**Northview Senior Apartments – Project-Based Voucher Application  
Location: City of Williams   Eligibility: Age 62+**

⚠️ This is NOT an application for the Housing Choice Voucher (HCV/Section 8) program.  
This application IS for the Northview Senior Apartments – Project-Based Voucher Program.

Incomplete or illegible applications will not be accepted. If you need help completing this form, contact our office. Make sure to submit all address changes in writing. Failure to update your address may result in removal from the waiting list.

**Unit Request**

**☐ One Bedroom    ☐ Two Bedroom** (must meet occupancy standard or complete Question 14)

**Head of Household Information**

1. First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I.: \_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Date of Birth (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_
4. Gender: ☐ Male  ☐ Female
5. Ethnicity: ☐ Hispanic or Latino  ☐ Not Hispanic or Latino
6. Race (check one):  
    ☐ White  ☐ African American/Black  ☐ American Indian/Alaska Native  
    ☐ Asian  ☐ Native Hawaiian/Pacific Islander
7. Telephone Number (for messages only): (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Are you homeless? ☐ Yes  ☐ No
9. Total Annual Household Income: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. Current Residential Address (No P.O. Boxes):  
     Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
     City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
11. Number of household members (including yourself): \_\_\_\_\_\_\_\_\_\_
12. Are any adult household members subject to a lifetime sex offender registration?  
     ☐ Yes  ☐ No
13. Mailing Address (if different from above or if homeless):  
     Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
     City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
14. If you are a single-person household requesting a two-bedroom unit, please explain:  
     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
15. Do you or any household member have a business or personal relationship with a current or former employee or board member of the Regional Housing Authority?  
     ☐ Yes  ☐ No

**Preferences**

**(Check all that apply. Supporting documentation is required from a third party.)**

☐ Live/Work/Elderly/Disabled in the City of Williams  
☐ Live/Work/Elderly/Disabled in Colusa County  
☐ Veteran in the household  
☐ Homeless in RHA jurisdiction (includes moving-on programs)

**Applicant Certification**

I/We certify that the information provided is true and correct to the best of my/our knowledge. I/We understand the Housing Authority may verify all information provided.

WARNING: Under 18 U.S.C. §1001, knowingly providing false, fictitious, or fraudulent information may result in fines, imprisonment (up to 5 years), or both.

The California Fair Employment and Housing Act prohibits discrimination in housing based on race, color, religion, sex, gender identity or expression, sexual orientation, marital status, national origin, ancestry, source of income, disability, and genetic information.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Submit Completed Applications To:**

**Regional Housing Authority**1455 Butte House Road • Yuba City, CA 95993 **📠 Fax:** (530) 673-0775 **• 📧 Email:** reception@regionalha.org