



REGIONAL HOUSING AUTHORITY

Serving the Cities of Live Oak, Yuba City and Colusa • Counties of Sutter, Nevada, Colusa and Yuba

1455 Butte House Road • Yuba City, CA 95993

Phone: (530) 671-0220 • Toll Free: (888) 671-0220 • TTY: (866) 735-2929 • Fax: (530) 673-0775

www.RegionalHA.org

PERSONAL DECLARATION

THIS FORM MUST BE COMPLETELY FILLED OUT, SIGNED AND DATED BY ALL FAMILY MEMBERS EIGHTEEN (18) YEARS AND OLDER. Write N/A in any section that does not apply to you. Your eligibility for housing (or continued housing) is dependent on your family's honest and full completion of this form. The Regional Housing Authority (RHA) is required to use the information you provide in this document to obtain verification of your family's income, assets, and allowances/deductions and household composition.

Current Address: _____

Primary Phone: (____) _____ **Alternate Phone:** (____) _____

HOUSEHOLD COMPOSITION: List all people who are living at the above address-attach an additional page if necessary

Family Member	Legal Name (Last, First MI)	Relation to Head	Sex (M/F)	Student (Y/N)	Disabled (Y/N)	Hispanic or Latino Y/N	Race
1		HEAD					
2							
3							
4							
5							
6							
7							
8							

Live-In-Aide(s) must be listed but will not be considered a remaining member of the household.

HOUSEHOLD INFORMATION

1. Will anyone else live in the unit on either a full-time or part-time basis, such as children temporarily absent, children in a joint custody arrangement, children away at school, unborn children, children in the process of being adopted, or temporarily absent family members? YES NO (if yes, please include a copy of the person's birth certificate and social security card) **If yes, explain** _____

2. Do you expect the number of household members to change in the future? YES NO
If yes, explain _____

3. Have any of the household members used names or a social security number other than the names and numbers used above? YES NO
If yes, explain _____

4. Are any or all adult members of the household full-time students? YES NO
Student's Name: _____ **Name of School:** _____

Student's Name: _____ **Name of School:** _____

5. Have you or any member of your household ever been convicted of, plead guilty to, or been placed on probation for any crime either felony or misdemeanor? YES NO

If yes, provide the nature of the crime(s): _____

Date: _____ State: _____ City: _____ County: _____

6. Are you or any members of your household subject to a lifetime registration requirement under a state sex offender registration program? YES NO

7. Do you or any member of your household have criminal charges pending now? YES NO

If yes, please explain _____

INCOME INFORMATION

All income for ALL household members must be reported (including minors). Include GROSS income (before taxes or deductions) each household member expects to earn in the next 12 months. (Check either YES or NO to each question.)

** Note if you are a seasonal worker please include expected earnings from seasonal employment **

Please provide proof of any income.

Do YOU or ANYONE in your household receive OR expect to receive income from:

1. Employment wages or salaries? Self-employment? Regular pay as a member of the Armed Forces?
(Provide 3 months of paystubs for each person/job. Seasonal, provide 12 months of paystubs) YES NO

If yes, list current employer _____

2. Unemployment benefits, Disability Payments, or worker's compensation? YES NO

If yes, list amount _____

3. Public Assistance, General Relief, Food Stamps, or Temporary Aid to Need Families (TANF)? YES NO

If yes, please provide a current Passport to Services and any Notice of Actions since your last recertification.

4. Social Security, SSI or any other payment from the Social Security Administration? YES NO

If yes, please list who is receiving payment and amount _____

5. Regular payments from a pension, retirement benefit, annuities, or Veteran's benefits? YES NO

6. (a) Child Support or Spousal Support (alimony)? YES NO

(b) How is the support received? (Check all that apply)

Child Support Enforcement Agency Name of Agency: _____

Court of Law Name of Court: _____

Directly from Individual Name of Person: _____

Other Explain: _____

(c) If money is not actually received, are you taking legal action to remedy? YES NO

7. Regular payments from a severance package, or any type of settlement? YES NO

8. Disability, death benefits or life insurance dividends? YES NO

9. Regular gifts or payments from anyone outside of the household? YES NO

(This includes anyone supplementing your income or paying any of your bills.)

10. Educational grants, scholarships, or other student benefits? YES NO

If yes, please list who is receiving (and provide the most recent award letter) _____

11. Regular payments from lottery winnings or inheritances? YES NO

12. Regular payments from rental property or other types of real estate transactions? YES NO
13. Any other income sources or types not listed above? YES NO
14. Do you or any household member expect any change in income in the next 12 months? YES NO

If yes, explain: _____

15. Are YOU or is ANY OTHER ADULT member of your household claiming ZERO income? YES NO

If yes, list name of family member/s? _____

ASSET INFORMATION

Include all assets and the corresponding annual interest rate, dividends, or any other income derived from the asset.

INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

1. Checking or savings account(s)? YES NO

If yes, provide 6 months of bank statements for each account.

2. CD's money market accounts, treasury bills, stocks, bonds, securities, or trust funds? YES NO

Are any of the above listed trusts irrevocable? YES NO

5. Pensions, IRAs, 405Ks, 403Bs, KEOGH, or other retirement accounts? YES NO

If yes, please provide most recent statement

6. Cash on hand? YES NO If yes, amount \$ _____

7. Surrender value of a whole life, universal life, or endowment insurance policy which is available to the policy holder before death? YES NO

8. Real estate, rental property, land contract/contract for deeds or other real estate holdings? (This includes a personal residence, mobile homes, vacant land, farms, vacation homes or commercial property) YES NO

9. Personal property as an investment? (This includes paintings, coin or stamp collections, artwork collections or show cars and antiques. This does NOT include personal belongings such as your car, furniture or clothing.) YES NO

10. Do you have a safe deposit box containing contents with a monetary value? YES NO

If yes, explain: _____

11. Have you or any household member disposed, sold or given away any asset(s) within the past 2 years?

YES NO

ADJUSTMENTS

For all Adjustments, please provide receipts or another form of proof of payment.

1. Do you pay a care provider to care for a child under the age of 13 who is a member of your family so that an adult member of your family may work or attend classes, and are not reimbursed? YES NO

2. Are you or any other household member disabled? YES NO

3. Do you pay for care or equipment for a disabled family member so that either the disabled member or another member of your family may work, and you are not reimbursed for? YES NO

If yes, explain: _____

3. Do you wish to claim an allowance for Medical Expenses (Family members need not be age 62 or older or disabled to claim expenses that they are not reimbursed for) YES NO

ETHICS STATEMENT

The Regional Housing Authority requires that all tenant, prospective tenants, and employees provide the following information.

Do you have a business or personal relationship with any employee (or past employee) or board member of the Regional Housing Authority?

YES NO

If yes, please explain: _____

IMPORTANT NOTICE

All information provided on this document will be verified. It is your responsibility to provide all necessary information to properly process your paperwork and verify your eligibility. Failure to provide any required information may cause assistance to be delayed, denied or terminated.

Authorizations, Representations and Certifications

My signature, as noted and dated below, is confirmation that I do hereby authorize the Regional Housing Authority to obtain any information deemed necessary for the purposes of determining my eligibility for housing/assistance. I understand that the Regional Housing Authority may obtain third party verifications of those items related to my household income, assets, allowances/deductions, household composition, and criminal background.

I understand that the Regional Housing Authority is relying on information provided by me to prove my household's eligibility for housing/assistance under a program of the U.S. Government. I certify that all information and answers to the questions are true and complete to the best of my knowledge. I have not omitted, misstated, or withheld facts pertaining to the Household's Income or Persons living in the unit. I understand that it is my responsibility to report to the Housing Authority, any changes in income, assets, and number of persons living in the unit, whenever they occur. I have been made aware of the Housing Programs requirements and prohibitions. I consent to release the necessary information to determine my eligibility. I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation in the program. **WARNING:** Title 18, Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the US.

The California Fair Employment and Housing Act prohibits discrimination in housing on these same bases, as well as gender, gender identity, gender expression, sexual orientation, marital status, ancestry, source of income, and genetic information.

"This institution is an equal opportunity provider and employer."

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form, you may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W.,



Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov



ALL ADULT FAMILY MEMBERS MUST SIGN BELOW

Signature _____

Date _____

Signature _____

Date _____

Signature _____

Date _____

IF YOU OR ANYONE IN YOUR HOUSEHOLD IS A PERSON WITH DISABILITIES, AND YOU REQUIRE AN ACCOMODATION IN ORDER TO FULLY UTILIZE OUR PROGRAMS, PLEASE CONTACT OUR OFFICE FOR ASSISTANCE.

ASSETS AND ALLOWANCES CERTIFICATION

This form is a required attachment to the "RENTAL APPLICATION" and "RE-CERTIFICATION WORKSHEET". The requirement to collect the information requested herein is found in the Federal Government Regulations covering Assistance Payments on behalf of eligible Tenants/Households residing in this Rent Subsidized Project. EVERY QUESTION MUST BE ANSWERED. If the answer is YES, an explanation must be given. In the event there is insufficient space to write your answer immediately following the question, **please use a blank piece of paper**.

NET FAMILY ASSETS: Do you or any member of your household . . .

1. Have cash in Savings and/or Checking Accounts, Safety Deposit Boxes, in the home, etc.?
___ YES ___ NO If yes, how much and under whose control?
2. Have a Trust available to them to which they have access?
___ YES ___ NO If yes, what is the value of the Trust and who is the beneficiary?
3. Have equity in rental property or other capital investments?
___ YES ___ NO If yes, describe the property(s) and/or investments, the value represented therein, and in whose name(s) they are held.
4. Have investment in stocks, bonds, Treasury Bills, Certificates of Deposit, Money Market Funds, or any other negotiable investments not covered elsewhere in this questionnaire?
___ YES ___ NO If yes, describe the investment(s), state the dollar amount(s) and in whose name they are held.
5. Have an Individual Retirement Account (IRA) or a Keogh Account?
___ YES ___ NO If yes, list the controlling party(s) name(s) on the account(s) and the value of the account(s).
6. Have benefits in a Retirement and/or Pension Fund?
___ YES ___ NO If yes and the beneficiary is still employed, state the amount the individual and/or family can withdraw without retiring or terminating employment.
7. Have anticipated Lump Sum Receipts accruing to them, such as inheritances, capital gains, one-time lottery winnings, and settlements on insurance and/or other claims?
___ YES ___ NO If yes, describe type of receipt, the anticipated amount(s) and to whom payable.
8. Have any personal property held as an investment, such as gems, jewelry, coin collection, or antiques of any kind?
___ YES ___ NO If yes, describe the type of personal property, state the value(s) and the name(s) of owner(s)?
9. Disposed of any assets, which had a value in excess of \$1,000 within two years prior to the effective date set forth in this certification/re-certification?
___ YES ___ NO If yes give particulars including dollar amount(s) and the name(s) of person(s) receiving the proceeds.

ALLOWANCES: Do you or any member of your household . . .

10. Have to pay childcare expenses on a regular basis?
___ YES ___ NO If yes, state to whom the expenses are paid, how much is paid and for which family member.
11. Pay for Handicapped Assistance, such as care and/or apparatus?
___ YES ___ NO If yes, state to whom the payment is made, how much is paid and for which family member.
12. Anticipate paying for medical expenses during the next 12 months? (Note: This potential allowance applies only to households where the HEAD or SPOUSE is 62 years or older, HANDICAPPED or DISABLED).
___ YES ___ NO If yes, give full particulars to support the amount that you anticipate paying.

I/we, the undersigned, hereby certify that to the best of my/our knowledge the information set forth above is true, accurate and complete and I/we hereby authorize verification of same by the Project Owner or Agent.

Print Name

SIGNATURE of Tenant/Applicant

DATE

Print Name

SIGNATURE of Tenant/Applicant

DATE

CERTIFICACION DE BIENES Y ESTIPENDIOS

Esta forma es requerida adjunta con la 'APLICACION DE ALQUILER' y la 'FORMA DE RE-CERTIFICACION'. El requisito de coleccionar la informacion necesaria se encuentra en las Regulaciones del Gobierno Federal cubriendo Pagos de Asistencia para Inquilinos/Hogares viviendo en este Proyecto de Rentas con Subsidio. CADA PREGUNTA DEBE SER CONTESTADA. Si la respuesta es SI, una explicacion se debe dar. En el evento que no haya suficiente espacio para la respuesta despues de la pregunta, **por favor use un papel en blanco**.

BIENES NETOS DE LA FAMILIA: Usted o algun miembro de su hogar. . .

1. Tiene efectivo en sus Cuentas de Cheque y/o Ahorros, Cajas de Deposito, en su Hogar, etc.?
 SI NO Si es que si, cuanto y bajo el control de quien?
2. Tiene algun Fideicomiso para ellos en el cual ellos tienen acceso?
 SI NO Si es que si, cual es el valor del Fideicomiso y quien es el beneficiario?
3. Tiene equidad en propiedad para renta o en capital para inversion?
 SI NO Si es que si, describa la propiedad y/o la inversion, el valor que representa, y a que nombre(s) esta sujeta.
4. Tiene inversiones en acciones, bonos, Bonos de Tesoro, Certificados de Deposito, Fondos del Mercado Monetario, o alguna otra inversion no mencionada en este cuestionario?
 SI NO Si es que si, describa la inversion, la cantidad en dolares, y a que nombre(s) esta la inversion.
5. Tiene alguna Cuenta de Retiro Individual (IRA) o una Cuenta Keogh?
 SI NO Si es que si, mencione el nombre(s) de quien controla la cuenta(s) y el valor de la cuenta(s).
6. Tiene beneficios en un Fondo de Retiro y/o una Pension?
 SI NO Si es que si, y el beneficiario aun esta empleado, describa la cantidad que el individuo y/o la familia puede sacar sin retirarse o terminar su empleo.
7. Tiene alguna Suma Total anticipada, como una herencia, ganancias de capital, ganancias de loteria, liquidaciones de seguros y/o demandas?
 SI NO Si es que si, describa que tipo, la cantidad anticipada y a quien se pagara.
8. Tiene propiedad personal como inversion, como joyas, piedras preciosas, coleccion de monedas, o antiguedades de cualquier tipo?
 SI NO Si es que si, describa el tipo de propiedad personal, el valor y el nombre(s) del dueo(s)?
9. Ha dispuesto de bienes con un valor en exceso de \$1,000 dentro de dos años antes de la fecha de su certificacion o re-certificacion?
 SI NO Si es que si, de particulares incluyendo cantidades en dolares y el nombre(s) de la persona(s) recibiendo los bienes.

ESTIPENDIOS: Usted o algun miembro de su hogar. . .

10. Tiene que pagar gastos para el cuidado de sus hijos regularmente?
 SI NO Si es que si, describa a quien le paga los gastos, cuanto paga y para cual miembro de la familia.
11. Paga para Asistencia de Invalidos, como el cuidado y/o el aparato necesario?
 SI NO Si es que si, describa a quien le hace el pago, cuanto paga y para cual miembro de la familia.
12. Anticipa pagar por gastos medicos durante los siguientes 12 meses? (Nota: Este estipendio potencial aplica solamente a hogares donde el ENCABEZADO o su ESPOSA(O) tienen 62 años o mayor, INVALIDOS o INCAPACITADOS
 SI NO Si es que si, de particulares para soportar la cantidad que anticipa pagar.

Yo/nosotros, los antes firmados, certifico a lo mejor de mi/nuestro conocimiento la informacion dada anteriormente es correcta, precisa y completa y yo/nosotros autorizamos la verificacion de la misma por el Dueño o Agente del Proyecto.

Nombre Escrito	FIRMA de Inquilino/Aplicante	FECHA
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Nombre Escrito	FIRMA de Inquilino/Aplicante	FECHA
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WHAT IS FRAUD?

Fraud is a crime. A person found guilty of fraud may have to pay a fine and he/she may be put in jail. You may be guilty of fraud if you received Housing Assistance: because you told only part of the truth; because you lied; because you did not tell all of the facts right away.

Each adult uses one line. EXAMPLE: John Smith would initial JS on the first line

Initial JA _____

In order to avoid fraud, the following must be reported in writing within 10 days of occurrence:

Any and all money received by any person staying in the home. This includes any and all money from any and all sources such as a job, earnings as a child care provider, income from In-Home Supportive Services (IHSS), unemployment insurance, disability income, Cal Works, inheritance, rental income, social security, worker's compensation, veteran's benefits, insurance settlements, death benefits, interest, income tax returns, or any other source.

Initials _____

Every person living (staying) in my home and if anyone moves in or out of my home, or if the status of anyone in my home changes such as a new child in the home, someone gets married, separated, or divorced.

Initials _____

If anyone in my home buys, sells, receives, trades or gives away property, real and personal, such as a house, land, checking, savings, any motor vehicle, life insurance policies, trust funds, or any other property. This includes real and personal property outside of the U.S.

Initials _____

In order to avoid fraud, you may not:

Allow an unauthorized person(s) to reside in the unit. Assistance may be terminated if anyone stays in the assisted unit in violation of the lease.

Initials _____

Violate the terms of the lease. Repeated or serious violations of the Lease (including damaging the unit beyond normal wear and tear), are cause for termination of assistance.

Initials _____

Make any payments to owner in excess of the tenant rent determined by the Housing Authority. Side payments violate the Section 8 program rules and may result in termination of assistance payments on your unit.

Initials _____

Allow anyone to use your bank account(s) to cash and write checks for any person(s) not part of my household or allow unauthorized persons to use my address as their mailing address or live in the assisted unit that it may result in the termination of my rental assistance.

Initials _____

The consequences of fraud are serious. In addition to termination of rental assistance, they may include criminal prosecution, payment of fines and or jail or prison.

I understand all items on this form regarding fraud, what my reporting responsibilities are and the need to report any charges of income, property, and persons in my home. Even if I/we already reported a change on a Change Reporting form, I/we must still report it in subsequent Eligibility Questionnaires. **Initials** _____

All household members 18 years of age and older must sign and date:

Signature of Head of Household Date

Signature of Other Adult Date

Signature of Other Adult Date

Signature of Other Adult Date

I have read and explained this form to the above participants: _____
Initials of Housing Specialist Date



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AUTHORIZATION FOR RELEASE OF INFORMATION CONSENT

I authorize and direct any and all listed below to release to REGIONAL HOUSING AUTHORITY OF SUTTER AND NEVADA COUNTIES any information or materials needed to complete and verify my application for participation, and/or continued eligibility for assistance under the Housing Choice Voucher, Low-Income Public Housing, USDA Rural Development, Affordable Housing and/or other housing assistance program(s). I understand and agree that this authorization or the information obtained pursuant to its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

I also consent for HUD or the PHA to release information from my file about my rental history to HUD, credit bureaus, collection agencies, welfare department, law enforcement officials, future landlords and other government, state and public agencies. This includes records of my payment history, and any violation of my lease or PHA policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verification and inquires that may be requested, include but are not limited to:

Identity and Marital Status	Employment, Income and Assets	Criminal Activity
Residences and Rental Activity	Household Composition	Credit Activity
Medical or Child Care Allowances		

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continues participation in housing assistance.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

Previous Landlords (including Public Housing Agencies)	Past and Present Employers Welfare Agencies	Veterans Administration Retirement Systems
Court Clerks	State Unemployment Agencies	Schools and Colleges
Banks & other Financial Institutions	Social Security Administration	Law Enforcement Agencies
Medical & Child Care Providers	Credit Providers	Credit Bureaus
Support & Alimony Providers	Dept. of Motor Vehicles	Medical Facilities
Postal Office	Utility Companies	Workman's Compensation Payers
Foster Care Providers	Support Service Providers	Family Support Division

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or the Public Housing Agency may conduct computer-matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have the right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the PHA may in the course of its duties exchange such automated with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personal Management; U.S Postal Service; Social Security Administration; Department of Justice; State & County welfare and food stamp agencies.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. I understand this form will be used to verify information for future recertification requirements. The original of this authorization is on file with the PHA and will stay in effect for one year and three months from the date signed. I understand I have a right to review and correct any information that I can prove is incorrect.

SIGNATURES

Signature of Head of Household (print name) Date

Signature of Spouse (print name) Date

Signature of Other Family Member 18 years or older (print name) Date

Signature of Other Family Member 18 years or older (print name) Date

Signature of Other Family Member 18 years or older (print name) Date

Signature of Other Family Member 18 years or older (print name) Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGN SEPARATELY.



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NAME OF TENANT: _____

PROJECT NO. RD

ADDRESS: _____

PHONE NO. _____

DATE: _____

IN CASE OF EMERGENCY CONTACT

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

PHONE NO. _____

PHONE NO. _____

"This institution is an equal opportunity provider and employer."

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form, you may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov





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VEHICLE REGISTRATION

Name _____

Address _____

VEHICLE 1

Make _____

Model _____

Vin _____

License # _____

I understand that there is no assigned parking at Richland Housing. I may park a ONE vehicle in the tenant parking lot. A second vehicle only if I see an empty parking space. Additional vehicles must still be REGISTERED, but MAY NOT be parked in the tenant parking lot. Guest MUST park in the street.

Signature _____

Date _____

VEHICLE 2

Make _____

Model _____

Vin _____

License # _____

VEHICLE 3

Make _____

Model _____

Vin _____

License # _____



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ANIMAL/NO ANIMAL DECLARATION

I DO HAVE AN ANIMAL

List Animal: _____

I (we) hereby acknowledge by my (our) signature(s) appearing below that I (we) have received, read and understand this the Animal Policy and will comply with the terms and herein set forth.

Tenant Name: _____

Tenant Signature: _____ Date: _____

I DO NOT HAVE AN ANIMAL

I (we) hereby acknowledge by my (our) signature (s) appearing below that I (we) understand I (we) must adhere to the animal policy and if I (we) wish to have an animal I (we) must obtain prior permission from the site manager and sign an Animal Policy and Agreement.

Tenant Name: _____

Tenant Signature: _____ Date: _____

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BEDBUG ADDENDUM

This document is an Addendum and is part of the Rental/Lease Agreement, dated _____ between **RHA** and _____ "Resident" for the premises located at _____, Yuba City, CA 95991

It is our goal to maintain the highest quality living environment for our Residents. RHA has inspected the unit prior to lease and knows of no bedbug infestation. Residents have an important role in preventing and controlling bed bugs. While the presence of bed bugs is not always related to personal cleanliness or housekeeping, good housekeeping will help control the problem by identifying bed bugs, minimizing an infestation and limiting its spread.

Information about Bed Bugs:

- **Bed bug Appearance**
 - Bed bugs have six (6) legs
 - Adult bed bugs have flat bodies about ¼ of an inch in length. Their color can vary from red and brown to copper.
 - Young bed bugs are very small. Their bodies are about 1/16 of an inch in length. They have almost no color.
 - When a bed bug feeds, its body swells, may lengthen, and becomes bright red, sometimes making it appear to be a different insect.
 - Bed bugs do not fly. They can either crawl or be carried from place to place on objects, people, or animals.
- **Life Cycle and Reproduction:**
 - An average bed bug lives for 10 months. Female bed bugs lay one (1) to five (5) eggs per day. Bed bugs grow to full adulthood in about 21 days.
 - Bed bugs can survive for months without feeding.
- **Bed Bug Bites:**
 - Bed bugs feed at night; therefore, most people are bitten in their sleep and do not realize they were bitten.
 - A person's reaction to insect bites is an immune response and so it varies from person to person.
 - Sometimes the red welts caused by the bites will not be noticed until many days after a person was bitten, if at all.
- **Common signs and symptoms of possible bed bug infestation:**
 - Small red to reddish brown fecal spots on mattresses, box springs, bed frames, mattresses, linens, upholstery, or walls
 - Molted bed bug skins, white, sticky eggs, or empty eggshells
 - Very heavily infested areas may have a characteristically sweet odor





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- Red, itchy bite marks, especially on the legs, arms, and other body parts exposed while sleeping.

Bed bugs can be hard to find and identify because they are tiny and try to stay hidden.

Resident represents that all furnishings and other property that will be moved into the unit are free of bedbugs.

Resident agrees to maintain the premises in a manner that prevents the occurrence of a bedbug infestation in the premises.

Resident agrees to uphold this responsibility in part by complying with the following list of responsibilities.

- Resident shall practice good housekeeping, including the following:
 - Resident shall **remove clutter**. Bed bugs like dark concealed places, such as in and around piles of clothing, shoes, stuffed animals, laundry, especially under the bed and in closets. Reducing clutter also makes it easier to carry out housekeeping.
 - Resident shall **keep the unit clean**. Vacuum and dust regularly, particularly in the bedroom, being especially thorough around and under the bed, drapes, and furniture. Use a brush attachment to vacuum furniture legs, headboard, and in and around nightstand. While cleaning, look for signs of bed bugs, and report these immediately.
 - Residents shall **avoid using secondhand furnishings that have not been thoroughly inspected for the presence of bedbugs**, especially bed frames, mattresses and box springs. If rental furnishings are used make sure that the furniture rental company has established procedures for inspection and identification of bed bugs and other pests. This process should include inspection of rental furniture inventory and trucks used to transport rental furniture. It should also include a pre-delivery and pre-pickup inspection by the furniture rental company of the premises to which the rental furniture is being delivered. Never accept an item that shows signs of bedbugs. Never take discarded items from the curbside.
 - Resident shall **arrange furniture to minimize bed bug hiding places**. If possible, keep beds and upholstered furniture several inches away from the walls. Bed bugs can jump as far as 3 inches.
 - Resident shall **check for hitch-hiking bedbugs**. If you stay in a hotel or another home, inspect your clothing, luggage, shoes, and belongings for signs of bed bugs before you enter your apartment. Check backpacks, shoes, and clothing after visits to friends, theaters, or after using public transportation. After guests visit, inspect beds, bedding and upholstered furniture.
- Resident shall report any problems immediately. Specifically, Resident shall:
 - **Report any signs of bed bugs immediately**. Do not wait. Even a few bugs can rapidly multiply to create a major infestation that can spread from unit to unit.
 - **Report any maintenance needs immediately**. Bed bugs like cracks, crevices, holes, and other openings. Request that all openings be sealed to prevent the movement of bed bugs from room to room.





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- Resident shall cooperate with pest control efforts.
If your unit (or a neighbor's unit) is infested with bedbugs, a pest management professional may be called in to apply pesticides. The treatment is more likely to be effective if your unit is properly prepared. Resident shall comply with the recommendations from the pest management professional. Tenants shall cooperate with the inspection process to facilitate the detection and treatment of bed bugs, including providing requested information that is necessary to facilitate the detection and treatment of bed bugs to the pest control operator or RHA staff.
- RHA will notify tenants of those units inspected by the pest control operator of the pest control findings. The notification will be in writing and made within two (2) business days of receipt of the pest control findings. For confirmed infestation in common areas, all tenants shall be provided notice of the pest control operator's findings.
- Resident agrees to indemnify and hold harmless RHA from any actions, claims, losses, damages, and expenses including, but not limited to, attorneys' fees that RHA may sustain or incur as result of the negligence of the Resident or any guest or other person living in, occupying, or using the premises.

The undersigned Resident(s) acknowledge having read and understood the foregoing:

_____ Resident
Date

_____ Resident
Date

For more information about bedbug identification and infestation, visit:
<http://www.cdph.ca.gov/HealthInfo/discond/Documents/bedbugsbite.pdf>

DISEASE?

"A common concern with bed bugs is whether they transmit diseases. Transmission to humans is considered highly unlikely. For this reason, they are not considered [by medical professionals as] a serious disease threat. Their medical significance is mainly limited to the itching and inflammation from their bites, [similar to a mosquito or flea bite]. The usual treatment prescribed is topical application of antiseptic or antibiotic creams or lotions to prevent infection." (Potter 2004)

PRECAUTIONS

When traveling? Take time to check mattresses, box springs, and especially luggage racks. Upon returning wash everything before you put it back into your dresser drawers or closets.

That old piece of furniture on the side of the road? Don't even think about it. Furniture may have been discarded because it harbors bed bugs. By picking it up and bringing it into your residence you could be inadvertently contributing to the problem. Best to leave it where you found it.



What Should You Do If You Get Bed Bugs?

Don't Panic.

Contact your property manager or landlord. Do not use over-the-counter pesticides. Generally, landlords are legally required to contract with a licensed pest control operator.

Reduce clutter to limit hiding places for bed bugs.

Thoroughly clean the infested rooms as well as others in the residence.

Wash all sheets and clothing in warm-hot water; dry clean those items that cannot be washed in a regular machine.

Mattresses and box springs can be permanently encased within special mattress bags. Any bugs trapped within these sealed bags will eventually die.

Pull the bed frame away from the wall; tuck sheets and blankets so they won't contact the floor to prevent bed bugs from crawling onto a bed.

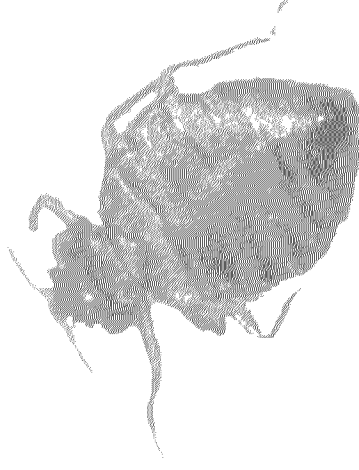
Frequently asked questions?

Should I move? No. The bugs will likely travel with you. Pest Control experts agree that the best way to combat the Bed Bug is to follow the above steps, repeating them until the situation is resolved. They are a nuisance, but one that can be eliminated if the proper steps are taken.

I'm a clean person, how did this happen? Bed Bugs are not picky when it comes to people. They do not discriminate. Anyone can get them, regardless of his/her personal hygiene habits.

All of the information in this pamphlet is taken from the Harvard School of Public Health and The University of Kentucky Department of Entomology. For more information please visit www.hsph.harvard.edu/bedbugs/ or www.uky.edu/Agriculture/Entomology/entfacts/struct/ef636.htm.

Bed Bugs: They Can Happen to Anyone



History:

Bed Bugs, or *Cimex lectularius*, have been with us since the beginning of time. Ancient cultures dealt with them and many modern cultures live with them. They are often referred to as "the bug that nobody knows" because of their cryptic nighttime feeding habits. They have been found on buses, ships, in movie theaters, apartments, residence halls, and high-end hotels.

The United States lived with them through the first half of the 20th Century. In the 1950s it was found that high concentrations of a chemical known as dichlorodiphenyltrichloroethane (commonly referred to as DDT), could be used to treat the bug. Ultimately, the bug was virtually eradicated except for a few minor cases.

In the past five years, the United States has seen a resurgence of bed bugs. Scientists are attaching the recurrence of the bug to increased international travel. Also, "changes in modern pest control practice - and less effective bed bug pesticides - are other factors suspected for the recurrence." (Potter 2004)

Bed Bug Identification

Bites are reddish, inflamed bumps, without pustules; itch and look similar to mosquito bites

They are nocturnal and are rarely active during the day.



1/4 Inch Long

Diamond-Shaped Back



They have a tendency to cluster/aggregate in and along mattress seams and box springs, amongst folds in sheets, and in any holes within a bed frame or near a bed (wall crevices, base boards, within carpet near the wall).

NOTE: If you have problems identifying the bug: Specimens suspected of being bed bugs should be collected into small break-resistant containers (such as a plastic pill bottle or a zipper-lock plastic bag). They may also be secured to a sheet of white paper using clear packaging tape. These containers should be packaged carefully to prevent damage/crushing of the sample, and be sent or shown to a knowledgeable expert for positive identification. We provide a form that may be downloaded and printed for this purpose: www.hsph.harvard.edu/bedbugs/specimen.pdf

Fecal matter appears as black/rust colored spots on sheets and mattresses

**All information is taken from the Harvard School of Public Health and the University of Kentucky Department of Entomology



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BED BUG PREVENTION AND ELIMINATION POLICY

The Regional Housing Authority (RHA) recognizes the potential problems that can arise out of bedbug infestations. This policy outlines the responsibilities of RHA as well as the rights and responsibilities of the tenants in dealing with bedbug education and elimination procedures. Accordingly, RHA adopts this policy in an effort to minimize bedbug infestations.

Bedbug infestations can be a serious problem. Multifamily, single unit houses, and/or Public Housing properties are not immune to bedbug infestations. This policy addresses the importance of partnership between RHA and tenant.

Prevention and elimination of bedbugs can only be accomplished through RHA and tenant cooperation. RHA expects tenant cooperation in the process of education, inspection, detection, and elimination of bedbugs. In turn, the tenant may expect fairness in PHAs enforcement of these guidelines.

The following are procedures for the prevention of bedbugs:

- Raising awareness through education on prevention of bedbugs;
- Inspecting infested areas, plus surrounding living spaces;
- Checking for bedbugs in luggage and clothes when returning home from a trip;
- Looking for bedbugs or signs of infestation on secondhand items before bringing the items home;
- Correctly identifying the pest;
- Keeping records – including dates and locations where pests are found;
- Cleaning all items within a bedbug infested living area;
- Reducing clutter where bedbugs can hide;
- Eliminating bedbug habitats;
- Physically removing bedbugs through cleaning;
- Using pesticides carefully according to the label directions; and,
- Following up on inspections and possible treatments.
- Provide orientation for new tenants and staff, and post signs and handouts regarding bedbug prevention.

RHA RESPONSIBILITIES

- RHA shall provide training to appropriate staff regarding the identification, prevention, and eradication of bedbugs.
- RHA Shall make efforts to educate new and existing tenants on methods that may be utilized in order to prevent and detect bedbugs.





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- RHA shall keep written records of reports and incidents of bedbug infestation. Said records shall identify the dates, times, and places of such reports or incidents.

RESIDENT RESPONSIBILITIES

- Tenants will be required to immediately report to RHA the suspicion of possible bedbugs in a housing unit or other areas of the property. Tenants are the first line of defense against bedbug infestations and are encouraged to create living environments that deter bedbugs. Units may be inspected for unreasonable amounts of clutter that create hiding places for bedbugs. Further, any willful failure on the part of the resident to report a bedbug infestation may result in adverse action taken against the tenant, up to and including eviction.
- Since clutter is a friend of bedbugs, residents will keep clutter in their homes to an absolute minimum.
- Tenants are expected to cooperate with the treatment efforts by allowing for heat treatment of clothing and furniture and refraining from placement of infested furniture or other items in common areas such as hallways. Tenant cooperation is shown to expedite the control of bedbugs and to prevent spreading of infestations.

Tenants should be advised of the following:

- RHA may not deny tenancy to a potential resident on the basis of the tenant having experienced a prior bedbug infestation, nor may an owner give residential preference to any tenant based on a response to a question regarding prior exposure to bedbugs.
- A tenant reporting bedbugs may expect expeditious response and attention by RHA, but should be advised that inspection and, if necessary, treatment of bedbugs may take time to schedule. The inspections should occur within three calendar days of the tenant report when possible.
- Following a report of bedbugs, RHA or a qualified third party trained in bedbug detection should inspect the dwelling unit to determine if bed bugs are present. It is critical that inspections be conducted by trained staff or third-party professionals. RHA may enter the unit to perform these activities, in accordance with the lease.
- If bedbug infestation is found in the unit, the tenant may expect treatment to begin within five days of the inspection, though depending on the form of treatment, this may not be possible. Tenants should be advised that treatment may take several weeks.
- The tenant is required to pay for and follow the instructions provided by the professional exterminator for proper treatment of all personal items including pets.
- The tenant will be expected to contribute to the cost of the professional exterminator.
- The tenant will not be reimbursed the cost of any additional expense to the household, such as purchase of new furniture, clothing or cleaning services.
- RHA retains the right to terminate resident's tenancy and require residents to vacate the rental unit in the event that the:
 1. Resident's action or inaction prevents treatment of an infestation;
 2. Resident fails to comply with the requirements of this policy.



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If RHA terminates the tenancy according to this policy and tenant vacates within seven (7) days of such notice of termination, the tenant shall be released from any future financial obligations pursuant to the Lease, unless the infestation is caused or worsened as a result of the tenant's actions or inactions, or as a result of tenant preventing or hindering treatment.

By signing below, Resident (s) acknowledge receipt of Regional Housing Authority Bed Bug Prevention and Elimination Policy.

_____	_____
Date	Resident
_____	_____
Date	Resident
_____	_____
Date	Resident

For more information about bedbug identification and infestation, visit:
<http://www.cdph.ca.gov/HealthInfo/discond/Documents/bedbugsbite.pdf>

