



PRELIMINARY APPLICATION

PLEASE COMPLETE THIS FORM AND RETURN TO:

OCCR/Orange County Housing Authority

P.O. Box #11387

Santa Ana, CA 92711

MUST BE RECEIVED OR POSTMARKED BY SEPTEMBER 29, 2023

Head of Household

1. Last Name: _____
2. First Name: _____ 3. Middle Name: _____
4. Social Security No: _____ 5. Birth Date _____ 6. Sex: M F
(mm/dd/yyyy)

Contact Information

7. Physical Address

Address _____ Apt./Space # _____

City _____ State _____ Zip Code _____

Primary Phone Number _____ Mobile Phone Number _____

Email _____

8. Mailing Address (Leave blank if it is the same as above)

If Homeless, provide an emergency or family member address, or e-mail address where you can receive notices.

Address _____ Apt./Space # _____

City _____ State _____ Zip Code _____

Email _____

Statistical Information

9. Race White African American/Black Native Hawaiian/Other Pacific Islander
 Asian American Indian/Alaska Native
10. Ethnicity Hispanic or Latino Not Hispanic or Latino
11. Are you a person experiencing homelessness? Y N

Household Members

12. Total number of household members: _____

13. Please include spouse/cohead who will live in the household with the head of household and provide the information below.

Last Name	First Name	M.I.	Social Security #	Date of Birth	Sex	Disabled	Relationship
					<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	

Family Income

14. Total yearly gross income for all family members: \$ _____ .00



Housing may be contingent upon the submission and verification of evidence of citizenship or eligible immigration status prior to the time housing is made available. Based on the evidence submitted at that time, assistance may be prorated, denied or terminated following appeals and informal hearing processes.

Member Preference (live or work in OCHA's jurisdiction): OCHA's jurisdiction covers applicants who live, work (no minimum required number of work hours), have been hired to work in, or report to an office located in the 31 cities and unincorporated areas of Orange County, except in the cities of Anaheim, Garden Grove, and Santa Ana, which operate their own public housing authorities to provide HCV rental assistance.

Veteran Preference: OCHA gives a preference to applicants who meet the Veteran preference which is defined as applicants who are currently serving, or have served in the U. S. armed forces, veterans who have been discharged under conditions other than dishonorable and are eligible to receive veteran benefits or surviving spouses of veterans who have been discharged under conditions other than dishonorable and were eligible to receive veteran benefits. "Surviving spouse" means not divorced from, or not remarried prior to or after the death of the veteran.

Elderly, Disabled and Working Preference: OCHA gives a preference to applicants who meet one of these three conditions.

- **Elderly:** A household whose head, spouse, or sole member is age 62 or older.
- **Disabled:** Applicant households whose head, spouse, or sole member is receiving Social Security disability, Supplement Social Security Income disability benefits, or any other payments based on the individual's inability to work. Must have a verifiable disabled status for at least a 12-month period or more from the date of the initial interview appointment to qualify for the disabled preference.
- **Working:** A head of household and/or spouse who has worked a minimum of 20 hours per week for at least 26 weeks or more during the 12 months prior to the initial interview appointment date. Must receive earned income, which is defined as salaries and wages, overtime pay, tips, bonuses, self-employment, and any other form of compensation for work performed that can be verified. (Length of employment is calculated separately for each individual and cannot be combined to qualify.)

You will be required to provide evidence for the selected preference at the time of eligibility determination. The evidence will need to confirm that you met the selected preference at the time you submitted your application. Please keep this evidence to verify your preference selection. Failure to provide the information at the time of eligibility determination may result in your application being made inactive.

Eligibility and Preferences

Are you a US citizen or do you have legal immigration status?	<input type="checkbox"/> Y <input type="checkbox"/> N
Does at least one family member in your household have US Citizenship or Legal Immigration Status?	<input type="checkbox"/> Y <input type="checkbox"/> N
Are you a Veteran of the US Military OR the widow/widower of a Veteran of the US Military who meets Orange County Housing Authority's (OCHA) Member Preference? (See definition of Member and Veteran preferences above)	<input type="checkbox"/> Y <input type="checkbox"/> N
Are you a Veteran of the US Military OR the widow/widower of a Veteran of the US Military who does NOT meet OCHA's Member Preference? (See definition of Member and Veteran Preferences above)	<input type="checkbox"/> Y <input type="checkbox"/> N
Are you or your Spouse/Cohead Elderly OR Disabled OR Working and meet OCHA's Member Preference? (See definition of Member, Elderly, Disabled, and Working Preferences above)	<input type="checkbox"/> Y <input type="checkbox"/> N
Are you or your Spouse/Cohead Elderly OR Disabled OR Working and do NOT meet OCHA's Member Preference? (See definition of Member, Elderly, Disabled, and Working Preferences above)	<input type="checkbox"/> Y <input type="checkbox"/> N
Do you meet OCHA's Member Preference BUT are NOT a Veteran or Elderly OR Disabled OR Working? (See definition of Member, Elderly, Disabled, and Working Preferences above)	<input type="checkbox"/> Y <input type="checkbox"/> N
If NONE of the above apply to you, select YES to this question.	<input type="checkbox"/> Y <input type="checkbox"/> N

Certification

I certify that I am at least 18 years of age, or legally emancipated by a court of law, and that the information provided on this form is true and complete to the best of my knowledge and belief.

WARNING: Title 18, Section 1001 of the United State Code states that a person is guilty of a felony for knowingly and willing making false or fraudulent statements to any department or agency of the United States.

Signature: _____

Date: _____