



MHA Received Date Stamp
ONLY

**REGISTRATION FOR SECTION 8 – PROJECT BASED ASSISTANCE
HAMILTON HOUSING – PHASE II**

This form is to register for HAMILTON HOUSING only. To apply, you must complete **all the questions** on this registration form. Answer honestly, as you will be required to provide verification before you can move forward in the application process. Do not submit any other correspondence with this form. You will receive a receipt confirming your registration form has been received and entered on the Waitlist within 30 days.

Head of Household Name: _____
Last
First
Middle

Mailing Address: _____
Street
City
State
Zip

Phone:() _____ E-mail Address: _____ Sex (circle): M F

Social Security #: _____ Alien #:A _____ Date of Birth: ____/____/____

Emergency Contact: _____
Name
Address
City
State
Zip
Telephone #

Family or Household Composition:

Fill out all the following information for EVERY household member (excluding the head of household). For each member of the household, indicate with a “Yes” or “No” is the individual is a citizen or national of the United States (by birth or naturalization) or an eligible immigrant (as defined by INS).

Name	Date of Birth	Citizen/ Immigrant	Sex	Relationship	Social Security #
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What is your household’s gross monthly income from all sources? *(excluding food stamps)* \$ _____

DO NOT WRITE BELOW THIS LINE

Turn Over

The following information is critical and will help determine your position on the waitlist. Please circle YES or NO for each of the following questions.

1. Are you currently Homeless? (4pts)

- YES NO Living on the streets, camping or in car
- YES NO Emergency shelter or motel/hotel
- YES NO Temporarily sharing with friends or family (no rental agreement)
- YES NO Transitional housing (Program: _____)

2. Have you been involuntarily displaced either; (20pts.)

- YES NO By a "Natural Disaster"(Fire, Flood, etc.), or a government agency is forcing or has forced you to move?
- YES NO By being a victim of domestic violence?
- YES NO By being a current participant in a witness protection program?

3. Are you or your spouse/significant other currently working at least 20 hours per week or currently attending school or other training program full-time? (2pts.)

- YES NO

4. Are you or your spouse/significant other currently a member of Military or the surviving spouse of a Veteran? (1pt)

- YES NO

5. Are you or your spouse/significant other (8pts.)

- YES NO at least 62 years of age?
- YES NO disabled/handicapped?
- YES NO a family, consisting of two or more people living in your household?

6. YES NO Have you or any household member successfully participated or currently participating in a supportive program for disabled homeless persons? (8pts.)

It is the applicant's responsibility to keep this information current at all times. If you fail to respond to MHA mailings, or if mail is returned as undeliverable to MHA, your application will be removed from the waiting list.

What is the primary language spoken in the household? _____

With which racial group does the head of household identify? (please circle only **one**)

- White (1) African-American (2) American Indian (3) Asian (4) Pacific Islander (5)

Ethnicity: Hispanic or Non-Hispanic (please circle one)

If you or any member of your household requires a reasonable accommodation in order to fully participate in the Public Housing, please explain:

Applicant's Signature: _____ Date: _____

Mail to: MARIN HOUSING AUTHORITY
Attn: Waiting List for HAMILTON Housing

4020 Civic Center Drive, San Rafael CA 94903

----- **DO NOT REMOVE THE BELOW RECEIPT – IT WILL BE RETURNED TO YOU DATE STAMPED BY MHA** -----

MHA REGISTRATION RECEIPT FOR HAMILTON – PHASE II HOUSING
Marin Housing Authority will return this receipt to you through the mail as proof that you have been entered on to the Waitlist. (Please print name and address below):

MHA Entered Date Stamp ONLY

HOLD ON TO THIS RECEIPT
AFTER IT IS RETURNED TO YOU
It is your only proof that you have been added to the Waitlist.
It must be date stamped by MHA