



Application Checklist

Development: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Income Level Requested:

- Very Low Low Moderate

Bedroom size of proposed unit:

Family size:

- Studio One Bedroom Two Bedroom Three Bedroom

Address of the unit: \_\_\_\_\_

Rental Amount: \_\_\_\_\_ Date of expected move in: \_\_\_\_\_

Items needed for application:

- Department of Planning and Building Affordable Housing Application forms
Copy of Photo ID for all adult members on the application
Authorization of Release of Information (signed by each adult member)
Bank Verification Form signed for each adult member on the application (some banks prefer to use their own bank release; therefore, an additional form may be used)
Employment Verification Form signed for each adult member on the application for each employer that the form will need to be sent to
3 months of consecutive pay stubs (for all adults on the application who are employed)
Copies of 1040 tax forms for the federal tax returns for the last 3 years, 2019, 2018, 2017 for all adult members who filed federal tax returns and the corresponding W-2's for each corresponding year.
Copies of paycheck stubs for the last 3 months, verification letters of income, if self-employed current profit and loss statement for the last 6 months. Proof of income for any other sources such as annuities, pensions, retirement accounts, social security benefits, dividends child support, alimony support and any other income not listed in this paragraph.



COUNTY OF SAN LUIS OBISPO  
DEPARTMENT OF PLANNING & BUILDING  
**Affordable Housing Application**

AAA-XXXX  
02/10/2023

- 
- Copies of bank statements for all accounts held in applicant's names for the last 3 months.

By signing below, you are affirming that all information requested has been submitted with this application, please note that incomplete applications will result in the certification being delayed. The process may take up to 14 days to complete the certification.

Agent's signature: \_\_\_\_\_ Date: \_\_\_\_\_



COUNTY OF SAN LUIS OBISPO  
 DEPARTMENT OF PLANNING & BUILDING  
**Affordable Housing Application**

AAA-XXXX  
 02/10/2023

You are applying for a rental or purchase of a unit that requires being income eligible. To determine eligibility, all information must be verified by a third party which is the County of San Luis Obispo. You must complete all required paperwork. All information is kept strictly confidential. You will be notified of your qualification status within 2 weeks.

Name of Development: \_\_\_\_\_ Bedroom Size: \_\_\_\_\_

Unit Address: \_\_\_\_\_ City: \_\_\_\_\_

1. Applicant Name: \_\_\_\_\_ 2. Applicant Name: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Driver's License /ID No.: \_\_\_\_\_ Driver's License /ID No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_

Cell # (\_\_\_\_) \_\_\_\_\_

Cell # (\_\_\_\_) \_\_\_\_\_

Current Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

**HOUSEHOLD COMPOSITION:** List all other members who will be living in the residence, and their relationship to the head of household.

MEMBER NO.	MEMBER'S FULL NAME	RELATION TO HEAD	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.
3						
4						
5						
6						



COUNTY OF SAN LUIS OBISPO  
 DEPARTMENT OF PLANNING & BUILDING  
**Affordable Housing Application**

AAA-XXXX  
 02/10/2023

Does anyone plan to live with you in the future or within the next 12 months who is not listed above?

Yes  No

Please explain:

---



---

**Please list ALL types of income for ALL family members:** For example: employment, self-employment, social security, pensions, retirement, alimony, child support, family contributions, income from assets, etc. List each source/type of income on separate lines.

MEMBER NO.	SOURCE OF INCOME/TYPE OF INCOME	GROSS AMOUNT / WEEK, MONTH, YEAR

**EMPLOYMENT INFORMATION:**

APPLICANT #1	APPLICANT #2
Employer:	Employer:
Employer's (Street) Address, City, State & Zip Code:	Employer's (Street) Address, City, State & Zip Code:
Employer's Telephone Number:	Employer's Telephone Number:
Fax Number or email address:	Fax Number or email address:



COUNTY OF SAN LUIS OBISPO  
 DEPARTMENT OF PLANNING & BUILDING  
**Affordable Housing Application**

AAA-XXXX  
 02/10/2023

Supervisor's Name:	Supervisor's Name:
--------------------	--------------------

Additional Employers please list on a separate sheet →

**ASSETS:** List all accounts -- Checking, Savings, Stocks, Bonds, Trusts, Pensions, IRAs, Keogh accounts, CDs, Money Market, Annuities, etc. for all household members.

MEMBER NO.	BANK NAME	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE

**AUTHORIZATION:**

Under penalty of perjury, I certify that the information presented on this application is true and accurate to the best of my knowledge. I, the undersigned, further understand that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of the application process. I authorize, by my signature, County of San Luis Obispo to verify and determine my eligibility.

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Co-Applicant Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Adult member 18 years of age or older

\_\_\_\_\_  
 Date



COUNTY OF SAN LUIS OBISPO  
DEPARTMENT OF PLANNING & BUILDING  
**Affordable Housing Application**

AAA-XXXX  
02/10/2023

---

**COUNTY OF SAN LUIS OBISPO**

**AFFORDABLE HOUSING PROGRAM**

**AUTHORIZATION TO RELEASE INFORMATION**

We (I) hereby authorize the County of San Luis Obispo to receive any and all information required in connection with my application for qualification for the lease up in the \_\_\_\_\_ - under the Affordable Housing Program.

Verification of information requested by the County of SLO is necessary to determine my initial eligibility.

This form may be reproduced, photocopied or faxed, with such copy being as effective consent as the original, which we have signed.

I \_\_\_\_\_ authorize the release of any information for the application process with the San Luis Obispo County Affordable Housing Program.

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

\_\_\_\_\_  
Date