



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**

Open Date: May 11<sup>th</sup>, 2021

**STOP! PLEASE READ CAREFULLY**

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.

**You must check the applicable preference box below which applies to your family in order to be eligible to be placed on this wait list.** If you do not check one of the boxes below your application will not be accepted and sent back to you by first class mail with instructions on how to re-submit the application.

- 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.
  
- 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.



## SUBMITTING THE APPLICATION:

Applications must be submitted to the Community Development Commission of Mendocino County located at: **1076 N. State Street, Ukiah CA 95482** by;

- 🏠 Submitting the application in person at the address listed above,
- 🏠 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 above
- 🏠 You may email the completed application to [info@cdhousing.org](mailto:info@cdhousing.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		\$

HOH Name: \_\_\_\_\_

**ASSETS:**

No assets

Type of Asset: i.e. checking/savings	Financial Institution	Cash Value

Do you live and/or work in Mendocino County?  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 household members 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 charge, the outcome and the year?

\_\_\_\_\_  
\_\_\_\_\_

**Information provided on this form may 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**

