



# REGIONAL HOUSING AUTHORITY

Serving the Cities of Live Oak, Yuba City and Colusa • Counties of Sutter, Nevada, Colusa and Yuba

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

www.RegionalHA.org

## PRE-APPLICATION FOR THE HOUSING CHOICE VOUCHER PROGRAM (SECTION 8)

Please note this application is also available online at [www.regionalha.org](http://www.regionalha.org). Please complete the following questions to be placed on the Waiting List for the Housing Choice Voucher Program (Section 8). Incomplete or illegible applications will not be accepted. If you need assistance completing this form, or you require this form to be translated into another language, please call the office at (530) 671-0220. **Only one Pre-Application will be accepted per household, and per applicant; duplicates will be rejected. All communication will be through US Mail; WE WILL NOT CALL WITH UPDATES. Please make sure to update your address as necessary in writing. Failure to update your address will result in your removal from the waiting list.**

### Head of Household (please answer "none" if the question does not apply)

1. First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

2. Social Security Number \_\_\_\_\_ 3. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

4. Gender  Male  Female 5. Ethnicity:  Hispanic or Latino  Not Hispanic or Latino

6. Race:  White  African American/Black  American Indian/Alaska Native

Asian  Native Hawaiian/Pacific Islander

7. Telephone Number (only used to return messages) \_\_\_\_\_

8. Email Address \_\_\_\_\_

9. Homeless  Yes  No 10. Total annual Household income \_\_\_\_\_

11. Current Residential Address (cannot be a P.O. Box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

12. Mailing Address (must be provided if different than the resident address and if homeless)

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

13. Number of members in household \_\_\_\_\_

14. In which language do you prefer to communicate with the Housing Authority?

English  Spanish  TDD  Other \_\_\_\_\_

**\*\*If you are interested in using your voucher in another PHA's jurisdiction, please provide proof of local residency now\*\***



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





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15. Are any adults in the household subject to a lifetime registration requirement under a state sex offender registration program?  YES  NO

16. Do you have a business or personal relationship with any current (or past) employee or board member of the Regional Housing Authority?  No  Yes

## PREFERENCES

Please indicate ALL preference categories that relate to your household. To receive a preference for any of the checked boxes below, you must provide documentation from a third party. You will not be given a preference until proof is provided. You may update preferences anytime while on the list, and once verified, you will not lose a preference.

Are you or your spouse either disabled **or** 62 years of age or older?  Yes  No

Is a member of the household a veteran?  Yes  No

Is a member of the household a victim of domestic violence?  Yes  No

Are you currently homeless?  Yes  No (including moving on programs)

Have you recently been involuntary displaced by government action?  Yes  No

Is a member of the household between the ages of 18-61 and disabled?  Yes  No

## APPLICANT CERTIFICATION

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.**

**The California Fair Employment and Housing Act prohibits discrimination in housing on these same bases, as well as gender, gender identity, gender expression, sexual orientation, marital status, ancestry, source of income, and genetic information.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please return signed completed applications to Regional Housing Authority:**

1455 Butte House Road, Yuba City, CA 95993

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reception@regionalha.org



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