

**PICO RIVERA HOUSING ASSISTANCE AGENCY**  
**Section 8 Rental Assistance Preliminary Application**

Housing Services Division  
 6615 S. Passons Boulevard  
 Pico Rivera, California 90660  
 Telephone (562) 801-4347

For Agency's  
 Use Only

**RECEIVED**

VR R VNR NR  
 Accepted \_\_\_\_\_  
 Late \_\_\_\_\_  
 Date \_\_\_\_\_  
 Reviewed By: \_\_\_\_\_

**INSTRUCTIONS: PLEASE READ CAREFULLY**

This application is the initial part of the screening process. **Print** in black ink or use typewriter. Incomplete or illegible applications will not be accepted. Fill out this application completely. If a question does not apply to you write N/A. **Applications must be MAILED with a POST MARK Date to the City's Department of Housing Services, 6615 S. Passons Blvd., Pico Rivera, California 90660. No applications will be accepted via hand delivery, e-mail or fax.**

Head of Household Name \_\_\_\_\_

Address \_\_\_\_\_ City, State & Zip \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ Telephone (Message) \_\_\_\_\_

Do you work in Pico Rivera? \_\_\_\_\_ Telephone (Work) \_\_\_\_\_ Can we contact you at work? \_\_\_\_\_

Total Number of Persons in Household? \_\_\_\_\_

**HOUSEHOLD MEMBERS**

| Name                     | Age | Birth Date | Sex | Social Security Number | Relationship to Head of Household | Disabled<br>(For Federal Reporting Only - No Names Used) |    | Veteran of the U.S. Armed Forces<br>W/ Hon. Discharge |    |
|--------------------------|-----|------------|-----|------------------------|-----------------------------------|--|----|---|----|
|                          |     |            |     |                        |                                   | Yes  | No | Yes   | No |
| <b>Head of Household</b> |     |            |     |                        | Head of Household                 | Yes  | No | Yes   | No |
|                          |     |            |     |                        |                                   | Yes  | No | Yes   | No |
|                          |     |            |     |                        |                                   | Yes  | No | Yes   | No |
|                          |     |            |     |                        |                                   | Yes  | No | Yes   | No |
|                          |     |            |     |                        |                                   | Yes  | No | Yes   | No |

(Please list any additional persons, with all information, on the reverse side of this form)

**INCOME**

**\* PLEASE ATTACH DOCUMENTATION FOR EACH SOURCE OF INCOME YOU LIST BELOW:**

|                                     |   |
|-------------------------------------|---|
| Employment _____/Monthly            | Veterans Benefits _____/Monthly               |
| Social Security _____/Monthly       | Disability/Workers Compensation _____/Monthly |
| SSI _____/Monthly                   | Child Support/Alimony _____/Monthly           |
| Retirement Benefits _____/Monthly   | Interest on Savings Account _____/Monthly     |
| Unemployment Benefits _____/Monthly | General Relief _____/Monthly                  |
| Welfare (TANF) _____/Monthly        | Other (Specify) _____/Monthly                 |

**Total Household Income \$ \_\_\_\_\_/Monthly    Current Amount of Rent Paid Monthly \$ \_\_\_\_\_**

| RACE        |                              |                    |  | ETHNICITY |  |
|-------------|------------------------------|--------------------|--|-----------|--|
| White _____ | Asian/Pacific Islander _____ | Hispanic _____     |  |           |  |
| Black _____ | Native American _____        | Non-Hispanic _____ |  |           |  |
| Other _____ |                              |                    |  |           |  |

(For Federal Reporting Only - No Names Used)

Have you ever been terminated from the Section 8 Program? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, when and why?  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been denied Section 8 assistance? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, when and why?  
 \_\_\_\_\_  
 \_\_\_\_\_

**I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE ON THIS APPLICATION ARE TRUE AND CORRECT.** Any person under penalty of perjury who willfully states as true and material matter which he or she knows to be false is guilty of perjury. Perjury is punishable by imprisonment in the state for two, three or four years. (Penal Code Sections 118, 126)

Head of Household Signature \_\_\_\_\_

\_\_\_\_\_ Date

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED!**