

County of Humboldt
Housing Programs
 3015 H Street Eureka CA 95501
 Phone (707) 267-9402 / Fax (707) 268-3792

HOUSING PROGRAM WAITING LIST APPLICATION

Return the completed and signed Pre-Application to 3015 H Street, Eureka CA 95501.
 You will be added to the waiting list on the date this is received.
 If you have any questions, please give us a call 267-9402. Thank you!

PART I GENERAL ELIGIBILITY INFORMATION

Name(s): _____ SSN _____

Primary Phone: _____

Address: _____

Primary email: _____

Check all that apply:

- I own a home. The address is:
- This home is my primary residence.
- I maintain liability insurance on this home.
- I pay property taxes on this home.
- I don't own a home but am on title and have a partial interest in a home.

PART II INCOME ELIGIBILITY INFORMATION

List names of all persons living in the household:

	Names	Relationship	Date of Birth
1.	SELF	SELF	
2.	_____		
3.	_____		
4.	_____		
5.	_____		
6.	_____		

For ALL household members **over 18 year of age**, enter estimated gross annual income:

	Names	Estimated Gross Annual Income
1.	SELF _____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____
Total Annual Household Income		\$ _____



PART III OWNER OCCUPIED REHABILITATION INFORMATION

Please list the type of repairs your home needs:

PART IV HUD DEMOGRAPHIC DATA *

Complete for Head of Household (check one in each section)

Race

- White
- Black/African American
- Asian
- American Indian/Alaskan Native
- Native Hawaiian/Other Pacific Island
- American Indian/Alaska Native/White
- Asian & White
- Black/African American & White
- American Indian/Alaskan & Black/African
- Other multi-racial

Gender:

Are you female?

Yes

No

Ethnicity:

Are you Hispanic?

Disabled:

Do you have a disability?

Veteran:

Are you a Veteran?

*** Data is for statistical purposes only and will not affect eligibility.**

PART V CERTIFICATION

I certify that the information given on this form is true and accurate to the best of my knowledge. I certify that the amount of GROSS income listed above includes the income (including income from assets) of all adults within the household. I understand that if I am selected the information on this form will be verified.

Signature	Print Name	Date

PLEASE SIGN AND DATE AND RETURN TO THE OFFICE. YOU WILL NOT BE PLACED ON THE WAITING LIST UNTIL A COMPLETE PRE-APPLICATION IS RECEIVED. WHEN YOU ARE AT THE TOP OF THE WAITING LIST YOU WILL BE CONTACTED TO SUBMIT A FULL APPLICATION.

**COUNTY OF HUMBOLDT
ATTN: HOUSING
3015 H STREET
EUREKA CA 95501**

FAX: 707-268-3792

E-MAIL: plbl_grants@co.humboldt.ca.us

