

# Household Member(s) Information Form

**Office Use Only: Application No.:** \_\_\_\_\_

**Bedroom Assignment:** \_\_\_\_\_

This application must be completely filled out and legible. If an item does not apply, please enter N/A. Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make false statements or misrepresentations to any department or agency of the U.S., as to any matter within its jurisdiction.

**I. Please list any person(s) who will reside with you after you receive assistance**

Legal Last Name	First Name	M.I.	Date of Birth	Sex M/F	Relationship to Head of Household	Social Security Number	Citizen-Eligible Immigrant Y/N
1.							
(Head of Household)							
2.							
3.							
4.							
5.							
6.							

**II. a. Race:**  White  Black  American Indian/Alaskan  Asian **b. Ethnicity:**  Hispanic  Non -Hispanic

**III. Where do you live?**

Street \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number(s): Home \_\_\_\_\_ Cell phone \_\_\_\_\_ Message \_\_\_\_\_

**IV.  Oxnard resident (live, work or hired to work in Oxnard).**

-Monthly Gross Income-

	Head	Spouse	Member # _____	Member# _____	Member# _____
Employment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
SS/SSI	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Public Assistance	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Disability	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
General Relief	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other income	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Checking/Savings	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Bonds/Stocks	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

**V.  Disabled Member Name:** \_\_\_\_\_

What Specific accommodations are required, if any? \_\_\_\_\_

**VI. Has any household member ever been arrested or convicted of a crime?**  Yes  No

(Convictions are evaluated and not necessary disqualifying).

If yes, please state charges for which you or member were convicted and include date and city of arresting Police Department.

Are you or any adult household member currently on probation or parole?  Yes  No

Are you or any members of your family mandated to register as a sex offender?  Yes  No

If yes, please indicate which member and State where he/she is required to register in? \_\_\_\_\_

Have you or any member of your household ever been convicted for activity for manufacturing or production of methamphetamine?  
Explain: \_\_\_\_\_  Yes  No

Have you or any family member listed above ever been a Resident or participant of the Oxnard Housing Authority (OHA) or any other Housing Authority?  Yes  No

If yes, please write the household member's full name: \_\_\_\_\_ When? \_\_\_\_\_

HA's name \_\_\_\_\_ Address where you lived? \_\_\_\_\_

I confirm that the above information is true to the best of my knowledge. I have no objections to the OHA making inquiries for the purpose of verifying statements made herein. I understand that ALL information will be completely verified including a criminal background check before eligibility can be determined.

**The Oxnard Housing Authority is an equal housing provider. All facilities, accommodations and services are provided on a non-discriminatory basis upon request.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_