



## STOP! PLEASE READ CAREFULLY

Please check the box below for each waiting list you wish to apply for

Complete the attached application and return all documents to CDC at the address listed above, by fax (707)463-4188 or e-mail: info@cdhousing.org. **ORIGINAL** applications **MUST** be submitted to CDC if faxed or emailed. **Failure to submit the original application will result in denial of your application.**

**HOUSING CHOICE VOUCHER - Section 8.....**

*The HCV Wait List is open for **NATURAL DISASTER PREFERENCE ONLY***

### **PROJECT BASED VOUCHERS (PBV):**

*Read qualification criteria listed below*

• **Baechtel Creek Village – SENIOR SITE.....**

1 and 2 bedrooms in WILLITS ONLY

Head of household must be 55 years old or older

• **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

**Project Based Voucher:** Any applications received from families who are over the income limits, are not age eligible for Baechtel Creek Village, or are lacking minimum household composition (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 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.



**2017 Income Limits : Effective 4/14/2017**

<b>Persons in Family</b>	<b>Extremely Low (30%)</b>	<b>Very Low (50%)</b>
<b>1</b>	<b>\$12,650</b>	<b>\$21,050</b>
<b>2</b>	<b>\$16,240</b>	<b>\$24,050</b>
<b>3</b>	<b>\$20,420</b>	<b>\$27,050</b>
<b>4</b>	<b>\$24,600</b>	<b>\$30,050</b>
<b>5</b>	<b>\$28,780</b>	<b>\$32,500</b>
<b>6</b>	<b>\$32,960</b>	<b>\$34,900</b>
<b>7</b>	<b>\$37,140</b>	<b>\$37,300</b>
<b>8</b>	<b>\$39,700</b>	<b>\$39,700</b>

**PRE-APPLICATION/TENANT 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 or No

**Address where you will receive your mail:**

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

Name First, Middle, Last	Gender	Claiming elderly/ disability status?	Relation-ship to head	Social Security Number	Race/ Ethnicity <small>**see # codes below</small>	Birth Date
		<input type="checkbox"/> Yes <input type="checkbox"/> No	Head			
		<input type="checkbox"/> Yes <input type="checkbox"/> No				
		<input type="checkbox"/> Yes <input type="checkbox"/> No				
		<input type="checkbox"/> Yes <input type="checkbox"/> No				
		<input type="checkbox"/> Yes <input type="checkbox"/> No				

**\*\*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 Amount
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 source of income	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$

Preferences	Claiming preference?	Reason for claim-why do you think you qualify for this preference?
Veteran <b>or</b> Surviving Spouse of a Veteran	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Involuntary Displacement. Displaced by government action, natural disaster, and not living in standard, permanent, replacement housing, <b>OR</b> will be involuntarily displaced through no action of your own. Specific criteria <b>MUST</b> be met.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Live/ <b>and or</b> work in Mendocino County	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Families who have been affected by a <b><u>federal or state declared natural disaster</u></b> such as a fire, flood, earthquake or other natural cause in which the applicant's housing was rendered uninhabitable	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Families who are considered to be living in-place are those who reside in a unit where the landlord will accept the Housing Choice Voucher program.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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 members of the household 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 outcome? \_\_\_\_\_

**Please Print:**

Head of Household full name: \_\_\_\_\_

Spouse Full name: \_\_\_\_\_

Other adult Full Name: \_\_\_\_\_

Co-Head Full Name: \_\_\_\_\_

All household members age 18 and over should review the information on this form and **MUST** sign below.  
All information provided on this form will 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**

