



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

**Project Based Voucher Application for the Walnut Apartments Waiting List
 311 Walnut Street, Fort Bragg, Ca. 95437**

The project based voucher program provides rental assistance to household's moving into a project based voucher unit located within the Walnut Apartments complex in FORT BRAGG. This application must be submitted during the following waiting list opening/closing times.

**Waiting List Opening Date/Time: April 15, 2025 at 8:00 a.m.
 Waiting List Closing Date/Time: April 29, 2025 at 5:00 p.m.**

INCOME ELIGIBILITY REQUIREMENTS

Eligible applicants must be at or below the income limits shown based on family size.

Persons in Family	Income Limit
1	\$32,900
2	\$37,600
3	\$42,300
4	\$46,950
5	\$50,750
6	\$54,500
7	\$58,250
8	\$62,000

QUESTIONS? CONTACT US, WE ARE HERE TO HELP!

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

Fax: (707) 463-4188
 Email: info@cdchousing.org
 Website: www.cdchousing.org

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



HOW TO SUBMIT AN APPLICATION

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

Application can be submitted to 1076 North State Street, Ukiah, CA. 95482, by fax at (707) 463-4188, or e-mail the application to info@cdchousing.org.

Project Based Voucher Application for the Walnut Apartments Waiting List

311 Walnut Street, Fort Bragg, Ca. 95437

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.

FREQUENTLY ASKED QUESTIONS

What happens when my name reaches the top of the waiting list? CDC will mail you a letter requesting additional information. Please make sure to submit, in writing, any changes in your address directly to CDC. This ensures you receive this correspondence.

I have applied for this waiting list, how long until I receive assistance? The wait period depends on when there are vacant units located at Walnut Apartments. CDC has no way of knowing how long the wait will be.

How do I change my address with the CDC? You must submit in WRITING any change in your address to CDC. Do not call. To submit a change of address in person, fill out a change of address form at our local office.

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Otherwise, submit a brief written statement that includes the full name of the Head of Household, your previous address, your new address, and your phone number. You may mail, fax ((707)463-4188), or email (info@cdchousing.org) the change to CDC. Failing to update your address with CDC will result in the removal of your name from all waiting lists.

I am in need of rental assistance today, how can CDC help me? Unfortunately, CDC does not have any emergency housing funds.

May I add or remove others from my application?

You may add or remove people from your application by submitting the change in writing to the CDC. Please include the Head of Households name, address, phone number, and the information to be changed.

How do I cancel or withdraw my application? You may cancel your application at any time by informing CDC in writing of your wishes. When cancelling your application, please include the head of household's name, address, phone number.

What if I have special needs? Please tell us if you need assistance of any kind to access our services, and let us know if you need special features in your housing. For example, we can often provide wheelchair accessibility to the office or customized interviews. If you need an interpreter or a translator, tell us, and we will provide one for you. We will make every effort to meet your needs.

Can the CDC deny assistance? Yes. Even if you have submitted an application, the CDC is required by federal law and regulations to refuse assistance if you do not qualify for the program.



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



Walnut Apartments - 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 Waitlist Opening Dates: 04.15.2025 – 04.29.2025

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: _____ Email: _____

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		\$

WALNUT APARTMENTS PBV PRE-APP

<p>PREFERENCES CDC will give preference on this waiting list to households who meet one or more preferences below. CHECK YES TO ALL PREFERENCES THAT APPLY. Verification of these preferences will be obtained when a household is selected from the waiting list.</p>	<p align="center">CHECK YES OR NO BELOW</p>
<p>VETERAN OR SURVIVING SPOUSE OF A VETERAN Applicants who qualify for this preference will be required to provide a copy of a DD214 showing honorable discharge or equivalent. For the surviving spouse of a veteran, a marriage and death certificate along with the DD214 will be required.</p>	<p align="center"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>LIVE AND/OR WORK IN MENDOCINO COUNTY</p>	<p align="center"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>NATURAL DISASTER EMERGENCY PREFERENCE Applicants will qualify for this preference if:</p> <ul style="list-style-type: none"> • They have been affected by a <u>federal/state declared</u> natural disaster such as a fire, flood, earthquake or other natural cause, AND • The applicant's housing was rendered uninhabitable, AND • The natural disaster occurred within the last 24 months, AND • Permanent replacement housing has not been obtained. <p>Documents such as FEMA records, Fire Department Records, and rental agreements must be provided to qualify for this preference</p>	<p align="center"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Emergency Contact or Case Manager

Name: _____ Agency or Relationship _____

Phone Number: _____ Email: _____

Does any household member with a disability wish to request a reasonable accommodation at this time?

If **yes**, what accommodation is requested? _____

WALNUT APARTMENTS PBV PRE-APP

CONSENT & SIGNATURE

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

TURN OVER



Community Development
Commission of Mendocino County

1076 North State Street
Ukiah CA 95482

YOU ARE GOING TO WANT TO

SIGN UP

TO RECEIVE TEXT MESSAGES AND AUTOMATED PHONE CALLS FROM CDC!

FILL OUT THE INFORMATION BELOW

Head of Household's
Name (first & last):

Phone
Number:

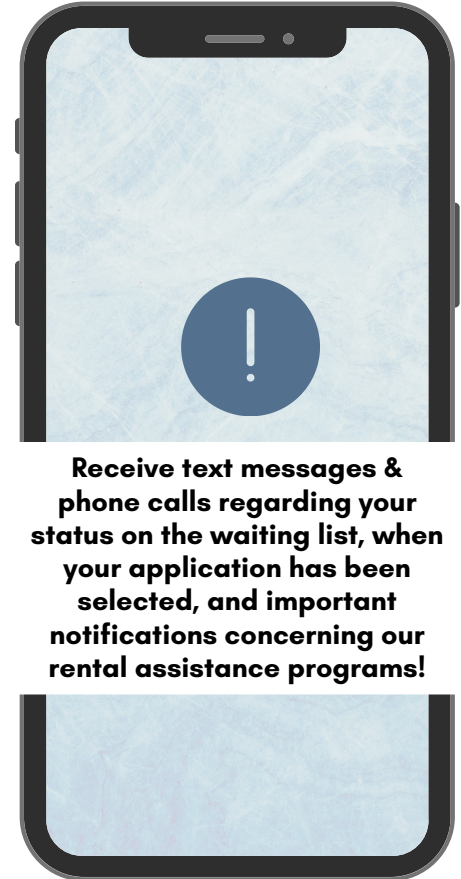
Email:

Preferred Language:

English Spanish Other: _____

How would you like to receive notifications?

Text Message Phone Call Text Message & Phone Call



Receive text messages & phone calls regarding your status on the waiting list, when your application has been selected, and important notifications concerning our rental assistance programs!

OPT-IN OR OPT-OUT (check a box)

Opt-In

Opt-Out

By checking "Opt-In" you agree to the terms of service and privacy policy and to receive text messages and or phone calls at the number provided from CDC. Message frequency varies. Message and data rates may apply. You will receive a confirmation letter from CDC to complete your opt-in.

QUESTIONS? Call Us!
(707) 463-5462

Head of Household's Signature

Date