

\*\*\* PLEASE READ BEFORE PROCEEDING \*\*\*

TO ALL APPLICANTS FOR HOUSING AUTHORITY MANAGED UNITS:

FORM # 1 is the "Initial Preliminary Application" form. It must be filled out completely and clearly. If a question does not pertain to you, please line through the blank or otherwise indicate it is not applicable. **DO NOT LEAVE BLANK LINES. Please make sure to sign on the appropriate line.**

FORM # 2 - The form you are reading is for information and clarification of our procedures for submitting your application packet. Please note a copy of this form is attached to the "Initial Preliminary Application" form. Please sign both copies after you complete reading to indicate to us you understand the procedures as explained. **THE COPY YOU ARE READING IS FOR YOUR RECORDS.** The receptionist will date stamp and return this signed copy to you at the time your application packet is turned into the Housing Authority. This is your receipt. The date stamped copy is also notification of your apparent eligibility for the program indicated. Your name will be placed on our waiting list.

The "Initial Preliminary Application" and "To All Applicants for Rental Assistance Programs" forms must be signed, dated and returned to the Housing Authority office before your application can be placed on the waiting list.

After your application is received, the application is placed on the waiting list according to time and date received. The application will not be processed until your name reaches the top of the application pool. At that time the Tenant Selection Process will be initiated in an effort to determine your eligibility for the program. Please be advised that the Housing Authority does a comprehensive background check including with the police, courts, parole officers, social workers, doctors, drug/alcohol rehabilitation centers, former landlords and acquaintances. The Agency will routinely check back 5 years into an applicant's background to decide if they will make a good tenant.

According to the Occupancy Policies and Procedures, you will not be approved if the Housing Authority turns up evidence of past criminal activity, drug or alcohol abuse, violence, vandalism, poor supervision of children, poor rent paying habits, and unsanitary housekeeping. Generally, applicants will have the benefit of the doubt; however, the Agency will do an in-depth investigation into their histories during preoccupancy interviews and the Tenant Selection Process. Impromptu home visits to applicants' present addresses are also required under the procedures. Extensive background checks will still be done even though these pass Housing Authority standards.

You may still be eligible after failing the Housing Authority screening if it can be shown that you have been rehabilitated. Applicants may appeal to the Housing Authority officials. Hearings are informal, so that applicants may represent themselves. However, they must show up on the designated date, or forfeit their right to appeal. Postponements are not automatic.

Screening begins with a preoccupancy interview with the "Occupancy Person". The Manager will be assigned to the case to obtain further information. 30 days after the preoccupancy interview, the Applicant gets a letter from the submission division with a decision on his or her eligibility. The applicant has 10 days to appeal a rejection.

It is highly unlikely that an applicant will be admitted if he/she has been convicted of a serious crime such as assault, burglary or robbery in the past 5 years. Further, an applicant may be rejected if he/she has been arrested at least 3 times for the same crime, or at least 4 times for various different offenses.

Housing Authority officials will contact doctors, psychiatrists, psychologists and other professionals to decide whether a drug/alcohol abuser has successfully completed treatment. If an applicant is still enrolled in a rehabilitation program, the Housing Authority will try to determine whether it is safe to give him/her a unit.

Violent behavior by applicants will disqualify them for Housing Authority programs if instances are not isolated. Agency officials will try to identify patterns of violent behavior such as fighting, outbursts and recklessness.

During home visits, the Housing Authority officials will look for uncleanness and resultant infestation by insects and other pests. Each section of the applicant's home--bedroom, bathroom, kitchen and living areas--will be rated for tidiness. Appliances/fixtures will be examined for damage and improper use or care. Inspectors will look for possible fire hazards. For example, an applicant stores excessive amounts of rags/paper or lets large amounts of grease build up around burners of the stove. Immediate neighbors will be asked if an applicant is noisy, or allows unauthorized people to reside in his/her unit. If a person is unable to clean his home because of frailty or handicap, the Housing Authority may require assurance that assistance will be provided by an individual or agency if he/she is admitted to public housing.

PLEASE SUBMIT A WRITTEN CHANGE OF ADDRESS IN OUR OFFICE BETWEEN THE HOURS OF 9:30 AM AND 4:00 PM, MONDAY - FRIDAY. AFTER PROVIDING PROPER IDENTIFICATION, YOU WILL BE GIVEN A RECEIPT VERIFYING YOUR CHANGE OF ADDRESS. **It is Housing Authority policy for all changes to be submitted to us within ten (10) days of their occurrence. Failure to comply could result in the closure of your application.** If correspondence is returned as undeliverable, or if there is no response within the stated time limit contained in our correspondence, your application will be closed and you will have to reapply.

Your application is for the LEMOORE TRANSITIONAL HOME Program.

DATE: \_\_\_\_\_ SIGNATURE OF APPLICANT: \_\_\_\_\_

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Your application is for the LEMOORE TRANSITIONAL HOME Program.

DATE: \_\_\_\_\_ SIGNATURE OF APPLICANT: \_\_\_\_\_

# LEMOORE TRANSITIONAL HOME

Housing Authority of the

County of Kings

670 South Irwin Street-P. O. Box 355

Hanford, CA 93230

(559) 582-3120

Received by:

\_\_\_\_\_  
Initials

Time Received: \_\_\_\_\_ am/pm

## Initial Preliminary Application Form- PLEASE PRINT

**Who is the Head of Household?** (Use legal name) **Sex** **SSN** **Birthdate** **Gross Monthly Income**

| Who is the Head of Household? (Use legal name) |       |    | Sex | SSN | Birthdate | Gross Monthly Income |
|--|-------|----|-----|-----|-----------|----------------------|
| Last   | First | MI | M/F |     |           |                      |

**Race:**  White  Black  American Indian/Alaskan Native  Asian  Pacific Islander **Ethnicity:**  Hispanic  Non Hispanic

**Address:** Street Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Street/P. O. Box Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone 1: ( \_\_\_\_\_ ) Telephone 2: ( \_\_\_\_\_ )

**Please answer the following questions?** **Do you require a specific accommodation for a disability in order to fully utilize the unit, the program and its services?**

Are you disabled?  Yes  No  Hearing  Sight

Are you 18-21 years of age?  Yes  No  Mobility  Other (Specify)

Do you attend college/vocational training?  Yes  No

**Number of persons in household:** \_\_\_\_\_ **Adults: Males** \_\_\_\_\_ **Females** \_\_\_\_\_ **Children: Males** \_\_\_\_\_ **Females** \_\_\_\_\_

**Have you or anyone in your household been evicted from Public or Assisted Housing for drug-related activity within the past 3 years?**  Yes  No **Is a live-in attendant included in household?**  Yes  No

Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**NOTICE:** You are required to notify the Housing Authority (in writing) of any change in address. If we cannot contact you at the above address, your name will be removed from the waiting list and you will have to re-apply. If any correspondence is returned to us by the post office, your application will automatically be taken off the waiting list.

**WARNING:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.