

3. Income Section

Current Year Last Year Year Before Last

Total Household Gross Monthly Income (\$9,999):

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Other Household Members:

First Name	Last Name	Birthdate (MM/DD/YY)	Social Security Number	Relationship	Current Year Monthly Income	Income Source
						<input type="checkbox"/> Wages <input type="checkbox"/> Other
						<input type="checkbox"/> Wages <input type="checkbox"/> Other
						<input type="checkbox"/> Wages <input type="checkbox"/> Other
						<input type="checkbox"/> Wages <input type="checkbox"/> Other
						<input type="checkbox"/> Wages <input type="checkbox"/> Other
						<input type="checkbox"/> Wages <input type="checkbox"/> Other

Check ALL Sources of Income:

- Employment Unemployment Foster Care Workers' Comp Self-Employed SSI
 Social Security Veteran's Benefits General Assistance Child Support State Disability Retirement
 Interest from Assets (checking, savings, etc) Other

4. Residency & Employment Section

(Head of Household / Primary Applicant)

Number of Years in County: Name of Affordable Housing Development:

Employer's Name: Employer's Phone Number(s):

Employer's Address: Length of Employment:

Co-Applicant Name _____ or Additional Employer

Employer's Name: Employer's Phone Number(s):

Employer's Address: Length of Employment:

Co-Applicant Name _____ or Additional Employer

Employer's Name: Employer's Phone Number(s):

Employer's Address: Length of Employment:

5. Signature Section

I hereby declare under penalty of perjury that the information contained in this pre-application is correct and true. I acknowledge and agree that the County of Santa Barbara will verify the accuracy of the information provided on this pre-application. I understand that it is a criminal offense to make willful false statements or misrepresentations to the County of Santa Barbara.

I understand that if this pre-application is selected and approved, my name will be put on a waiting list. When my name comes near the top of the Waiting List, I will be required to substantiate the information provided and will supply all requested documentation to complete a full Income Certification, which will determine or confirm my eligibility.

I understand that I am to notify the County Housing and Community Development Department, within 30 days, and in writing, if I move or change my mailing address, my telephone number, or my financial or living conditions while on the Wait List; and I agree to do so. I further understand that if I fail to provide the County current information, my pre-application will be cancelled, and that I will lose my place on all of the Waiting Lists.

Signature: _____

Date: _____