

Regional Housing Authority of Sutter and Nevada Counties 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

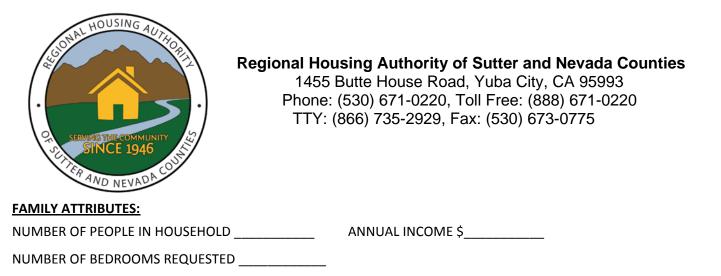
Maple Park-Project Based Voucher Program

Please note: This application is <u>NOT</u> for the Housing Choice Voucher (Section 8) program. This application IS for <u>Maple Park Apartments-Project Based Voucher Program (PVB-MP)</u>. PBV-MP is a form of housing in which you will live a unit that has rental assistance provided by the Housing Authority. PBV-MP is limited to specific available units designated by the Housing Authority and HUD. The Maple Park Apartments are newly built units located in Live Oak, CA.

Please check this box if you are a person with a disability and need help reading or filling out this form. You have the right to ask the Housing Authority to make a reasonable accommodation for you. To make such a request, please contact the Housing Authority at (530) 671-0220 or TTY (866) 735-2929 or 711. This document is available in alternative formats.

The Occupancy Standard for PB	V-MP is						
2 BR 3-5 People 3 BR 6-7 People 4 BR 8-9 People							
This is our normal occupancy standard. Exceptions to the above standard can be made as a reasonable accommodation for a disabled family member.							
I WISH TO APPLY FOR THE FOLLOWING (Mark any or all)							
2 Bedroom 3 Bedroom 4 Bedroom							
APPLICANT NAME (HEAD OF HO	USEHOLD)						
LAST NAME	FI	RST	MI				
MAILING ADDRESS							
SOCIAL SECURITY NUMBER		DATE OF BIRTH	//				
PHONE NUMBER:	SEX : 🗌 M	IALE 🗌 FEMALE					
LAST NAME	FI	RST	MI				
SOCIAL SECURITY NUMBER		DATE OF BIRTH	//				

The Housing Authority is an equal opportunity employer and housing provider.



HOUSEHOLD COMPOSITION

List everyone, including yourself, foster children/adult, and live-in attendants who are necessary for the care of a family member. Remember to list everyone who will be living in the home. If you need more space, continue on the back side of this form. You (the applicant/head of household) are to be in the 1st line.

	Last Name	First	MI	Social Security Number	Relation to Head	Sex (M/F)	Date of Birth	Age
1					Head			
2								
3								
4								
5								
6								
7								
8								
9								

WAITING LIST DATA COLLECTION (This information is for HUD statistical purposes only)

IS THE HEAD OR SPOUSE CO/HEAD (Mark any that are applicable)

NEAR ELDERLY (DEFINED AS AT LEAST 50 YEARS OLD, BUT BELOW 62 YEARS OLD)

ELDERLY (DEFINED AS AT LEAST 62 YEARS OLD)

DISABLED

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IS YOUR FAMILY (Mark any that are a	pplicable)		
DISPLACED (DEFINED AS A FAI ACTION OR A PERSON WHOSE A DISASTER	E DWELLING HAS BEEN EXT	ENSIVELY DAMAGER OR DE	STROYED AS A RESULT OF
HOMELESS (DEFINED AS A FAI MEANING EITHER: HAS A NIG HUMAN HABITATION, OR IS LI	HTIME RESIDENCE THAT IS		-
RACE/ETHNICITY: This information is compliance with equal opportunity law	•		
Race (Please select one or more):			
White Black or African Amer	rican 🗌 Asian 🗌 Ame	erican Indian or Alaska Nativ	/e
Native Hawaiian or Other Pacific I Hispanic or Latino Ethnicity (Please se			is or lating
ACCESSIBILITY			ic or Latino
Do you or any member of your family	require any accessibility fe	atures? (Please select one c	or more.)
	es, Mobility Access)
	Io, I/We do not require any	accessibility features.	
ETHICS STATEMENT	,	·	
HUD requires all prospective tenants a	and employees to provide t	he following information:	
Do you have a business or personal re Housing Authority of Sutter and Nevad	· _ · _	_	d member of the Regional
APPLICANT CERTIFICATION			
I/We understand that I/We must provide time we are offered housing assistance. I household is offered housing, my/our pre appropriate place on the waiting list. I/We certify that the statements made on	further understand that if I/V ference status will be withdra this Application are true to th	Ve do not qualify for the prefe wn and my/our application wi ne best of my/our knowledge a	rence at the time that my/our ill be returned to the
for verification purposes inquiries must be WARNING 18 U.S.C. 1001 provides that w		-	t or writing containing false
fictitious, or fraudulent statement or ent			
States shall be fined or imprisoned for no ALL A	ot more than 5 years, or both NDULT HOUSEHOLD MEMB		
Signature	Date Signat	ture	Date

Signature ______ Date _____ Signature ______ Date _____

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