



Community Development Commission of Mendocino County  
1076 N. State St., Ukiah, CA 95482

Ph: 707/463-5462  
Fax: 707/463-4188  
TDD: California Relay 711

## HOUSING CHOICE VOUCHER (HCV) APPLICATION

This application is for the Housing Choice Voucher waiting list, a rental assistance program administered by the Community Development Commission (CDC) of Mendocino County.

CDC will be accepting applications for this waiting list from

**June 28, 2022 at 8:00 A.M. through July 28, 2022 at 5:00 P.M.**

### INCOME ELIGIBILITY REQUIREMENTS

Eligible applicants must be at or below the income limits shown based on the family size.

Persons in Family	Income Limit
1	\$28,150
2	\$32,150
3	\$36,150
4	\$40,150
5	\$43,500
6	\$46,600
7	\$49,800
8	\$53,000

### HOW TO SUBMIT AN APPLICATION

**Do not submit this application to CDC prior to the waiting list opening date of June 28, 2022 at 8:00 a.m.**

Applications submitted prior to the waiting list opening date will not be accepted, and returned to the household by first class mail with instructions on how to resubmit the application.

Completed applications *MUST* be submitted directly to the Community Development Commission (CDC) of Mendocino County at 1076 North State Street, Ukiah, CA. 95482, or fax the application directly to CDC at (707) 463-4188, or e-mail the application to [info@cdhousing.org](mailto:info@cdhousing.org).

### DISABILITY STATUS

An applicant for housing assistance will not be discriminated against because of a disability. Applicants are not required to disclose a disability, however, benefits for which only persons with disabilities are eligible cannot be provided unless the participant discloses his or her disability status.

### QUESTIONS? CONTACT US, WE ARE HERE TO HELP!

Phone: (707) 463-5462 Ext. 101, Fax: (707) 463-4188  
1(800) 545-5730, or Email: [info@cdhousing.org](mailto:info@cdhousing.org)  
TDD CA Relay 711 Website: [www.cdhousing.org](http://www.cdhousing.org)

Los servicios de traducción están disponibles. Llame al (707) 463-5462



Persons requiring an accommodation due to a disability may request such an accommodation at any time during this process



**Community Development Commission of Mendocino County**

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**Return to:** 1076 N. State St, Ukiah CA 95482 Fax: (707) 463-4188 Phone: (707) 463-5462

Email: [info@cdhousing.org](mailto:info@cdhousing.org)

**NOTE:** All questions on this application MUST be completed, answer yes or no. This form must be completed in **ink**. Use the legal name for each person who will reside in the unit as it appears on his/her Social Security card. The Head of Household must sign this application.

Date: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Physical Address:** \_\_\_\_\_  
Street #/ P.O. Box City State Zip Code

**Mailing Address:**  Same as above  
 Street #/ P.O. Box \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_

Please remember to notify the Community Development Commission in writing of any change of address. If we are unable to contact you by mail, your name will be removed from this waiting list.

Name First, Last	Gender	Elderly: 62 +	Disabled	Relationship to Head of Household	Social Security Number	Birth Date
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	Head of Household		
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N			

**Race/Ethnicity:** Check the race and ethnicity applicable for the Head of Household listed above.

- Race (check applicable box):  White,  Asian,  Native Hawaiian/Other Pacific Islander,  Black/African American,  American Indian/Alaskan
- Ethnicity (check applicable box):  Hispanic or Latino or  Not Hispanic or Latino

Income Source	Yes/No	Household Member	Monthly Income
Social Security/SSI	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
TANF/Welfare	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Veterans Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Employment Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employer's Name:	\$
Unemployment benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Child Support/Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Interest or dividends earned on assets	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Other sources of Income	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$

**HOUSING CHOICE VOUCHER PRE-APPLICATION (PAGE 2 OF 3)**

<p><b>PREFERENCES</b>                  CDC will give preference on this waiting list to households who meet one or more of the preferences identified below. <b>CHECK YES TO ALL PREFERENCES THAT APPLY.</b> Verification of these preferences will be obtained when a household is selected from the waiting list.</p>	<p align="center"><b>CHECK YES OR NO BELOW</b></p>
<p><b>VETERAN OR SURVIVING SPOUSE OF A VETERAN</b>                  Applicants who qualify for this preference will be required to provide a copy of a DD214 showing honorable discharge or equivalent. For surviving spouse of a veteran, a marriage and death certificate along with the DD214 will be required.</p>	<p align="center"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p><b>LIVE AND/OR WORK IN MENDOCINO COUNTY</b></p>	<p align="center"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p><b>VICTIMS OF DOMESTIC VIOLENCE CURRENTLY LIVING IN TRANSITIONAL HOUSING</b>                  Applicants will qualify for this preference if they are victims of domestic violence and are <b>currently residing in transitional housing</b> managed by a domestic violence agency.</p>	<p align="center"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p><b>NATURAL DISASTER EMERGENCY PREFERENCE</b>                  Applicants will qualify for this preference if they have been affected by a federal/state declared natural disaster such as a fire, flood, earthquake or other natural cause in which the applicant's housing was rendered uninhabitable within the last 24 months and suitable housing has not been obtained.</p>	<p align="center"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p><b>DISABLED AND HOMELESS PREFERENCE</b>                  To qualify for this preference an applicant must have <b>BOTH</b> a disability and meet the homeless definition. The Head of Household, Co-head, or Spouse must have a verifiable disability <b>and</b> the household must currently be homeless.</p>	<p align="center"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p><b>PERSONS EIGHTEEN OR OLDER WITH A DISABILITY</b>                  Applicants will qualify for this preference if any member of the household is eighteen or older and that member meets the disability definition found under 24 CFR Part 5 subpart D 5.403 for the Housing Choice Voucher Program.</p>	<p align="center"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p><b>LEASE IN PLACE PREFERENCE</b>                  Applicants who are considered to be leasing in place are those who <b>reside in a unit where the landlord will accept the Housing Choice Voucher rental assistance.</b> CDC will require the applicant to provide a current lease agreement and a written letter of acceptance from the landlord. <b>Do not</b> check yes to this box if it is not applicable to your circumstance.</p>	<p align="center"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>

Does any household member with a disability wish to request a reasonable accommodation at this time? **If yes**, what accommodation is requested? \_\_\_\_\_

## HOUSING CHOICE VOUCHER PRE-APPLICATION (PAGE 3 OF 3)

I do hereby **swear and attest** that all the information provided on this application by me and about me is true and correct. I understand that I must report any changes in income, assets, and changes in family composition (adding or removing household members) to the Housing Authority in writing within 10 calendar days of such change. **I further understand false statements or information provided by me are punishable under federal and state law and constitute grounds for denial or termination of rental assistance.**

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse or Co-Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date