## **County of San Diego**

## **DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT**

## **Application/Update for Housing Assistance**

All boxes highlighted in **red** must be completed for your application to be processed. All dates must include a 4-digit year (mm/dd/yyyy). If you do not have a social security number and the housing authority has already issued you a temporary ID please use it. If this is your 1st time applying you will have to enter 999-99-9999.

If you are already on an existing waiting list and are UPDATING your information you must still complete the entire form - including your household information.

\*\* Do Not Mail this form - submit by using the Submit button at the bottom \*\*

Application Information (Head of Household)
First Name Mi Last Name Soc Sec No
Mailing Address Apartment Date of Birth (mm/dd/yyyy)
City State Zip Phone
Please select one option from each category - Ethnicity, Gender, Race
Ethnicity Gender Race
O Hispanic O Male O White O Asian
Non-Hispanic
Native Hawaiian/Other Pacific Islander
Please select Yes or No for each question  Yes / No
Are you or your spouse a person with disabilities?
Are you or your spouse homeless?
<ul><li>Are you or your spouse a veteran or surviving spouse of a veteran?</li><li>Does any family member have active TB?</li></ul>
<ul><li>Does any family member have AIDS?</li><li>Is any family member HIV symptomatic?</li></ul>
Are you a mobile home owner?
Are you a US citizen?
Are you a non-US citizen with eligible immigration status?
Have you or your spouse worked at least 32 hours per week for the past 12 months?
Gross Monthly Household Income: Employer's Zip Code:
Please select all programs you wish to apply for
Section 8 (Participants residing in eligible, private rental units receive assistance with their rents.)
Public Housing (Participants residing in public housing units in the city of Chula Vista pay reduced rents.)
Mod Rehab (Participants residing in Mod Rehab rental unit in El Cajon, Lakeside or Spring Valley receive rental assistance.)
HOPWA (Participants with HIV-AIDS-TB residing in eligible, private rental units receive assistance with their rents.)
Project-Based Voucher (Rental Assistance is attached to a specific unit and/or project.)
Household Information: List ALL persons (other than you) who will be living in the household.
Relation: 1 = Spouse; 2 = Adult; 3 = Child under age 18
1-3 Sex Birthday
# Relation First Name Last Name M or F Soc Sec # mm/dd/yyyy