



Community Development Commission of Mendocino County

1076 N. State St., Ukiah, CA 95482

707/463-5462

Fax: 707/463-4188

TDD: California Relay 711

STOP! PLEASE READ CAREFULLY

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 the denial of your application.**

HOUSING CHOICE VOUCHER (SECTION 8)

The HCV waiting list is open for **NATURAL DISASTER PREFERENCE ONLY**

PROJECT BASED VOUCHERS – CDC owned units

Read qualification criteria listed below. 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

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.



2017 Success Rate Payment Standards Effective 12/1/2018

Bedroom Size	Payment Standard	2017 50% percentile FMR
0	\$883	\$803
1	\$969	\$881
2	\$1,282	\$1,166
3	\$1,816	\$1,651
4	\$2,064	\$1,877
5	\$2,375	\$2,158

2018 Income Limits: Effective 4/24/2019

Persons in Family	Extremely Low (30%)	Very Low (50%)
1	\$13,650	\$22,700
2	\$16,910	\$25,950
3	\$21,330	\$29,200
4	\$25,750	\$32,400
5	\$30,170	\$35,000
6	\$34,590	\$37,600
7	\$39,010	\$40,200
8	\$42,800	\$42,800

HCV and 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

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, 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	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		\$

Preference s	Claiming preference?	Reason for claim (why do you think you qualify for this preference?)
Veteran or Surviving Spouse of a Veteran	Yes No	
Involuntary Displacement. Displaced by government action, natural disaster, and not living in standard, permanent, replacement housing, OR will be involuntarily displaced through no action of your own. Specific criteria MUST be met.	Yes No	
Live/and or work in Mendocino County	Yes No	
Families who have been affected by a federal or state declared natural disaster such as a fire, flood, earthquake or other natural cause which occurred within the past 24 MONTHS and which the applicant's housing was rendered uninhabitable in the disaster and the family is not living in standard, permanent, replacement housing.	Yes 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? _____

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



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