



# Housing Authority of the City of Alameda

701 Atlantic Avenue, Alameda, CA 94501 – Tel (510) 747-4300  
TDD: (510) 522-8467 Website: [www.alamedahsg.org](http://www.alamedahsg.org)



## Project-based Voucher (PBV) Program Waiting List PRE-APPLICATION FORM

**PLEASE ANSWER ALL QUESTIONS. INCOMPLETE and DUPLICATE APPLICATIONS WILL BE REJECTED.**

### Part 1: Application/Waiting List Identification

This pre-application is submitted for placement on the site-based waiting list for project-based voucher (PBV) units as follows:

Property: PBV-Alameda Point Collaborative (APC), Alameda, CA

Bedroom sizes: Two-bedroom, Three-bedroom, and Four-bedroom apartments

### Part 2: Applicant Identification

Please note that applicants will be required to provide evidence of citizenship or eligible immigration status when selected for assistance.

1. Name of Applicant/Head of Household: \_\_\_\_\_  
Last First Middle

2. Date of Birth: \_\_\_\_\_ Age on Date of Application: \_\_\_\_\_

3. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

4. Address: \_\_\_\_\_  
(Street) (apt.)

\_\_\_\_\_  
(City) (State) (Zip)

**Please provide a reliable mailing address where you can be reached. Same as above?**  YES  NO

5. Mailing Address: \_\_\_\_\_  
(Street or P.O. Box) (apt.)

\_\_\_\_\_  
(City) (State) (Zip)

6. Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Alternate Telephone No.: (\_\_\_\_\_) \_\_\_\_\_

7. Email Address: \_\_\_\_\_

8. If you wish to provide an additional contact person or organization; please indicate name and contact information: \_\_\_\_\_

9. What is your race (applicant Head of Household)? Please indicate one or more as appropriate:

- Black/African-American  Asian  White/Caucasian  American Indian/Alaskan Native  Asian  Native Hawaiian/Other Pacific Islander

10. What is your Ethnicity?  Hispanic  Non-Hispanic

**Part 3: Preference Information** (Please answer each question as indicated; additional information or verification may be required.)

11. Are you a U.S. Veteran or are you the surviving spouse of a U.S. Veteran?  YES  NO
12. Are there two (2) or more people in your applicant family?  YES  NO
13. Are you or is your spouse/co-head a person with a disability?  YES  NO
14. Is any other member of your household a person with a disability?  YES  NO
15. Has your family been displaced due to natural disaster or government action?  YES  NO
16. Has your family been terminated from the Section 8 Housing Choice Voucher Program due to overleasing or lack of federal funding?  Yes  No If Yes, what Housing Authority? \_\_\_\_\_
17. Are you a resident of the City of Alameda or employed in the City of Alameda?  YES  NO
18. Are you a resident/tenant at Alameda Point Collaborative ?  YES; Move-in Date: \_\_\_\_\_  NO
19. Are you referred by/receiving supportive services from APC for homeless/at-risk of homelessness?  YES  NO
20. Are you currently homeless? (This information will be verified by APC during tenant selection)  YES  NO

**Part 4: Household Information**

List all people who would be in your household under this pre-application, including yourself. Provide the required information for all members. Please **print clearly**.

Name Last	First	Mdl.	Social Security Number	Relation- ship (see key below)*	Sex	Date of Birth	Source(s) of Income (Wages, TANF, SSI, etc.)	Gross Annual Income
Head of Household								
<b>Total Annual Gross Family Income from all Sources:</b>								

\* Relationship Key: (indicate appropriate word or letter): Head of Household=H; Spouse=S; Co-Head=K; Foster child/Adult=F; Other Adult (18+)=A; Other Youth Under 18=Y; Full-time Student 18+=E; Live-In Aide=L

21. What primary language do you speak/write?  English  Spanish  Mandarin  Cantonese  Russian  Tagalog  Korean  
 Vietnamese  Persian/Farsi  Other \_\_\_\_\_
21. What other language(s) are spoken/written by your family?  English  Spanish  Mandarin  Cantonese  Russian  
 Tagalog  Korean  Vietnamese  Persian/Farsi  Other \_\_\_\_\_

**Part 5: Applicant Certification**

I certify that all the information given above is true and complete. I understand that, pursuant to Section 1001 of Title XVIII of the United State Code, any misrepresentation or willfully false statements made to a Department or Agency of the United States Government is grounds for denial or termination of assistance and punishable by fine and/or imprisonment.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_