



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

Ph: 707/463-5462  
Fax: 707/463-4188  
TDD: California Relay 711

**THE PLATEAU - 441 SOUTH STREET, FORT BRAGG, CA. 95437**  
**PROJECT BASED VOUCHER PRE-APPLICATION**

**THE PLATEAU - SITE INFORMATION**

This application is for the project-based voucher units located within The Plateau. The Plateau is a *newly constructed* development offering project-based voucher rental assistance for 20 units located within the 69-unit development. The 20 project-based voucher units are accessible cottages offering 18, one bedroom and 2, two bedroom units located at 441 South Street, Fort Bragg, CA. 95437.

**HOW TO SUBMIT AN APPLICATION**

Completed applications *MUST* be submitted directly to the Community Development Commission (CDC) of Mendocino County **during the opening and closing dates listed below.**

**OPENING DATE/TIME: JANUARY 12<sup>TH</sup>, 2022 AT 8:00 A.M.**

**CLOSING DATE/TIME: FEBRUARY 2<sup>ND</sup>, 2022 AT 5:00 P.M.**

Applications submitted prior to the waiting list opening date will not be accepted and returned to the household by first class mail with instructions on how to resubmit the application. Applications submitted after the closing date will not be accepted.

Please return the completed application to CDC at 1076 North State Street, Ukiah, CA. 95482, or fax the application to CDC at (707) 463-4188, or e-mail the application to [info@cdhousing.org](mailto:info@cdhousing.org).

**ELIGIBLE POPULATION – HOMELESS**

This project-based voucher waiting list is **only** open and available to individuals or families who are homeless. A household's homeless status will be verified by CDC once an applicant is selected from the waiting list for this development and CDC is determining eligibility.

**QUESTIONS? CONTACT US, WE ARE HERE TO HELP!**

Phone: (707) 463-5462 Ext. 101,  
1(800) 545-5730, or  
TDD CA Relay 711

Fax: (707) 463-4188  
Email: [info@cdhousing.org](mailto:info@cdhousing.org)  
Website: [www.cdhousing.org](http://www.cdhousing.org)

Los servicios de traducción  
están disponibles. Llame al (707)  
463-5462

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**INCOME ELIGIBILITY REQUIREMENTS**

In order to qualify for the project-based voucher program applicants must be at or below the income limits listed below based on their family size.

<b>2021 INCOME LIMITS</b>	
<b>Persons in Family</b>	<b>Very Low Income Limits</b>
<b>1</b>	<b>\$25,350</b>
<b>2</b>	<b>\$28,950</b>
<b>3</b>	<b>\$32,550</b>
<b>4</b>	<b>\$36,150</b>
<b>5</b>	<b>\$39,050</b>
<b>6</b>	<b>\$41,950</b>
<b>7</b>	<b>\$44,850</b>
<b>8</b>	<b>\$47,750</b>

**DISABILITY STATUS**

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.

**NON-PROJECT BASED VOUCHER UNITS**

This waiting list is for the 20 project-based voucher units located within The Plateau. The Plateau offers a total of 69 units. The remaining 49 units within this development do not offer project-based voucher rental assistance and are not affiliated with CDC, but do offer affordable rents and/or other types of rental assistance. For more information and assistance regarding these remaining units you may contact the property manager, Juli Rogers at (707) 496-3752, or you may join The Plateau's interest list at [www.danco-group.com/projects/the-plateau](http://www.danco-group.com/projects/the-plateau).



Persons requiring an accommodation due to a disability may request such an accommodation at any time during this process



**The Plateau - PBV Pre-Application**  
**Community Development Commission of Mendocino County**  
**Return to:** 1076 N. State St, Ukiah CA 95482 Fax (707) 463-4188 Phone (707) 463-5462  
 Email: [info@cdhousing.org](mailto:info@cdhousing.org)

**NOTE:** All questions, on this application **MUST** be completed, write "**NA**" if the question does not apply to you. This form must be completed in **ink**. Use the legal name for each person who will reside in the unit as it appears on his/her Social Security card. The Head of Household must sign this application.

Date: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Physical Address: \_\_\_\_\_  
Street #/ P.O. Box City State Zip Code

Mailing Address:  Same as above

Street #/ P.O. Box \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_

Please remember to notify the Community Development Commission in writing of any change of address. If we are unable to contact you by mail, your name will be removed from this waiting list.

Name First, Last	Gender	Elderly: 62 +	Disabled	Relationship to Head of Household	Social Security Number	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			

**Race/Ethnicity:** Check the race and ethnicity applicable to the Head of Household listed above.

- Race (check applicable box):  White,  Asian,  Native Hawaiian/Other Pacific Islander,  Black/African American,  American Indian/Alaskan
- Ethnicity (check applicable box):  Hispanic or Latino or  Not Hispanic or Latino

Income Source	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	Employer's Name:	\$
Unemployment benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Child Support/Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Interest or dividends earned on assets	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Other sources of Income	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$

## THE PLATEAU PBV PRE-APP

<p><b>PREFERENCES</b>          CDC will give preference on this waiting list to households who meet one or more preferences below. <b>CHECK YES TO ALL PREFERENCES THAT APPLY.</b>          Verification of these preferences will be obtained when a household is selected from the waiting list.</p>	<p><b>CHECK YES OR NO BELOW</b></p>
<p><b>VETERAN OR SURVIVING SPOUSE OF A VETERAN</b>          Individuals who qualify for this preference will be required to provide a copy of a DD214 showing honorable discharge or equivalent. For surviving spouse of a veteran, a marriage and death certificate along with the DD214 will be required.</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p><b>LIVE AND/OR WORK IN MENDOCINO COUNTY</b></p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p><b>PERSON WITH A DISABILITY</b>          An individual's disability status must be verified. If you are not receiving SSI, SSDI or Veterans Disability Compensation you will be required to submit verification of your disability status from a provider who is able to diagnose and treat such disability.</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p><b>FLEEING OR ATTEMPTING TO FLEE DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, STALKING, OR HUMAN TRAFFICKING</b>          Individuals who qualify for this preference will be required to submit documentation supporting their claim, such as verification from a domestic violence service provider, or any other documentation CDC determines is acceptable to verify this preference.</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>

Homeless? Yes No If yes, please describe your current living situation:

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Does any household member with a disability wish to request a reasonable accommodation at this time? **If yes**, what accommodation is requested? \_\_\_\_\_

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 changes in family composition (adding or removing household members) to the Housing Authority in writing within 10 calendar days of such change. **I further understand false statements or information provided by me are punishable under federal and state law and constitute grounds for denial or termination of rental assistance.**

Signature of Head of Household	Date	Signature of Spouse or Co-Head	Date
Signature of Other Adult	Date	Signature of Other Adult	Date