

## Regional Housing Authority of Sutter and Nevada Counties Affordable Housing Application

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  
Website: www.rhasnc.org

Which program do you wish to apply for (you may check any or all programs)

Town Center Senior Manor  1-Bedroom  2-Bedroom **MUST BE AGE 62 OR OLDER FOR TOWN CENTER**

Percy Avenue  1-Bedroom **NO AGE REQUIREMENT**

APPLICANT NAME (HEAD OF HOUSEHOLD)

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ APT \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS (if different than home address)

\_\_\_\_\_ APT \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_ MESSAGE PHONE \_\_\_\_\_

### 1. 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)	Birthdate	Age
1					Head			
2								
3								
4								

Do you anticipate any changes in your household composition in the next 12 months?

Yes  No If yes, please explain \_\_\_\_\_

Is any member of your household temporarily away from the residence?

Yes  No If yes, please explain \_\_\_\_\_

### 2. INCOME

Complete the information below. You must report all sources of income for all members of your household. Sources of income may include, but are not limited to the following: Employment, V.A. Benefits, Welfare (TANF, Calworks, General Relief), Social Security, SSI, Disability, Unemployment, Scholarships, Worker's Compensation, Pensions, Annuity, Child Support, Alimony, Foster Care, and Grants. Be sure to include contributions or donations to the family from organizations or other persons who do not live with you.

Household Member	Income Type	Rate: (\$ per hour, day, week, month year...)
		\$ Per
		\$ Per
		\$ Per
		\$ Per



### 3. EMPLOYMENT

HOUSEHOLD MEMBER	NAME OF EMPLOYER	ADDRESS OF EMPLOYER

### 4. ASSETS

Please list ALL assets held by members of the household. Types of assets include Bank Accounts, Trust Funds, Stocks, Bonds, CDs, Real Property.

Account Type	Bank/Institute Name	Account Number	Balance
Checking			
Savings			
Other			

### 5. CRIMINAL RECORD

Have you or any of the intended household members been convicted of a crime:

Yes       No

If **yes**, please explain the nature of the crime \_\_\_\_\_

Date Convicted	File Number	County	Other Information

ALIAS-Please List any names any member of the household has used including maiden names or any alias

### 6. HOUSING HISTORY

Have you or anyone in your household ever been a tenant of any Housing Authority or any other Federal Housing Programs?

Yes       No      If yes, where \_\_\_\_\_

Have you or anyone in your household ever moved from a rental unit while still owing rent, or been evicted from a rental unit?

Yes       No      If yes, please explain \_\_\_\_\_

Are you currently receiving housing assistance?

Yes       No      If yes, from what Agency? \_\_\_\_\_

### 7. ACCESSIBLE UNIT

If you or a member of your household is mobility impaired, and you are applying for a PUBLIC HOUSING unit, you may be assigned to an accessible unit at your request, providing such a unit is available.

Please indicate if your family requires an accessible unit.

No, I/we do not require an accessible unit

Yes, I/We require an accessible unit (Please indicate below which type)

Fully accessible apartment, designed for wheelchair access

Other. Please specify \_\_\_\_\_



### 8. REFERENCES

Please list two (2) persons not related or living with you, who you have known for at least one year.

Name	Address	Phone

### 9. 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 Consolidated Area Housing Authority of Sutter County

No

Yes If yes, please explain \_\_\_\_\_

### 10. RACE AND ETHNIC DATA REPORTING

The information regarding race and ethnicity requested on this application is voluntary. You are not required to furnish this information, but are encouraged to do so.

#### ETHNICITY

- Hispanic or Latino
- Not Hispanic or Latino

#### RACE

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

### 11. APPLICANT CERTIFICATION

I/We understand that I/We must provide verification that we are qualified for a preference and this must be 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 for Section 8/Public Housing 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 fine or imprisoned for not more than five years or both.**

#### ALL ADULT MEMBERS OF THE HOUSEHOLD MUST SIGN BELOW

SIGNATURE _____	DATE _____
SIGNATURE _____	DATE _____
SIGNATURE _____	DATE _____
SIGNATURE _____	DATE _____



The Regional Housing Authority of Sutter and Nevada Counties is an Equal Opportunity Employer and Housing Provider

