



**STOP! PLEASE READ CAREFULLY**

Below, select which waiting lists you are applying for, then, complete the attached application and return all documents to CDC in person at the address listed above, via fax (707)463-4188, mail or e-mail to info@cdchousing.org.

**PROJECT BASED VOUCHERS – CDC manages the units listed below**

**Read qualification criteria listed below and ONLY check the box if your household qualifies**

- **Baechtel Creek Village – SENIOR SITE – 55 OR OLDER** .....   
1 and 2 bedroom apartments in WILLITS ONLY
  
- **FORT BRAGG: 2, 3 and 4 bedroom units** .....   
2 Bedroom: Minimum of 2 household members  
3 Bedroom: Minimum of 4 household members  
4 Bedroom: Minimum of 6 household members
  
- **UKIAH: 3, 4 and 5 bedroom units** .....   
3 Bedroom: Minimum of 4 household members  
4 Bedroom: Minimum of 6 household members  
5 Bedroom: Minimum of 8 household members

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Any applications received from families who are over the income limits 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 for 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.

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



**2023 Income Limits: Effective 5/18/2023**

<b>Persons in Family</b>	<b>Extremely Low (30%)</b>	<b>Very Low (50%)</b>
<b>1</b>	<b>\$17,850</b>	<b>\$29,750</b>
<b>2</b>	<b>\$20,400</b>	<b>\$34,000</b>
<b>3</b>	<b>\$24,860</b>	<b>\$38,250</b>
<b>4</b>	<b>\$30,000</b>	<b>\$42,500</b>
<b>5</b>	<b>\$35,140</b>	<b>\$45,900</b>
<b>6</b>	<b>\$40,280</b>	<b>\$49,300</b>
<b>7</b>	<b>\$40,280</b>	<b>\$49,300</b>

**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. Use the legal name for each person who will reside in the unit as it appears on his/her Social Security card. All persons age 18 and over must sign the application certifying that the information pertaining to them is correct.

**PLEASE PRINT NEATLY ON THIS APPLICATION/ if we cannot read it, it will not be processed!**

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 are required to notify the Mendocino County Housing Authority (IN WRITING) of any change of address. If we cannot contact you by mail, your name will be removed from the waiting list**  
 City, State, Zip Code \_\_\_\_\_

Name First, Last	Gender	Elderly: 62 +	Disabled	Relation- ship 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			
		<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	Employer's Name:	\$
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		\$

<b>PREFERENCES</b> Additional verification may be required.	<b>CLAIMING PREFERENCE</b>	<b>REASON FOR CLAIM</b> Why do you believe you qualify for this preference?
<b>VETERAN OR SURVIVING SPOUSE OF A VETERAN</b>  <i>*If claiming this preference you must provide a copy of the DD214 showing Honorable Discharge within ten calendar days from the date you submit this application.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>LIVE/AND OR WORK IN MENDOCINO COUNTY</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>NATURAL DISASTER</b> Families who have been affected by a <b><u>natural disaster</u></b> such as a fire, flood, earthquake or other natural cause and; <ul style="list-style-type: none"> <li>• The disaster occurred within the past 24 months, AND</li> <li>• The applicant's housing was rendered uninhabitable in the disaster, AND</li> <li>• The family is not living in standard, permanent, replacement housing.</li> </ul> <i>*Additional verification will be required in order to qualify for this preference.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you answered yes to this question, list the following information in the space provided below; <ul style="list-style-type: none"> <li>• approximate date of the disaster,</li> <li>• if your home was rendered uninhabitable, and</li> <li>• what your current living situation is. Do not answer Homeless. You must be more specific.</li> </ul>

**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 accept 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**

