

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

Courtyard Penn Valley Project Based Voucher Program

This application is <u>NOT</u> for the Housing Choice Voucher-HCV (Section 8) program.

This application IS for <u>Courtyard Penn Valley Project Based Voucher Program</u>

Please note this application is also available online at www.regionalha.org. Please complete the following questions to be placed on the Waiting List for Courtyard Penn Valley. 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.

| 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 | can/Black 🗌 Amer | ican Indian/Alaska Native |
| Asian Native Hawaiian/Pacific | Islander | |
| 7. Telephone Number (only used to ret | turn messages) | |
| 8. Email Address | | |
| 9. Homeless Yes No | 10. Total a | nnual Household income |
| 11. Current Residential Address (canno | ot be a P.O. Box) | |
| City St | ate | Zip |
| 12. Mailing Address (must be provided | | e resident address and if homeless) |
| City St | | Zip |
| 13. Number of members in household | | |
| 14. In which language do you prefer to | communicate with | the Housing Authority? |





SWEET 1945

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| ☐ English ☐ Spanish ☐ TDD ☐ Other |
|--|
| **If you are interested in using your voucher in another PHA's jurisdiction, please provide proof of local residency now** |
| 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 |
| <u>PREFERENCES</u> |
| 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. |
| Artist Yes No |
| Live/Work/Elderly/Disabled in Nevada County 🗌 Yes 📗 No |
| Is a member of the household a veteran? Yes No |
| Homeless in Regional Housing Authority's jurisdiction 🗌 Yes 🗌 No (including moving on programs) |
| 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: |





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