**Percy Avenue Apartments-Project Based Voucher Program**

Please note: This application is **NOT** for the Housing Choice Voucher-HCV (Section 8) program. This application IS for Percy Avenue Apartments-Project Based Voucher Program (PERCY-PBV)). PERCY-PBV is a form of housing in which you will live a unit that has rental assistance provided by the Housing Authority. PERCY-PBV is limited to specific available units designated by the Housing Authority and HUD.

**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 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.**

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**The Occupancy Standard for PERCY-PBV is**

**1 BR ------- 1-3 People**

**This is our normal occupancy standard. Exceptions to the above standard can be made as a reasonable accommodation for a disabled family member.**

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**APPLICANT NAME (HEAD OF HOUSEHOLD)**

LAST NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 $\_\_\_\_\_\_\_\_\_\_\_

NUMBER OF BEDROOMS REQUESTED \_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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) | Date of Birth | Age |
| 1 |  |  |  |  | Head |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |

**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 VERFIED.

Live/Work/Elderly/Disabled in the City of Yuba City)

Live/Work/Elderly/Disabled in Sutter County

A member of the household is a service person or Veteran

Homeless applicants in RHA’s jurisdiction

**WAITING LIST DATA COLLECTION (This information is for HUD statistical purposes only)**

**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 DAMAGER OR DESTROYED AS A RESULT OF A DISASTER

HOMELESS (DEFINED AS A FAMILY WHO LACKS A FIXED, REGULAR AND ADEQUATE NIGHTTIME RESIDENCE, MEANING EITHER: HAS A NIGHTIME RESIDENCE THAT IS A PUBLIC OR PRIVEATE 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):  Not Hispanic or Latino  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

**ACCESSIBILITY**

Do you or any member of your family require any accessibility features? (Please select one or more.)

Yes, Hearing Access  Yes, Mobility Access

Yes, Sight Access  No, I/We do not require any accessibility features.

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICANT CERTIFICATION**

I/We understand that I/We must provide verification that we are qualified for a preference and this must by my/our status at the time we are offered housing assistance. I further understand that if I/We do not qualify for the preference at the time that my/our household is offered housing, my/our preference status will be withdrawn and my/our application will be returned to the appropriate place on the waiting list.

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**](http://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**

1455 Butte House Road, Yuba City, CA 95993

reception@regionalha.org