

LOCAL HOMELESS PREFERENCE – Section 8 Programs

- 1. Homeless Individuals or Families must meet the definition of “homelessness” as set out in Title 42, U.S. Code Section 11302 (*as such Section may be amended from time to time*).
- 2. Individual or Family must be referred to the Housing Authority by an established and qualified service provider that regularly provides services to homeless individuals and families.

NOTE: The Housing Authority reserves the right in its sole discretion to determine whether a referring service provider constitutes an established and qualified service provider that regularly provides services to homeless individuals and families.

The Local Homeless Preference pertains to Section 8 Programs only (*i.e., Section 8, Section 8 Aftercare, and Section 8 Project Based*).

Definition of Homelessness: *The individual must be moving from an emergency shelter, transitional housing, or the individual must be currently homeless, meaning that he/she:*

- a. *Lacks fixed, regular and adequate nighttime residence;*
- b. *Has a nighttime residence that is a publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for persons with mental illness);*
- c. *Has a nighttime residence that an institution that provides a temporary residence for individuals intended to be hospitalized;*
- d. *Has a nighttime residence that is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.*

Current Living Arrangements (*i.e., program, shelter, streets*)

Living Arrangement: _____
Dates Lived at Address: _____
Reason for Leaving: _____
Landlord /Contact: _____ Phone: _____

I _____ certify that the information I have provided to The Housing Authority of the County of Santa Barbara is accurate and truthful to the best of my knowledge.

I authorize the release of information concerning my eligibility for housing assistance and preferences claimed to the Housing Authority, including contacting of the Certifying Agency to verify my claimed Homeless Preference.

Applicant's Name _____ Applicant's Signature _____ Date _____

I certify that _____ meets the criteria described in the definition of “Homelessness” as set forth in Title 42, U.S. Code Section 11302 (*definition is at top of form*).
(Name of Applicant)

Name of Referral Agency _____ Contact Person _____ Contact Number _____ Date _____