



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 **NOT** for the Housing Choice Voucher (Section 8) program. This application IS for Maple Park Apartments-Project Based Voucher Program (PVB-MP). 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 PBV-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 HOUSEHOLD)

LAST NAME _____ FIRST _____ MI _____

MAILING ADDRESS _____

SOCIAL SECURITY NUMBER _____ - _____ - _____ DATE OF BIRTH ____/____/____

PHONE NUMBER: _____ SEX : MALE FEMALE

SPOUSE/CO-HEAD

LAST NAME _____ FIRST _____ MI _____

SOCIAL SECURITY NUMBER _____ - _____ - _____ DATE OF BIRTH ____/____/____

SEX : MALE FEMALE

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



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FAMILY ATTRIBUTES:

NUMBER OF PEOPLE IN HOUSEHOLD _____ ANNUAL INCOME \$ _____

NUMBER OF BEDROOMS REQUESTED _____

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 applicable)

- DISPLACED (DEFINED AS A FAMILY IN WHICH EACH MEMBER IS A PERSON DISPLACED BY A GOVERNMENTAL ACTION OR A PERSON WHOSE DWELLING HAS BEEN EXTENSIVELY DAMAGED OR DESTROYED AS A RESULT OF A DISASTER)
- HOMELESS (DEFINED AS A FAMILY WHO LACKS A FIXED, REGULAR AND ADEQUATE NIGHTTIME RESIDENCE, MEANING EITHER: HAS A NIGHTTIME RESIDENCE THAT IS A PUBLIC OR PRIVATE PLACE NOT MEANT FOR HUMAN HABITATION, OR IS LIVING IN A SHELTER)

RACE/ETHNICITY: This information is confidential and is only used for government reporting purposes to monitor compliance with equal opportunity laws. Please note that self-identification of race/ethnicity is voluntary.

Race (Please select one or more):

- White Black or African American Asian American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander

Hispanic or Latino Ethnicity (Please select only one): Hispanic or Latino Not Hispanic or Latino

ACCESSIBILITY

Do you or any member of your family require any accessibility features? (Please select one or more.)

- Yes, Hearing Access Yes, Mobility Access
 Yes, Sight Access No, I/We do not require any accessibility features.

ETHICS STATEMENT

HUD requires all prospective tenants and employees to provide the following information:

Do you have a business or personal relationship with any current (or past) employee or board member of the Regional Housing Authority of Sutter and Nevada Counties? No Yes-If Yes, please explain:

APPLICANT CERTIFICATION

I/We understand that I/We must provide verification that we are qualified for a preference and this must be by my/our status at the time we are offered housing assistance. I further understand that if I/We do not qualify for the preference at the time that my/our household is offered housing, my/our preference status will be withdrawn and my/our application will be returned to the appropriate place on the waiting list.

I/We certify that the statements made on this Application are true to the best of my/our knowledge and belief and understand that for verification purposes inquiries must be made by the Housing Authority.

WARNING 18 U.S.C. 1001 provides that whoever knowingly and willingly makes or uses a document or writing containing false, fictitious, or fraudulent statement or entry in any manner within the jurisdiction of any department or agency of the United States shall be fined or imprisoned for not more than 5 years, or both.

ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW

Signature _____ Date _____ Signature _____ Date _____

Signature _____ Date _____ Signature _____ Date _____

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