



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

HOUSING CHOICE VOUCHER PRE-APPLICATION

Please note: This application is **NOT** for the Low-Income Public Housing (LIPH) program. If you are interested in the LIPH program, you may fill out a separate application for that program. This application IS for HOUSING CHOICE VOUCHER (HCV) PROGRAM (Formerly known as Section 8). HCV is a rental assistance program.

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 of any sort to make RHA programs accessible 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. Pattra Runge Section 504 Accessibility Coordinator-(530) 671-0220 x 124

APPLICANT NAME (HEAD OF HOUSEHOLD)

LAST NAME _____ FIRST _____ MI _____

MAILING ADDRESS

City _____ State _____ Zip Code _____

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

FAMILY ATTRIBUTES:

NUMBER OF PEOPLE IN HOUSEHOLD _____ ANNUAL INCOME \$ _____



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



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								
5								
6								
7								
8								
9								

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

If yes, please list and explain _____

PREFERENCE

Please indicate ALL preference categories that relate to your household. TO RECEIVE PREFERENCE FOR ANY OF THE CHECKED BOXES BELOW, **YOU MUST PROVIDE WRITTEN PROOF, PREFERENCES WILL NOT BE ADDED UNTIL DOCUMENTATION HAS BEEN RECEIVED.** PREFERENCES CAN BE UPDATED ANYTIME AFTER YOU HAVE BEEN PLACED ON THE WAITLIST BY COMPLETING AN APPLICATION UPDATE FORM. YOU WILL NOT LOSE A PREFERENCE ONCE IT HAS BEEN VERIFIED.

- Involuntary Displacement (Disaster, Government Action, Inaccessibility, Property Disposition)
- Victim of Domestic Violence (Current or within previous 6 months)
- A member of the household is a service person or Veteran
- Homeless applicants in RHA’s jurisdiction
- Elderly/Disabled (Elderly families or a family whose head or spouse is disabled. One form of third-party verification required for disability preference)
- Mainstream (Households with at least one non-elderly household member with a disability)



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WAITING LIST DATA COLLECTION (This information is for HUD statistical purposes; you will be asked to provide information regarding waiting list preferences later on this form-THIS INFORMATION IS NOT FOR WAITING LIST PREFERENCE)

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

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 BECAUSE 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.

Ethnic Categories (Please select only one): Hispanic or Latino Not Hispanic or Latino

Race (Please select one or more):

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

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? No Yes-If Yes, please explain:



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



APPLICANT CERTIFICATION

I/We understand that I/we must provide verification that we are qualified for a preference before the preference points will be granted, if I/we fail to provide verification of preference, I/we will not be placed on the waitlist with the point(s) given for the preference.

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.

Discrimination complaints may be filed with California’s Department of Fair Employment and Housing at www.dfeh.ca.gov, or HUD’s Office of Fair Housing and Equal Opportunity at www.hud.gov

ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW

Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____

Please return signed completed applications to:

RHA

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