



Livermore Housing Authority Opening Project Base Voucher Homeless Waitlist

Livermore Housing Authority (LHA) will be opening a site based wait list for 5 units designated for Homeless Project Based Voucher (PBV) assistance at Chestnut Square Senior Apartments. Chestnut Square is a senior housing community serving people 62 years of age and older, located at 1651 Chestnut Street, Livermore, CA 94551. This site based wait list will be used to fill the 5 services-supported PBV units designated for elderly homeless families.

To be eligible for the 5 Chestnut Square Senior elderly/homeless units, applicants must be 62 years of age or older; families must be able to be verified as homeless by one of three approved agencies, and have income that does not exceed 50% of the Annual Mean Income, which is \$40,700 for a 1- person household, \$46,500 for a 2-person household, and \$52,300 for a 3-person household. The application submission includes both a 2-page housing authority form and a referral form that verifies the homeless qualification. Both forms must be completed in order to be considered. The referral form must be completed in consultation with and certified by one of three City of Livermore approved homeless service agencies: City Serve, Abode Services, and Tri-Valley Haven. Applications will not be accepted unless both forms are completed and properly executed.

Applications will be available beginning May 9, 2019 either by downloading using the internet www.livermoreha.org or pick-up at the Livermore Housing Authority located at 3203 Leahy Way, Livermore, CA 94550.

Application acceptance period:

Applications will be accepted at the Livermore Housing Authority office from 8:30 AM until 5 PM on May 21 and May 22, 2019.

Application deadline:

Applications received before 8:30 a.m. on May 21, 2019 or after 5 p.m. on May 22, 2019, will be returned.

Approved agency contact information:

City Serve

Phone: 925-223-6947

Email: Info@cityservetrialley.org

Tri-Valley Haven

Phone: (925) 449-2510 (Sojourner House)

Email: maureen@trivalleyhaven.org

Abode Services

Office Address: Livermore Multi-Service Center,

3311 Pacific Avenue, Livermore CA 94550

Abode Drop-In Hours:

Wednesday, May 15th; 12:00pm – 4:00p.m.

Wednesday, May 22nd; 12:00pm – 4:00p.m.

LIVERMORE HOUSING AUTHORITY
3203 LEAHY WAY, Livermore, CA 94550
Chestnut Square Homeless Application

Head of Household Information:

- - / /

Last Name _____ First Name _____ Social Security Number _____ Date of Birth _____

Street Address (include Apartment #) _____ Place of Birth (City & State) _____

City, State and Zip _____ Phone Number _____ () _____

MARITAL STATUS: (CHECK ONE): SINGLE ___ MARRIED ___ DIVORCED ___ SEPARATED ___

LIST ALL PERSONS WHO WILL BE RESIDING IN YOUR HOUSEHOLD: Do not list yourself

NAME (First and Last)	Date of Birth:	Age:	Place of Birth (City & State)	Social Security Number:	Relationship to you:
1. _____	/ /	/	/ /	/ /	/
2. _____	/ /	/	/ /	/ /	/
3. _____	/ /	/	/ /	/ /	/
4. _____	/ /	/	/ /	/ /	/
5. _____	/ /	/	/ /	/ /	/

(Please use separate piece of paper to list additional members)

LIST ALL SOURCES OF INCOME IN YOUR HOUSEHOLD:

Household Member Name: _____
Employment: Hourly Pay Rate \$ _____ Hours per week # _____
Company Name and address: _____

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Company Name and address: _____

Household Member Name: _____
Social Security Benefits (SS, SSI, SSA, Survivors Benefits): \$ _____ (Monthly Gross)

Household Member Name: _____
Social Security Benefits (SS, SSI, SSA, Survivors Benefits): \$ _____ (Monthly Gross)

Household Member Name: _____
Unemployment, Worker's Compensation, SDI (State Disability): \$ _____ (Weekly Gross)

Household Member Name: _____
Pension/Annuities/Other: \$ _____ (Monthly Gross)

Household Member Name: _____
Cal Works Cash Grant: \$ _____ **Food Stamps:** \$ _____

Household Member Name: _____
Child Support (District Attorney Office) \$ _____ (Monthly Gross)

Child Support (Private): \$ _____ (Monthly Gross)

Name and Address of Provider: _____

Are you or your spouse disabled, age 62 or over, or handicapped? NO _____ YES _____

Are there any full-time students, 18 or older who will be receiving education grants, scholarships, or VA Education benefits? NO _____ YES _____ If yes, who? _____

Have you or any other person listed on your application currently or previously live/lived in a Public Housing/Section 8/Project-Based subsidy housing as a family member or as a head of household?

Currently: NO _____ YES _____ Name of Housing Authority: _____

Previously: NO _____ YES _____ When? _____ Name of Housing Authority _____

Have you or any person listed on your application ever been denied assistance/evicted/terminated from a Public Housing or Section 8 program? NO _____ YES _____

If yes, explain: _____

Have you or any person listed on your application ever committed fraud in a federally assisted/subsidized housing program or been requested to repay money? NO _____ YES _____

If yes, explain: _____

Name and Address of Housing Authority: _____

Do you or any person listed on your application currently owe money to any Housing Authority? NO _____ YES _____

Name and Address of Housing Authority: _____

Is there a current Re-payment Agreement? NO _____ YES _____ Current balance \$ _____

Have you or any person listed on your application ever been involved in drug-related criminal activity, violent criminal activity, or other criminal activity? NO _____ YES _____ explain: _____

Have you or any person listed on your application ever been convicted of a sexual offense and/or is now a registered sex offender? NO _____ YES _____ If yes, explain: _____

Information regarding absent parent(s) to all children listed on your application:

Name _____ Address _____ [] Unknown

Name _____ Address _____ [] Unknown

(PLEASE USE SEPARATE SHEET OF PAPER IF NECESSARY)

I/WE CERTIFY THAT THE INFORMATION GIVEN ON THIS FORM IS ACCURATE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. ANY PERSON WHO SIGNS THIS STATEMENT AND WHO WILLFULLY STATES AS TRUE, ANY MATERIAL WHICH HE/SHE KNOWS TO BE FALSE, IS SUBJECT TO THE PENALTIES PRESCRIBED FOR PERJURY IN SECTION 118 OF THE CALIFORNIA PENAL CODE AND SECTION 11054 OF THE WELFARE AND INSTITUTIONS CODE I/WE UNDERSTAND THAT MY/OUR APPLICATION WILL BE DENIED.

HEAD OF HOUSEHOLD DATE

CO-HEAD/SPOUSE DATE

FAMILY MEMBER AGE 18 AND OVER DATE

FAMILY MEMBER AGE 18 AND OVER DATE

SECTION 8 REPRESENTATIVE DATE

04/2019 KK

Requests for Reasonable Accommodations from Persons with Disabilities will be granted upon verification that they meet the need presented by the disability

Verification of Homelessness & Referral

for Chestnut Square Senior Apts. - 1651 Chestnut St. Livermore, CA 94551

Date:
Referral Agency:
<input type="checkbox"/> City Serve <input type="checkbox"/> TV Haven <input type="checkbox"/> Abode

IMPORTANT!
This form is to be filled out by City Serve, Tri-Valley Haven or Abode Services ONLY.

NAME OF APPLICANT
Name:
Date of Birth:
Social Security No.:
Mailing Address:
Phone No.:
62 years old or older <input type="checkbox"/>

REFERRAL AGENCY CASE MANAGER
Name:
Title:
Email:
Phone No.:
Notes:

VERIFICATION OF HOMELESSNESS

Check the box which best describes the situation of the applicant:

- An individual or family who lacks a fixed, regular and adequate nighttime residence.
- An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, abandoned building, bus or train station, airport or camping ground.
- An individual or family living in a supervised public or privately operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by the federal, state or local government programs for low-income individuals or by charitable organizations), congregate shelters, transitional housing, or temporary care facilities/institutions and lack the resources and support networks needed to obtain housing.

IS THE APPLICANT RECEIVING SERVICES FOR HOMELESSNESS IN THE CITY OF LIVERMORE?

If so, please fill out the information below:

Name of Service Provider:	Type of Service:
Address:	

CERTIFICATION OF AGENCY

By signing this form I certify that _____ has verified eligibility of this person's homelessness. I also certify that this client has no other housing options and lacks other networks or resources to secure housing. Within the scope that work allows, our agency will assist this person with the Livermore Housing Authority application for the project based voucher program. A signed and completed Livermore Housing Authority Application is attached.

Name of Staff Member: _____ Title: _____
 Staff Member Signature: _____ Date: _____

Note: Make a Copy of the completed form for Agency records.