



# APPLICATION FOR HUD SECTION 8 WAITLIST LOTTERY

HOUSEHOLD SIZE LIMIT IS TWO (2) PERSONS AND EACH PERSON MUST BE 62 YEARS OLD OR OLDER

HEAD OF HOUSEHOLD (HOH)		
LAST NAME	FIRST NAME	MIDDLE INITIAL
CURRENT ADDRESS		
CITY	STATE	ZIP
PHONE NUMBER	BIRTHDATE (MM, DD, YEAR)	
SSN#	SEX	RACE/ETHNICITY

CO-APPLICANT		
LAST NAME	FIRST NAME	MIDDLE INITIAL
CURRENT ADDRESS		
CITY	STATE	ZIP
PHONE NUMBER WITH AREA CODE	BIRTHDATE (MM, DD, YEAR)	
SSN#	SEX	RACE/ETHNICITY
HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD BEEN CONVICTED OF A FELONY?	YES	NO
ARE YOU OR IS ANY MEMBER OF YOUR HOUSEHOLD REQUIRED TO REGISTER WITH ANY STATE LIFETIME SEX OFFENDER OR OTHER SEX OFFENDER REGISTRY?	YES	NO

HOW DID YOU HEAR ABOUT THE REDWOODS, A COMMUNITY OF SENIORS? \_\_\_\_\_

### CITIZENSHIP/IMMIGRATION STATUS OF HOUSEHOLD:

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD and this HUD subsidized facility from making financial assistance available to persons other than United States citizens, nationals, or certain categories of eligible non-citizens. For the purpose of this waiting list application, PLEASE CHECK EACH CATEGORY THAT APPLIES FOR YOURSELF AS WELL AS THE OTHER MEMBER OF YOUR HOUSEHOLD:

- HOH**      **CO-Applicant**
- I AM A CITIZEN OR NATIONAL OF THE UNITED STATES.
- I AM A NONCITIZEN WITH ELIGIBLE IMMIGRATION STATUS.

ALIEN REGISTRATION NUMBER OR OTHER FOR HOH: \_\_\_\_\_ AND FOR CO-APPLICANT: \_\_\_\_\_

I AM NOT CLAIMING ELIGIBLE IMMIGRATION STATUS AND UNDERSTAND THAT I AM NOT ELIGIBLE FOR HOUSING ASSISTANCE.



FINANCIAL SOURCE	APPLICANT	CO-OCCUPANT
WAGES, SALARY (GROSS)	\$ Per Month	\$ Per Month
SOCIAL SECURITY	\$ Per Month	\$ Per Month
SUPPLEMENTAL SECURITY INCOME (SS/DI)	\$ Per Month	\$ Per Month
PENSIONS	\$ Per Month	\$ Per Month
VETERAN BENEFITS	\$ Per Month	\$ Per Month
GENERAL ASSISTANCE (WELFARE)	\$ Per Month	\$ Per Month
INTEREST INCOME (SAVINGS, CHECKING, CD'S, ETC.)	\$ Per Month	\$ Per Month
DIVIDENDS (STOCKS, BONDS, MUTUAL FUNDS)	\$ Per Month	\$ Per Month
ALIMONY	\$ Per Month	\$ Per Month
OTHER INCOME (TRUSTS, FAMILY SUPPORT RENTAL INCOME, OTHER)	\$ Per Month	\$ Per Month

I/we understand that the above information is being collected to determine my/our eligibility to be included in the lottery for waitlist inclusion for Section 8 assistance. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. In receiving this application, The Redwoods, A Community of Seniors (The Redwoods) does not in any way imply that the applicant will be included on the waitlist. The Redwoods will conduct a lottery to determine the 150 or fewer persons to be included on the waitlist. I/we also understand that depending on my/our position on the wait list, the wait for a Section 8 apartment could be anywhere from 1 year to 5 or more years. I/we will inform The Redwoods in writing of any changes in address, household composition, the assets and income of any household member or any other major change in my/our situation as it pertains to this application if I successfully make The Redwoods waitlist.

**HEAD OF HOUSEHOLD**

DATE:	SIGNATURE:
PRINTED NAME:	

**CO-APPLICANT**

DATE:	SIGNATURE:
PRINTED NAME:	

The Redwoods, A Community of Seniors does not discriminate based on race, sex, sexual orientation, color, religion, marital status, national origin, disability, or ancestry in the access to, admission into or employment in housing programs or activities.

OFFICE USE ONLY				
Date Rec'd	Time	By Initials	Received (Circle One)	UNIQUE IDENTIFIER (First 3 letters of First Name + Last 4 digits of Telephone Number)
___/___/___	___:___ AM PM		In-Person or Mail	___ ___ ___ + _____

