

LIST OF DOCUMENTS

LISTA DE DOCUMENTOS REQUERIDOS

1. **Photo ID for all adult family members**
Identificación con foto para todos los adultos en la familia.
2. **Proof of legal residency (for those with legal status)**
Prueba de estado migratorio legal (para esos con estado legal)
3. **Income taxes for 2012 (with w-2 forms and UIB form attached)**
Impuestos de ingresos para 2012 (con formas W-2 incluidas)
4. **Check stubs for all work performed in the last 12 months.**
Talones de cheques de trabajo de los últimos 12 meses.
5. **Latest award letter from Social Security Office (for those receiving Social Security benefits)**
Ultima carta que recibió en la oficina del seguro social (para esos que reciben beneficios del seguro social)
6. **Proof of Child Support**
Prueba de manutención de menores.
7. **Proof of disability compensation**
Prueba de compensación de deshabilitate
8. **Proof of full time student status**
Prueba que son estudiantes de tiempo complete
9. **Any Pension**
Cualquier pensión.
10. **Six months bank statements**
Seis meses de estado de cuenta bancaria
11. **All members of household must provide proof of any and all income sources, even if not mention in this letter.**
Todos los miembros de la casa deben proporcionar prueba de ingresos aunque no este mencionada en esta lista.
12. **If you believe you or any household member could qualify for elderly, disabled, or retired status please the specialist know. You may qualify for other deductions.**
Si usted o los miembros de su hogar creen que cualifican para estado de edad avanzada, deshabilitate, o esta pensionado, avise a la especialista. Puede que califique para mas deducibles.
13. **Passport to Services (pick up at Medi-cal Office)**
Pasaporte de servicios (puede recoger en la oficina de medi-cal)
14. **Vehicle registration**
Registro de vehiculo



Regional Housing Authority of Sutter and Nevada Counties

1455 Butte House Road, Yuba City, CA 95993

Phone (530) 671-0220, Toll Free: 1-888-671-0220

TTY: 1-866-735-2929 Fax (530) 673-0775

Executive Director: Linda J. Nichols

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	Social Security Number	Sex (M/F)	Date of Birth (mm, dd, yyyy)	Student (Y/N)	Race	Hispanic (Y/N)
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. Live-In-Aides do not have any rights to the unit, housing or assistance.

HOUSEHOLD INFORMATION

- 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, explain _____

- Do you expect the number of household members to change in the future? YES NO

If yes, explain how many members will be added or reduced and when the change will take place.

- 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 _____

- Are any or all members of the household full-time students? YES NO

If yes, explain _____

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

If yes, please explain _____

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.)

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?
(Include overtime, tips, bonuses, commission and payments received in cash.) YES NO

Household Member	Name of Company (or note if self-employed)	Amount

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

Household Member	Name of Company	Amount

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

Household Member	Name of Agency	Amount

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

Household Member	Name of Agency	Amount

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

Household Member	Source of Benefit	Amount

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

Household Member	Source of Benefit	Amount

(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

Explanation: _____

7. Regular payments from a severance package? YES NO

Household Member	Source of Benefit	Amount

8. Regular payments from any type of settlement? (For example, insurance settlements) YES NO

Household Member	Source of Benefit	Amount

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

Household Member	Source of Benefit	Amount

10. Regular gifts or payments from anyone outside of the household? YES NO
 (This includes anyone supplementing your income or paying any of your bills.)

Household Member	Source of Benefit	Amount

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

Household Member	Source of Benefit	Amount

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

Household Member	Source of Income	Amount

13. Regular payments from rental property or other types of real estate transactions? YES NO

Household Member	Source of Income	Amount

14. Any other income sources or types not listed above? YES NO

Household Member	Source of Income	Amount

15. Do you or any household member expect any change in income in the next 12 months? YES NO

If yes, explain: _____

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

If yes, who? _____

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

Household Member	Bank or Financial Institution	Balance	Annual Income from Asset

2. CD's money market accounts or treasury bills? YES NO

Household Member	Bank or Financial Institution	Balance	Annual Income from Asset

3. Stocks, bonds, or securities? YES NO

Household Member	Source	Amount	Annual Income from Asset

4. Trust funds? YES NO

Household Member	Source	Amount	Annual Income from Asset

Are any of the above listed trusts irrevocable? YES NO

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

Household Member	Source	Amount	Annual Income from Asset

6. Cash on hand? YES NO

Household Member	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

Household Member	Source	Amount

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

Household Member	Source	Amount

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

Household Member	Source	Amount

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?

Household Member	Description of Asset Disposed	Amount Received

ADJUSTMENTS

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? YES NO

If yes, are you reimbursed for any part of the money you pay? YES NO

Household Member who works or attends classes	Child under age 13 who is cared for	Amount	Name and Address of care provider

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? YES NO

If yes, explain: _____

If yes, are you reimbursed for any part of the money you pay? YES NO

3. COMPLETE ONLY IF THE HEAD OF HOUSEHOLD, SPOUSE OR CO-HEAD IS AGE 62 OR OLDER OR DISABLED

Do you wish to claim an allowance for Medical Expenses (Family members need not be age 62 or older or disabled to claim expense) YES NO

If yes, are you reimbursed for any part of the money you pay? YES NO

Household Member	Description of expense	Amount

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.**

ALL ADULT FAMILY MEMBERS MUST SIGN BELOW

Signature _____	Date _____
Signature _____	Date _____
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, 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 or Type Name No. 1)

SIGNATURE of Tenant/Applicant

DATE

Print or Type Name No. 2)

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, **porfavor 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 de el 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 or 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 dueño(s)?
9. Ha dispuesto de bienes con un valor en exceso de \$1,000 dentro de dos años antes de la fecha de su certification or 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 antefirmados, 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.

Escrito o a Maquina el Nombre #1)

FIRMA de Inquilino/Aplicante

FECHA

Escrito o a Maquina el Nombre #2)

FIRMA de Inquilino/Aplicante

FECHA



Regional Housing Authority of Sutter and Nevada Counties

1455 Butte House Rd, Yuba City, CA 95993
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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	Veterans Administration
Court Clerks	Welfare Agencies	Retirement Systems
Banks & other Financial Institutions	State Unemployment Agencies	Schools and Colleges
Medical & Child Care Providers	Social Security Administration	Law Enforcement Agencies
Support & Alimony Providers	Credit Providers	Credit Bureaus
Postal Office	Dept. of Motor Vehicles	Medical Facilities
Foster Care Providers	Utility Companies	Workman's Compensation Payers
	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**

Social Security Number

Signature of Spouse (print name) **Date**

Social Security Number

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

Social Security Number

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

Social Security Number

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

Social Security Number

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

Social Security Number

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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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.

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.



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TTY: 1-866-735-2929 Fax (530) 673-0775
Executive Director: Linda J. Nichols

NAME OF TENANT: _____

PROJECT NO. _____

ADDRESS: _____

PHONE NO. _____

DATE: _____

IN CASE OF EMERGENCY CONTACT

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

PHONE NO. _____

PHONE NO. _____

VEHICLE REGISTRATION

Name _____

Address _____

VEHICLE 1

Make _____

Model _____

Vin _____

License # _____

I understand that there is assigned parking at Richland Housing. I may park a maximum of ONE vehicle in the my assigned location in the tenant parking lot. Additional vehicles must still be REGISTERED, but MAY NOT be parked in assigned Tenant Parking.

Signature _____ Date _____

VEHICLE 2

Make _____

Model _____

Vin _____

License # _____

VEHICLE 3

Make _____

Model _____

Vin _____

License # _____



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**AUTHORIZATION FOR THE TRANSFER OF PERSONAL PROPERTY FROM APARTMENT
UPON DEATH OR INCAPACITATION; WAIVER AND RELEASE OF LIABILITY**

Resident Name: _____

Resident Address: _____

I understand that upon my death or if I become legally incapacitated while a resident at _____, that it is the Landlord's policy to require Power of Attorney Papers, Guardian Papers, and/or Probate Papers identifying my Personal Representative as the only person authorized to enter and remove personal property located in my apartment.

I have reviewed this policy with my family, heirs, and/or attorney and have decided that for the sole purpose of removing the contents of my apartment upon my death or incapacitation, my Landlord will allow the Appointee listed below access to my apartment to remove all the personal property without the necessity of any court order.

Name of Appointee: _____

Address of Appointee: _____

Telephone Number of Appointee: _____

I waive and release my Landlord, its owners, management agents, employees, or Landlord attorney [hereinafter collectively referred to as Landlord] from any and all claims that could be brought as a result of this transfer and I bind my estate through this waiver and release and order my estate to hold Landlord harmless for complying with my wishes. My intent is that my Personal Representative or Estate deal directly with the Appointee named above with regards to the disposition of the personal property. By transferring the personal property to the Appointee, neither my estate nor any heir has or is to have any claim resulting from the transfer against the Landlord. I direct the Appointee to accomplish this task within 30-days of my death, or give 30 days written vacate notice to my Landlord upon my incapacitation, and to pay the Landlord any rent due as of the date the keys are returned.

I understand that this Authorization may be revoked or changed during my residency and that until written notice of said change is received and acknowledge by the Landlord, this Authorization shall remain in full force and effect and any person acting pursuant to this release are hereby absolved and held harmless from any liability while acting in the absence of a court order.

I have been advised that I may seek the advice and guidance of legal counsel before signing this legal document that will be binding on my family, heirs, Personal Representative, and/or estate. I am further advised that Legal Aid may be available to review the document in the event I am unable to afford an attorney. Knowing this, I have voluntarily elected to execute this document on _____, 20____.

Resident Signature: _____

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all bases apply to all programs). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice), or (202) 720-6382 (TDD)."

