



Community Development Commission of Mendocino County
1076 N. State St., Ukiah, CA 95482

707/463-5462
Fax: 707/463-4188
TDD: CA Relay 711

HOUSING CHOICE VOUCHER PRE-APPLICATION

STOP! PLEASE READ CAREFULLY

Do not submit this application to CDC prior to Tuesday May 11th, 2021 at 8:00 a.m. at which time this wait list opens. Any applications submitted prior to the date and time listed above will be **returned** via first class mail with instructions on how to resubmit the application.

The Housing Choice Voucher wait list is ONLY open for families to apply if they meet the criteria for one of the preferences listed below.

Preferences: You must check the preference box below which applies to your family in order to be eligible to be placed on this wait list.

- VETERANS PREFERENCE:** Veterans or the surviving spouse of a veteran.

- VICTIMS OF DOMESTIC VIOLENCE AND CURRENTLY LIVING IN TRANSITIONAL HOUSING:** Families who are victims of domestic violence and are currently residing in transitional housing managed by the domestic violence agency.

- PERSONS OVER THE AGE OF EIGHTEEN WITH A DISABILITY:** Families who include a member of the household who is over the age of eighteen and meet the disability definition found under 24 CFR Part 5 subpart D 5.403

- DISABLED & HOMELESS PREFERENCE:** Families who include a person with disabilities AND meet the homeless definition at 24 CFR 576.2.

- LEASE IN PLACE PREFERENCE:** 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. CDC will require the family to provide a copy of their current lease/rental agreement and a written letter of acceptance from the landlord.

- NATURAL DISASTER EMERGENCY PREFERENCE:** Families who have been affected by a natural disaster which occurred within the last 24 months, such as a fire, flood, earthquake or other natural cause in which the applicant's housing was rendered uninhabitable, and the family is not living in standard, permanent replacement housing.



WAIT LIST OPENING AND CLOSING DATES:

Applications will not be accepted prior to the date/time this waitlist opens on May 11th, 2021 at 8:00 a.m. and **must be submitted to CDC prior to the closing date on May 20th, 2021 at 5:00 p.m.**

AFTER May 20th, 2021 at 5:00 p.m. the Housing Choice Voucher wait list will remain open **ONLY** for families who meet the eligibility criteria for one of the following preferences; Natural Disaster Emergency preference, Victims of Domestic Violence and Currently Living in Transitional Housing preference and/or the Veterans preference.

SUBMITTING THE APPLICATION:

Applications must be submitted to the Community Development Commission of Mendocino County located at: **1076 N. State Street, Ukiah CA 95482**. CDC's offices are currently closed to the public, however applications may be submitted to CDC in the following manner;

- 🏠 On May 11th, 2021 at 8:00 a.m. CDC staff will be available outside the building to answer any questions and accept applications. Social distancing and safety protocols will be in place and masks will be required and provided if needed.
- 🏠 You may drop the application in CDC's drop box located near the front doors at 1076 North State Street, Ukiah CA, 95482.
- 🏠 You may mail the completed application to the address listed directly above
- 🏠 You may email the completed application to info@cdchousing.org, or
- 🏠 You may fax the completed application to (707) 463-4188

Applications will be date and time stamped when submitted. The date and time stamped on the application will be the date and time of your application.

Household income must be at or below the following income limits	
Persons in Family	Very Low (50%)
1	\$25,350
2	\$28,950
3	\$32,550
4	\$36,150
5	\$39,050
6	\$41,950
7	\$44,850
8	\$47,750

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



HCV 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 if able. Use the legal name for each person who will reside in the household 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

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: Notify the Mendocino County Housing Authority**
City, State, Zip Code _____ **in writing of any change of address. If we are unable to contact**
you by mail, your name will be removed from the waiting list

Name: First and 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 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				

****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		\$
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		\$

