



## PROJECT BASED VOUCHER ORR CREEK COMMONS PRE-APPLICATION

CDC administers the Project Based Voucher rental assistance program for 20 units located within Orr Creek Commons apartments located on Brush Street in Ukiah.

### STOP! PLEASE READ CAREFULLY

This waiting list is only open too and available for families/individuals who meet the criteria for one of the preferences identified below. **A preference verification letter must be submitted to CDC with the completed application.**

CHECK THE BOX BELOW THAT APPLIES

#### **REDWOOD COMMUNITY SERVICES (RCS) PREFERENCE**

1. Families who receive eligible services from RCS (contact for RCS listed below).
2. If eligible, RCS will provide the applicant with a preference verification letter which must be attached to the application when submitted to CDC.

If you receive services from Redwood Community Services and believe you may qualify for this preference please contact **Samantha Stafford with RCS at (707) 468-5536** to further inquire.

***I qualify for the RCS preference and my preference verification letter is attached to this application.***

#### **HEALTH AND HUMAN SERVICES (HHSA) PREFERENCE**

1. Families who qualify as a special needs population and are; homeless and eligible for services through the Department of Health and Human Services, or families/individuals who are In Home Supportive Services (IHSS) clients being served by IHSS providers and staff.
2. If eligible, HHSA will provide the applicant with a preference verification letter which must be attached to the application when submitted to CDC.

If you receive services from Health and Human Services and believe you may qualify for this preference please contact **Lola Fiegi with HHSA at (707) 467-5809** to further inquire.

***I qualify for the HHSA preference and my preference verification letter is attached to this application.***

## SUBMITTING THE APPLICATION:

Completed applications must have a preference verification letter and a release of information listing RCS or HHSA as an additional contact.

Any applications submitted without a preference verification letter will be returned via first class mail with instructions on how to re-submit the application.

Applications must be submitted to the Community Development Commission of Mendocino County located at: **1076 N. State Street, Ukiah CA 95482** and may be submitted in the following manner;

- 🏠 Submitted directly to the Community Development Commission of Mendocino County at the address listed above.
- 🏠 Deposit the application in the drop box located near CDC's front door at the address listed above.
- 🏠 Mail the application to the address listed above.
- 🏠 Email the application to: [info@cdchousing.org](mailto:info@cdchousing.org).
- 🏠 Fax the application to (707) 463-4188

Applications will be date and time stamped when submitted. The date and time stamped on the application will be the date and time of your application on this waiting list.

2022 Income Limits - Effective 4/18/2022		
Persons in Family	Extremely Low (30%)	Very Low (50%)
1	\$16,900	\$28,150
2	\$19,300	\$32,150
3	\$23,030	\$36,150
4	\$27,750	\$40,150
5	\$32,470	\$43,400
6	\$37,190	\$46,600
7	\$41,910	\$49,800
8	\$46,630	\$53,000

Any applications received from families who are over the income limits listed above will receive notification by mail denying the household admission to the program.

HUD requires all household members to submit evidence of citizenship, eligible immigration status or elect not to contend that one has eligible status. Evidence of eligible status will be requested when CDC is determining eligibility for assistance. At least one household member must be an eligible citizen or have eligible immigration status to qualify.

No applicant for housing assistance will 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.



**Orr Creek Commons PBV Pre-Application**  
**Community Development Commission of Mendocino County**

**Return to:** 1076 N. State St, Ukiah CA 95482 fax (707) 463-4188 P (707) 463-5462 info@cdhousing.org

**NOTE:** All questions, on this application **MUST** be completed, write "**None**" if the question does not apply to you. This form must be completed in **ink** and your own handwriting if able. Use the legal name for each person who will reside in the household as it appears on his/her Social Security card.

**PLEASE PRINT NEATLY ON THIS APPLICATION**

Date \_\_\_\_\_ # of persons in household \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

**Name** \_\_\_\_\_

Physical Address: \_\_\_\_\_

Street #/ P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Homeless?  Yes  No

**Mailing Address:**  Same as above

Street #/ P.O. Box \_\_\_\_\_ **NOTICE: You must notify CDC in writing of any change of address**

City, State, Zip Code \_\_\_\_\_ **If we are unable to contact you by mail, your name will be removed from the waiting list.**

Name: First and Last	Gender	Elderly: 62 +	Disabled	Relationship to head	Social Security Number	Race & Ethnicity (see codes below)	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				

**\*\*You are NOT required to make a race or ethnicity choice.**

**Race:** (1) White, (2) Black/African American, (3) American Indian/Alaskan Native, (4) Asian, 5) Native Hawaiian/Other Pacific Islander **Ethnicity:** (A) Hispanic or Latino, (B) Not Hispanic or Latino

Income Sources	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		\$
Unemployment benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Child Support/Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Asset income (interest on bank accounts, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Other source of income	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$

OTHER PREFERENCES	CLAIMING PREFERENCE	REASON FOR CLAIM
<p><b>VETERAN OR SURVIVING SPOUSE OF A VETERAN</b></p> <p><i>*If claiming this preference, you must provide a copy of the DD214 (or equivalent) showing Honorable Discharge (or equivalent) within 30 calendar days from the date you submit this application to CDC.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>N/A</p>
<p><b>LIVE/AND OR WORK IN MENDOCINO COUNTY</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>N/A</p>
<p><b>NATURAL DISASTER</b>  Families are eligible for this preference if they have been affected by a state or federally declared <b><u>natural disaster</u></b> such as a fire, flood, earthquake or other natural cause <b>and meet <u>all three of the criteria listed below</u></b>;</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The disaster occurred within the past 24 months, AND</li> <li><input type="checkbox"/> The applicant's housing was rendered uninhabitable in the disaster, AND</li> <li><input type="checkbox"/> The family is not living in standard, permanent, replacement housing.</li> </ul> <p><i>*Additional verification will be required in order to qualify for this preference.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If you answered yes to this preference, list the following information in the space provided below;</p> <ol style="list-style-type: none"> <li>1. Approximate date of the disaster,</li> <li>2. If your home was rendered uninhabitable, and</li> <li>3. What your current living situation is. Do not answer Homeless, please be more specific.</li> </ol>

**ASSETS: Checking/Savings Accounts**

No assets

Type of Asset: i.e. checking/savings	Financial Institution	Cash Value

Does any household member with a disability wish to request a reasonable accommodation at this time?

Yes  No **If yes**, what accommodation is requested? \_\_\_\_\_

Are any household members required to register as a sex offender?

Yes  No **If yes**, name of household member: \_\_\_\_\_

Has any member of the household ever been arrested for, charged with, and/or convicted of a crime?  Yes  No

**If yes**, name of household member: \_\_\_\_\_

What was the charge, the outcome and the year?

\_\_\_\_\_  
\_\_\_\_\_

**Information provided on this form may be verified by the Housing Authority.**

**WARNING: TITLE 18, SECTION 1001 OF THE U.S. CODE, STATES THAT IT IS A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OF MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE U.S. AS TO ANY MATTER WITHIN IT'S JURISDICTION AND SHALL NOT BE FINED MORE THAN \$10,000 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS OR BOTH.**

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 family composition to the Housing Authority in **writing within 10 days of such change**.

I further understand that I am required to notify the Housing Authority in writing within 10 days of any family member that moves out of the home and to add anyone to the household must be approved by the Housing Authority prior to move in except for births that must be reported within 10 days after the birth.

**I further understand that false statements or information provided by me are punishable under federal and state law and constitute grounds for denial or termination of my housing assistance.**

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



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

