



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

WALNUT APARTMENTS – 311 WALNUT STREET, FORT BRAGG, CA. 95437
PROJECT BASED VOUCHER PRE-APPLICATION

WALNUT APARTMENTS - SITE INFORMATION

This application is for the project-based voucher units located within the Walnut Apartment complex. Walnut Apartments have been recently rehabilitated and will be offering project based voucher rental assistance for 25 apartments located within the 56 unit development. The 25 project based voucher apartments offer 1,2, and 3 bedroom units and are **located at 311 Walnut Street, Fort Bragg, CA 95437.**

HOW TO SUBMIT AN APPLICATION

Completed applications *MUST* be submitted directly to the Community Development Commission (CDC) of Mendocino County **during the opening and closing dates listed below.**

OPENING DATE/TIME: DECEMBER 19, 2022 AT 8:00 A.M.

CLOSING DATE/TIME: JANUARY 9, 2023 AT 5:00 P.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. Applications submitted after the closing date will not be accepted.

Please return the completed application to CDC at 1076 North State Street, Ukiah, CA. 95482, or fax the application to CDC at (707) 463-4188, or e-mail the application to info@cdchousing.org.

After the closing date/time identified above **this list will remain open ONLY** for households who are currently residing in one of the project based voucher units located within the development or to families currently residing in the Walnut Apartment complex who have been identified by the Property Manager as a family who meets the Violence Against Women's Act Emergency Transfer Preference.

QUESTIONS? CONTACT US, WE ARE HERE TO HELP!

Phone: (707) 463-5462 Ext. 101,
1(800) 545-5730, or
TDD CA Relay 711

Fax: (707) 463-4188
Email: info@cdchousing.org.
Website: www.cdchousing.org

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

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INCOME ELIGIBILITY REQUIREMENTS

In order to qualify for the project-based voucher program applicants must be at or below the income limits listed below based on their family size.

2022 INCOME LIMITS	
Persons in Family	Very Low Income Limits
1	\$28,150
2	\$32,150
3	\$36,150
4	\$40,150
5	\$43,400
6	\$46,600
7	\$49,800
8	\$53,000

DISABILITY STATUS

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.

NON-PROJECT BASED VOUCHER UNITS

This waiting list is for the 25 project based voucher units located within the Walnut Apartment complex. The remaining 31 units within the development do not offer project-based voucher rental assistance, but may offer affordable rents or other types of assistance. For more information and assistance regarding these remaining units you may contact the complex directly by reaching out to the On-Site Manager at (707) 964-8041.



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



Walnut Apartments - PBV Pre-Application
Community Development Commission of Mendocino County
Return to: 1076 N. State St, Ukiah CA 95482 Fax (707) 463-4188 Phone (707) 463-5462
 Email: info@cdhousing.org

NOTE: All questions, on this application MUST be completed, write "NA" if the question does not apply to you. 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: _____

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 to 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		\$

WALNUT APARTMENTS PBV PRE-APP

PREFERENCES CDC will give preference on this waiting list to households who meet one or more preferences below. CHECK YES TO ALL PREFERENCES THAT APPLY. Verification of these preferences will be obtained when a household is selected from the waiting list.	CHECK YES OR NO BELOW
VETERAN OR SURVIVING SPOUSE OF A VETERAN Individuals 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
LIVE AND/OR WORK IN MENDOCINO COUNTY	<input type="checkbox"/> Yes <input type="checkbox"/> No
NATURAL DISASTER EMERGENCY PREFERENCE Families who have been affected by a Federal or State declared natural disaster such as a fire, flood, earthquake or other natural cause in which the applicant's housing was rendered uninhabitable (other criteria applies)	<input type="checkbox"/> Yes <input type="checkbox"/> No
IN PLACE PREFERENCE A family currently residing in one of the Project Based Voucher units located within the Walnut Apartment complex.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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