 62 or older? Do you or your spouse have a disability as defined by the Social Security Act? Do you require special accommodations due to your disability? Please describe: _____

Veteran - Are you or your spouse an active member of the military? Were you or your spouse honorably, medically or generally discharged from the military? _____

(NOTE: Dishonorable discharge does not qualify for Veteran status) Yes ___ No ___ Date of Discharge _____
 Are you currently attending school? Are you a recent graduate (within last 6 months from school or job training)?

4. HISTORY:

A. Have you ever participated in a rental assistance program? Yes No If Yes, where and when _____

B. Do you owe money to any Housing Authority? Yes No If Yes, where and when _____

C. Have you been terminated by a HUD rental assistance agency? Yes No If Yes, where and when? _____

D. Have you every been convicted of, arrested for, or engaged in:
- The felonious use/possession of drugs? Yes No If Yes, where and when? _____
- Violent criminal activity? Yes No If Yes, where and when? _____

I do hereby certify that the information I have given on the application is true and complete to the best of my knowledge. I understand that knowingly supplying false, incomplete or inaccurate information is grounds for termination of housing assistance. I understand that a criminal background check is an eligibility requirement.

Signature _____ Date _____

EQUAL HOUSING OPPORTUNITY
The Benicia Housing Authority does not discriminate on the basis of race, color, creed, religion, national origin, family status or disability in the admission to its housing programs and related activities.