

MAYOR
Valerie Amezcua
MAYOR PRO TEM
Benjamin Vazquez
COUNCILMEMBERS
Phil Bacerra
Johnathan Ryan Hernandez
Jessie Lopez
David Penaloza
Thai Viet Phan



EXECUTIVE DIRECTOR
Michael L. Garcia
GENERAL COUNSEL
Sonia R. Carvalho
RECORDING SECRETARY
Jennifer L. Hall

ANNUAL PACKET CHECKLIST (DEC RX 2025)

ANNUAL PACKET REQUIRED FORMS:

Required forms must be read, completed, signed and dated by all adult members.

- 1) HUD Form 92006 - Supplement to Application for Federally Assisted Housing
- 2) City of Santa Ana Housing Authority – Statement of Family Responsibilities (T11a)
- 3) Tenant Information Form (TIF)
- 4) Santa Ana Housing Authority Supplemental Questionnaire (5 pages)
- 5) Santa Ana Housing Authority Authorization for Release of Information (ROI)

RECERTIFICATION CHECKLIST: PLEASE INCLUDE A COPY OF ALL APPLICABLE DOCUMENTS WITH YOUR ANNUAL PACKET.

HOUSEHOLD IDENTIFICATION for each adult member:

Did you renew your Identification (ID) or Driver's License in the last 12 months? Yes, provide the new copy.

- ☐ Current valid photo ID or Driver's License

ASSET(S) for all household members:

SAHA may request additional verification if needed, from the minimum requirements listed below.

- ☐ Most current investment(s) statement (monthly, quarterly or yearly): Stocks, Bonds, Certificates of Deposit
- ☐ Most current retirement account statement: 401(k), Retirement Account(s), Pension
- ☐ NEW FOR 2025: Last 3 months of checking account statement (all pages, including back side of the statement)
- ☐ NEW FOR 2025: Last 3 months of savings account statements (all pages, including back side of the statement)
- ☐ Complete copy of Life Insurance Policy

TRUST (Revocable and Irrevocable) for all household members:

- ☐ Complete Trust document

HOUSEHOLD INCOME for all household members:

Verifications must be current and up to date. SAHA may request additional verification if needed, from the minimum requirements listed below.

- ☐ NEW FOR 2025: Employment: two most current consecutive pay stubs
- ☐ NEW FOR 2025: Independent Contractor Income: proof of income received in the last three (3) – months (examples of independent contractor earnings include, but are not limited to, platforms such as Uber, Lyft, Amazon, DoorDash, TaskRabbit, and payments through Cash App, Venmo, and similar services)
- ☐ Cash Contributions: Written statement(s) from person or agency providing support
- ☐ Adoption or Foster Care Payments: current award letter or the last two most current payment stubs
- ☐ CAPI: current award letter or the last two most current payment stubs
- ☐ Unemployment Insurance Benefits (EDD)/Disability Insurance Benefits/Workers Compensation: current award letter or the last two most current consecutive payment stubs
- ☐ Child Support: District Attorney print out or disbursement list from the last 12 months and/or most recent Court Order
- ☐ Alimony: Verification of income for the last 12 months and/or most recent Court Order

ANNUAL PACKET CHECKLIST CONT.

FEDERAL INCOME TAX RETURNS:

For each household member who filed Federal Income Taxes within the last 12 months including W2 (i.e. 1040, 1099 schedule C). If you did not file taxes or do not plan to file taxes, we still need a copy of your W2, 1099 or any other tax form provided to you for tax filing. You may be asked to complete and sign IRS Tax Return Transcript form 4506-T to verify your Federal Taxes filed.

HOUSEHOLD EXPENSES:

- ☐ Most recent Utility Bills: Gas, Electricity, Water/Trash/Sewer, Cell Phone
- ☐ Monthly Rent Payment Verification: Most recent rent receipt, rent ledger, or canceled check of rent payments
- ☐ Child Care (if applicable); Last 3 months child care receipts or canceled checks of payments
- ☐ Out of Pocket Medical (if applicable): last 12 months of receipts, pharmacy print out, medical insurance

COLLEGE/UNIVERSITY/VOCATIONAL/TECHNICAL STUDENT VERIFICATION:

Dependent student status, defined as a full-time student by the institution of higher learning, will only be granted if school verification is provided for students aged 18 and older.

Acceptable forms of verification include:

- ☐ Unofficial School Transcript and current class schedule (verification must include class units to determine student status)
- ☐ Current Financial Aid Verification*
- ☐ Student's cost of attendance*

STUDENT FINANCIAL ASSISTANCE*

In 2005, Congress passed a law that requires certain types of student financial assistance to be counted as part of your annual income. However, for some students, the full exclusion of financial assistance still applies. These rules apply to both full-time and part-time students aged 18 and older.

In general, any financial assistance you receive that exceeds the cost of tuition and other required fees may be included in your annual income. This includes financial aid from the following sources:

The Higher Education Act of 1965 (HEA), which includes:

Pell Grants, Federal Supplemental Educational Opportunity Grants (SEOG), Academic Achievement Incentive Scholarships, State Assistance under the Leveraging Educational Assistance Partnership Program (LEAP), The Robert G. Byrd Honors Scholarship Program, Federal Work Study programs.

Private sources, which refer to non-governmental aid, such as assistance from parents, guardians, or other individuals who do not live with the student in an assisted unit.

Institutions of higher education, which refer to colleges and universities that offer financial assistance as defined under the HEA. If you receive any of these forms of assistance, be aware that they may be counted as income.

Each student, full-time or part-time, who is 18 years old or older and a family member, must provide documentation of their actual costs and fees (such as tuition, course fees, required materials and any financial student assistance) charged by the institution of higher education.

TENANT INFORMATION FORM

Please review and complete this form. This information will help us determine your continued assistance.

Head of Household _____

Unit Address _____

Unit City, State, ZIP _____

Mailing Address (if
different than above) _____

Telephone Number: _____ ☐ Home ☐ Work ☐ Cell ☐ Other _____

Telephone Number: _____ ☐ Home ☐ Work ☐ Cell ☐ Other _____

E-mail Address _____ ☐ I would like to receive correspondence via e-mail.

Part 1: Household Information

Indicate the current status of all adults and children that will live in the housing unit to be assisted. Add new members in the space provided below, including the full Social Security Number for each. Enter one of the following codes in box 6 to identify the relationship of each new adult and child listed.

H = Head of Household
S = Spouse (Married)

K = Co-Head (Not Married)
F = Foster Child/Adult

Y = Youth Under 18
E = Full Time Student Over 18

L = Live-in Aide
A = Other Adult

1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	9. Race (Check All That Apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American			10. Social Security Number		11. Living in Household <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	9. Race (Check All That Apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American			10. Social Security Number		11. Living in Household <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	9. Race (Check All That Apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American			10. Social Security Number		11. Living in Household <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	9. Race (Check All That Apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American			10. Social Security Number		11. Living in Household <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	9. Race (Check All That Apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American			10. Social Security Number		11. Living in Household <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	9. Race (Check All That Apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American			10. Social Security Number		11. Living in Household <input type="checkbox"/> Yes <input type="checkbox"/> No



TENANT INFORMATION FORM

Part 1: Household Information (cont.)

List adults first, then children. Enter one of the following codes in box 6 to identify the household relationship of each adult and child listed.

H = Head of Household
S = Spouse (Married)

K = Co-Head (Not Married)
F = Foster Child/Adult

Y = Youth Under 18
E = Full Time Student Over 18

L = Live-in Aide
A = Other Adult

7. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	9. Race (Check All That Apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> NativeHawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American			10. Social Security Number		
8. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	9. Race (Check All That Apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> NativeHawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American			10. Social Security Number		
9. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	9. Race (Check All That Apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> NativeHawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American			10. Social Security Number		
10. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	9. Race (Check All That Apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> NativeHawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American			10. Social Security Number		
11. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	9. Race (Check All That Apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> NativeHawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American			10. Social Security Number		
12. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	9. Race (Check All That Apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> NativeHawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American			10. Social Security Number		
13. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	9. Race (Check All That Apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> NativeHawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American			10. Social Security Number		
14. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	9. Race (Check All That Apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> NativeHawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American			10. Social Security Number		
15. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	9. Race (Check All That Apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> NativeHawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American			10. Social Security Number		
16. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	9. Race (Check All That Apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> NativeHawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American			10. Social Security Number		

TENANT INFORMATION FORM

Part 1: Household (Continued)

1. Does your family lack a regular nighttime residence, live in a shelter, or other non residential place? ☐ Yes ☐ No
2. Do you currently live or have you previously lived in, public housing, housing assisted by the Section 8 program, or any other type of federally subsidized housing? ☐ Yes ☐ No
3. Have you or any member of your household been evicted from Public housing, Indian housing, Section 23 housing, or housing assisted by the Section 8 program, for drug-related criminal activity during the past three years? ☐ Yes ☐ No
4. Do you or any member of your household have a history of controlled substance or alcohol abuse that has not been abated through rehabilitation? ☐ Yes ☐ No
5. Have you or any member of your household been convicted of drug-related criminal activity for manufacture or production of methamphetamine on the premises of federally assisted housing? ☐ Yes ☐ No
6. Are you or any member of your household subject to a lifetime sex offender registration under a State sex offender registration program? ☐ Yes ☐ No
7. If any child or foster child under age six residing in the assisted unit tested positive for an EBL (Elevated Blood Lead Level) list the first name of each child with an EBL here:

Part 2: Asset Information

1. Has any member of the family given away or disposed of assets valued at more than \$1,000 for less than fair market value during the past two years? ☐ Yes ☐ No

Review and update household assets held by any family member, irrespective of age. Add new assets in the space provided below. An asset is any one of the following types without limitation:

401(k) or 403(b)	Individual Retirement Accounts (IRA)	Mutual Funds	Stocks
Bonds	Inheritances	Pensions	Trust Funds
Certificate of Deposit	Life Insurance Policies	Real Property (land)	
Checking Account	Money Market Account	Savings Account	

DOCUMENTATION REQUIRED: Provide current statements showing the value and interest rate of each asset and check the Documentation Attached box for each asset.

Account Holder	Type of Account	Account Number	Current Balance \$	Account Status <input type="checkbox"/> Open <input type="checkbox"/> Closed
Verification Source Name and Address				Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Holder	Type of Account	Account Number	Current Balance \$	Account Status <input type="checkbox"/> Open <input type="checkbox"/> Closed
Verification Source Name and Address				Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Holder	Type of Account	Account Number	Current Balance \$	Account Status <input type="checkbox"/> Open <input type="checkbox"/> Closed
Verification Source Name and Address				Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Holder	Type of Account	Account Number	Current Balance \$	Account Status <input type="checkbox"/> Open <input type="checkbox"/> Closed
Verification Source Name and Address				Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Holder	Type of Account	Account Number	Current Balance \$	Account Status <input type="checkbox"/> Open <input type="checkbox"/> Closed
Verification Source Name and Address				Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No

Attach Additional Sheets if Necessary



TENANT INFORMATION FORM

Part 2: Asset Information (cont.)

Review and update household assets held by any family member, irrespective of age. Add new assets in the space provided below. An asset is any one of the following types without limitation:

401(k) or 403(b)
Bonds
Certificate of Deposit
Checking Account

Individual Retirement Accounts (IRA)
Inheritances
Life Insurance Policies
Money Market Account

Mutual Funds
Pensions
Real Property (land)
Savings Account

Stocks
Trust Funds

DOCUMENTATION REQUIRED: Provide current statements showing the value and interest rate of each asset and check the Documentation Attached box for each asset.

Account Holder	Type of Account	Account Number	Current Balance \$	Account Status <input type="checkbox"/> Open <input type="checkbox"/> Closed
Verification Source Name and Address				Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Holder	Type of Account	Account Number	Current Balance \$	Account Status <input type="checkbox"/> Open <input type="checkbox"/> Closed
Verification Source Name and Address				Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Holder	Type of Account	Account Number	Current Balance \$	Account Status <input type="checkbox"/> Open <input type="checkbox"/> Closed
Verification Source Name and Address				Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Holder	Type of Account	Account Number	Current Balance \$	Account Status <input type="checkbox"/> Open <input type="checkbox"/> Closed
Verification Source Name and Address				Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Holder	Type of Account	Account Number	Current Balance \$	Account Status <input type="checkbox"/> Open <input type="checkbox"/> Closed
Verification Source Name and Address				Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Holder	Type of Account	Account Number	Current Balance \$	Account Status <input type="checkbox"/> Open <input type="checkbox"/> Closed
Verification Source Name and Address				Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Holder	Type of Account	Account Number	Current Balance \$	Account Status <input type="checkbox"/> Open <input type="checkbox"/> Closed
Verification Source Name and Address				Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Holder	Type of Account	Account Number	Current Balance \$	Account Status <input type="checkbox"/> Open <input type="checkbox"/> Closed
Verification Source Name and Address				Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Holder	Type of Account	Account Number	Current Balance \$	Account Status <input type="checkbox"/> Open <input type="checkbox"/> Closed
Verification Source Name and Address				Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Holder	Type of Account	Account Number	Current Balance \$	Account Status <input type="checkbox"/> Open <input type="checkbox"/> Closed
Verification Source Name and Address				Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No

Attach Additional Sheets if Necessary

TENANT INFORMATION FORM

Part 3: Income Information

1. Did you file a Federal Income Tax Return last year? ☐ Yes ☐ No

2. Does anyone living outside your household pay for or provide money for any of your household bills or living expenses? ☐ Yes ☐ No

Review and update the following income information for all family members 18 or older, including income received on behalf of household members under the age of 18. Check "Fixed" for income that changes annually based on a COLA or Interest Rate. Add new income sources in the space provided below. An income is any one of the following types without limitation:

Alimony Payments	Food Stamps	Self Employment	Wages/Salaries
Child Support	Military Pay	Social Security Benefits	Welfare Benefits
Disability Benefits	Periodic Gifts	SSI	Worker's Compensation
Financial assistance to attend school	Retirement Payments	Unemployment Benefits	

DOCUMENTATION REQUIRED: Provide two current and consecutive original pay stubs, payroll summary reports, SSA benefit verification letters, child support payment stubs, welfare benefit letters and/or printouts, self employment tax statements, or unemployment benefit notices, and check the Documentation Attached box for each income.

Member Name	Income Type	Fixed	Monthly Income	Current Income	Documentation Attached
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Verification Source Name and Address

Member Name	Income Type	Fixed	Monthly Income	Current Income	Documentation Attached
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Verification Source Name and Address

Member Name	Income Type	Fixed	Monthly Income	Current Income	Documentation Attached
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Verification Source Name and Address

Member Name	Income Type	Fixed	Monthly Income	Current Income	Documentation Attached
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Verification Source Name and Address

Member Name	Income Type	Fixed	Monthly Income	Current Income	Documentation Attached
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Verification Source Name and Address

Member Name	Income Type	Fixed	Monthly Income	Current Income	Documentation Attached
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Verification Source Name and Address

Member Name	Income Type	Fixed	Monthly Income	Current Income	Documentation Attached
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Verification Source Name and Address

Member Name	Income Type	Fixed	Monthly Income	Current Income	Documentation Attached
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Verification Source Name and Address

Attach Additional Sheets if Necessary



TENANT INFORMATION FORM

Part 4: Household Expenses

1. Does any adult household member (age 18 or older) attend school full time? (If yes, provide current enrollment and financial aid information from registrar or admissions officer and enter contact information in the section below.) ☐ Yes ☐ No
2. Does any member of your family have UNREIMBURSED expenses for care of a child age 12 or younger so that an adult family member can work? ☐ Yes ☐ No
3. Does any member of your family have UNREIMBURSED expenses for care of a person with disabilities so that an adult family member can work? ☐ Yes ☐ No
4. **ONLY complete the following if the head of household, spouse or co-head is age 62 or older, or has a disability.**
Does any member of your family have UNREIMBURSED medical expenses (i.e. Medical Insurance Premiums; Medical, Dental, or Optical Expenses; or Expenses for Prescription/Non Prescription Medicines (prescribed by a physician))? ☐ Yes ☐ No

Review and update the following expense information relating to questions marked as Yes in the lines above. Additional expenses must be entered in the space provided below.

DOCUMENTATION REQUIRED: Provide documentation from Verification Source listing the monthly payment for each expense and check the Documentation Attached box for each expense.

Member Name	Allowance Type	Monthly Payment \$	Current Expense <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment \$	Current Expense <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment \$	Current Expense <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment \$	Current Expense <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment \$	Current Expense <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment \$	Current Expense <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Attach Additional Sheets if Necessary

Part 5: Head of Household Must Sign this Form Certifying Accuracy of Information Provided

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000, or imprisoned up to five years if I furnish false or incomplete information.

X _____

_____ Date



SANTA ANA HOUSING AUTHORITY

SUPPLEMENTAL QUESTIONNAIRE

Please complete every section of this form and answer all questions. DO NOT leave any questions blank. If a question doesn't apply to you, circle 'NO'. If you do not understand a question, you can ask your assigned Housing Specialist for an explanation or have someone assist you. The information you provide will be used to determine your eligibility for rental assistance benefits through the U.S. Department of Housing and Urban Development (HUD).

WARNING: Anyone who knowingly submits a false claim or knowingly makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. 287, 1001, 1010, 1012; 31 U.S.C. 3279, 3802)

SEPARATED, DIVORCED OR ABSENT PARENT:

List spouse, ex-spouse and/or absent parent(s) information for any of the minor child(ren) on application form:

Name of Individual: _____

YES / NO Were you legally married?

YES / NO Divorced? Year Divorced/Separated: _____

YES / NO Do you have contact with absent parent or ex-spouse?

Name of Individual: _____

YES / NO Were you legally married?

YES / NO Divorced? Year Divorced/Separated: _____

YES / NO Do you have contact with absent parent or ex-spouse?

DISABILITY: Home Based Supportive Services Income:

YES / NO Are you or any family member currently receiving income through In-Home Supportive Services (IHSS) or a similar program for providing care to a family member with a disability living at home?

MONTHLY RENT AND UTILITIES:

How much is your portion of the rent \$ _____ Mobile Home Mortgage Payment \$ _____

Gas Bill \$ _____ Electric Bill \$ _____ Water Bill \$ _____ Trash/Sewer Bill \$ _____

Cell Phone Bill \$ _____ Groceries/Food \$ _____ Other Household Expense \$ _____

FEDERAL INCOME TAX DEPENDENT:

YES / NO Was anyone in your household, including you, listed as a dependent on someone else's income tax return?

Name: _____ Why: _____

MOBILE HOME:

YES / NO Do you or any family member own or have an interest in a mobile home?
If you answered 'NO', proceed to "PROPERTY", next section.

Do you currently have a monthly mortgage payment for your mobile home? YES / NO

If yes, how much do you pay per month? _____

Have you ever refinanced your mobile home loan? YES / NO

Do you pay the property tax and insurance for your mobile home through your mortgage lender? YES / NO

Do you pay any maintenance fees to the owner of the mobile home park? YES / NO

If yes, how much do you pay per month for maintenance? _____

PROPERTY:

YES / NO Do you or any family member own or have a financial interest (e.g., partial ownership, investment or equity stake) in commercial or residential real estate?

YES / NO Has anyone in your family sold, given away, or transferred ownership of any real estate in the past two years?

Explain: _____

INDEPENDENT CONTRACTOR INCOME:

YES / NO Do you or any family member receive payments in cash or through apps like Cash App, Venmo, or similar services?

YES / NO Are you or any family member self-employed, an independent contractor, or paid through a 1099 form (e.g., Uber, Lyft, Amazon, or similar platforms)?

Examples of independent contractor earnings include, but are not limited to, platforms such as Uber, Lyft, Amazon, DoorDash, TaskRabbit, and payments through Cash App, Venmo, and similar services

LUMP SUM INCOME:

YES / NO Did you or any family member receive a large sum of money from any source in the past 12 months?

Explain: _____

ADDITIONAL QUESTIONS:

1. Is there a household member who is currently away from home, such as for school, military service, or other reasons? YES / NO
2. Does any family member have minor children who do not live with you? YES / NO
3. Have you, or anyone in your household, ever used any other names or Social Security numbers, besides the ones you currently use, or were issued by the Social Security Administration? YES / NO
4. Are you or anyone in your household currently on parole or probation? YES / NO
5. Within the last three months, have you been convicted, arrested, or evicted due to alcohol abuse? YES / NO
6. Have you, or anyone residing in your household, ever committed fraud, bribery, or any other corrupt or criminal act in connection with any federal housing program, or have been required to repay money for misrepresenting information on such program? YES / NO
7. Does anyone who is not listed as a household member on this form receive mail at your address or use your address as their residence on any legal document (such as a driver's license, vehicle registration, government assistance benefits, school records, sex offender registration, probation, parole, tax forms, police reports, work, etc.)? YES / NO
8. Are you or any family member related to the property owner (or anyone with a financial interest in the property)? YES / NO This includes situations where the property owner is a parent, child, grandparent, sibling, or any other family member, unless SAHA has determined that leasing the unit to you, despite the relationship, is necessary to provide a reasonable accommodation for a family member with a disability.
9. Does anyone in your household have a *Trust*? YES / NO If you answered 'YES' do you receive a distribution from the Trust? YES / NO Do you have access to amend the Trust? YES / NO
A Trust is a legal document that contains instructions for distribution of assets.

If you answered 'YES' to any of the questions listed above please provide an explanation

CERTIFICATION OF TRANSLATOR – Please read and sign if you translated or completed any portion of this form for the participant.

I certify that I have translated each question and completed this application for the family truthfully and accurately according to information provided by the family. I understand that it's against California law and Federal law to willingly make false or fraudulent statements to any department or agency of the United States.

_____ Translator's Name	_____ Translator's Signature	_____ Relationship to Family	_____ Date
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Page 3 of 4

CERTIFICATION OF THE PARTICIPANT

I/We hereby certify under penalty of perjury under the laws of the State of California that all the information contained in this document is true and correct. I understand that ALL changes in the income of ANY member of the household must be reported to the Santa Ana Housing Authority within 14 days of occurrence. All requests to add other household members must be made in writing and in advance prior to anyone moving into the unit. Failure to comply with the rules and regulations may result in termination from the program and criminal prosecution.

I/We have received a copy of the attached *Statement of Family Responsibilities* and *HUD Form 1140/1141*. I/We have read the forms and I/we understand them. I/We hereby certify that I/we understand my/our responsibilities to the Santa Ana Housing Authority. I/We further acknowledge that my/our housing assistance may be terminated and/or I/we may face criminal prosecution if I/we violate them.

I/We hereby certify that the above referenced statements have been explained and/or translated to me by a reliable source and/or by my Housing Specialist.

Received Above Statements in (CIRCLE): ENGLISH SPANISH VIETNAMESE Initials _____

WARNING: Title 18, Section 1001 of the United States Code states that a person is GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS to any department or agency of the United States. MAKING FALSE STATEMENTS IS ALSO A FELONY UNDER CALIFORNIA STATE LAW (Penal Code Sections: 115, 118, 487, 532) and may result in criminal charges including perjury, grand theft, filing false documents with a public office, and obtaining money under false pretenses.

_____ Signature of Head of Household	_____ Date	_____ Signature of Spouse	_____ Date
_____ Signature of Adult Member	_____ Date	_____ Signature of Adult Member	_____ Date
_____ Signature of Adult Member	_____ Date	_____ Signature of Adult Member	_____ Date
_____ Housing Specialist Certification	_____ Date		

MAYOR
Valerie Amezcua
MAYOR PRO TEM
Benjamin Vazquez
COUNCILMEMBERS
Phil Bacerra
Johnathan Ryan Hernandez
Jessie Lopez
David Penaloza
Thai Viet Phan



EXECUTIVE DIRECTOR
Michael L. Garcia
GENERAL COUNSEL
Sonia R. Carvalho
RECORDING SECRETARY
Jennifer L. Hall

SANTA ANA HOUSING AUTHORITY AUTHORIZATION FOR RELEASE OF INFORMATION

Pursuant to 24 C.F.R. parts 750, 750.10, 760 and 813.109 I being at least 18 years of age, do hereby authorize any agencies, offices, groups, organizations or business firms to release to the Santa Ana Housing Authority any information or materials which are deemed necessary to complete and verify the application for participation and/or to maintain continued assistance under the Section 8 Housing Assistance Program, Section 8 Voucher Program, and/or Low-Income Housing Programs. It is understood and agreed to, that this authorization or the information obtained with its use may be given to and used by HUD and/or the Santa Ana Housing Authority in the administration and enforcement of program rules and regulations and that HUD and the Santa Ana Housing Authority may in the course of its duties obtain such information from other Federal, State or local agencies including State Employment Security Agencies; Department of Defense; Office of Personnel Management; the Social Security Administration, and State welfare and food stamp agencies

The information needed may include verification or inquiries regarding my personal identity, my employment and income criminal history, assets, allowance or preferences I have claimed, and residency. These organizations are to include, but are not limited to: financial institutions; Employment Security Commission; State Wage Information Collection Agency (SWICA); educational institutions; past or present employers; Social Security Administration; HUD Office of Inspector General; California Department of Justice; State welfare and food stamp agencies; Worker's Compensation Payers; public and private retirement systems; law enforcement agencies; medical facilities and credit providers.

It is with my understanding and consent that a photocopy of this authorization may be used for the purposes stated above.

_____ Signature of Head of Household	_____ Date	_____ Signature of Spouse	_____ Date
_____ Signature of Other Adult Member	_____ Date	_____ Signature of Other Adult Member	_____ Date
_____ Signature of Other Adult Member	_____ Date	_____ Signature of Other Adult Member	_____ Date