



WALNUT APARTMENTS – 311 WALNUT STREET, FORT BRAGG, CA. 95437 PROJECT-BASED VOUCHER WAITING LIST APPLICATION

This application is for the project-based voucher waiting list for units located within the Walnut Apartment complex. Walnut Apartments offers project-based voucher rental assistance for 25 apartments located within the 56-unit development. These units consist of 1,2, and 3-bedrooms

Waiting List Opening Date/Time: **February 17, 2026 at 8:00 a.m.**

Waiting List Closing Date/Time: **March 17, 2026 5:00 p.m.**

INCOME LIMITS

The gross annual income for your family size must be at or below the income limits shown. Eligibility is determined by gross annual income for the family size, citizenship status, and criminal history.

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

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 listed 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@cdhousing.org.

Applications submitted prior to the opening date/time or after the closing date/time will not be accepted and returned to the individual/family by first class mail.

DISABILITY STATUS

Applicants applying for housing assistance will not be discriminated against because of a disability. Applicants are not required to disclose a disability, however, benefits for which on 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 accommodation at any time during this process.

QUESTIONS? CONTACT US, WE ARE HERE TO HELP!

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

Fax: (707) 463-5462
Email: info@cdhousing.org
Website: www.cdhousing.org

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





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 to CDC to ensure you receive this correspondence.

I have applied for CDC's waiting list, how long until I receive assistance? The wait time depends entirely on when a unit at the property becomes available. CDC cannot predict 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.

Community Development Commission
Mendocino County
1076 North State Street
Ukiah CA. 95482

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 need 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, and the program(s) for which you applied.

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.



Community Development Commission of Mendocino County

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Return to: 1076 N. State St, Ukiah CA 95482 Fax: (707) 463-4188 Phone: (707) 463-5462

Email: info@cdhousing.org

Opening/Closing Dates: 2.17.26 through 3.17.26

NOTE: All questions on this application **MUST** be completed, answer “yes” or “no”. 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 Address: _____

Physical Address: _____ Check box if Homeless
Street #/ P.O. Box City State Zip Code

Mailing Address: Same as above
 Street #/ P.O. Box _____
 City, State, Zip Code _____

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 for 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		\$

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<p>PREFERENCES CDC may give preference on this waiting list to households who meet one or more of the preferences identified below. Verification of these preferences will be obtained when a household is selected from the waiting list.</p> <p>Check “YES” only to preferences that apply to your household.</p>	<p align="center">Check “yes” or “no”</p>
<p>VETERAN OR SURVIVING SPOUSE OF A VETERAN To qualify, a copy of a DD214 showing honorable discharge or equivalent required. For 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 To qualify, the applicants must have been affected by a federal/state declared natural disaster in which the applicant’s housing was rendered uninhabitable within the last 24 months AND permanent replacement housing has not been obtained. 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>
<p>IN PLACE PREFERENCE A family currently residing in one of the Project Based Voucher units located within the Walnut Apartment complex and must transfer to a new unit.</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: _____

**To authorize the CDC to share information or communicate with individuals outside of the adults listed in your household regarding your application, please complete the Supplement to the Application found on the reverse side of this page.

REASONABLE ACCOMMODATION

Does any household member require special accommodations due to a disability? Yes No

If yes, what accommodation is requested? _____

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LANGUAGE INTERPRETATION

Does any household member need assistance with interpretation from English to another language? This includes ASL and those with hearing and/or speaking impairments who may need an interpreter.

Yes No

If yes, list which household member, and what language is being requested.

If you have a preferred interpreter, list their contact information.

Interpreter Name: _____ Interpreter Phone Number: _____

CONSENT AND 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 CDC 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