



STOP! PLEASE READ CAREFULLY

Complete the attached application and return all documents to CDC at the address listed above, or 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.**

The following two waiting lists are currently open. To apply, check the box to the right of the waiting list.

1. HOUSING CHOICE VOUCHER (HCV) - Section 8.....

2. PROJECT BASED VOUCHERS (PBV):

To qualify for this waiting list you must have the minimum amount of household members listed below.

- **Fort Bragg – 3 and 4 bedroom units.....**
 - 3 Bedroom: You must have a minimum of 4 household members
 - 4 Bedroom: You must have a minimum of 6 household members

Project Based Voucher: Any applications received from families who are over the income limits 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

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

PRE-APPLICATION/TENANT APPLICATION

Community Development Commission of Mendocino County

Return to: 1076 N. State St, Ukiah CA 95482 Fax: (707) 463-4188 Email: 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 in 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.

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 _____ City, State, Zip Code _____
 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

Name First, Last	Gender	Claiming elderly/ disability status?	Relation to head of household	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/CalWorks	<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:	\$
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		\$

Remember to check "no" if an income source does not apply.

