**Stony Creek II Project Based Voucher Program**

**AGE 62+**

Please note: This application is **NOT** for the Housing Choice Voucher-HCV (Section 8) program. This application IS for Stony Creek II Senior Apartments-Project Based Voucher 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.**

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**The Occupancy Standard for Stony Creek Senior Community (ages 62+)**

**1 BR ------- 1-2 People 2 BR ------- 2-4 People**

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

**I WISH TO APPLY FOR THE FOLLOWING**

**[ ]  1 Bedroom** **[ ]  2 Bedroom**

**­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­**

**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 \_\_\_\_\_\_\_\_\_\_\_ HOUSEHOLD ANNUAL INCOME $\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **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 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 of HH | Sex (M/F) | Date of Birth | Age | F/TStudent(Y/N) |
| 1 |   |   |   |   | Head |   |   |   |  |
| 2 |   |   |   |   |   |   |   |   |  |
| 3 |   |   |   |   |   |   |   |   |  |
| 4 |   |   |   |   |   |   |   |   |  |
| 5 |   |   |   |   |   |   |   |   |  |
| 6 |   |   |   |   |   |   |   |   |  |

**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 Williams

[ ]  Live/Work/Elderly/Disabled in Colusa 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): [ ]  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

**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 of Sutter and Nevada Counties? [ ]  No [ ]  Yes-If yes, please explain:

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**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**](http://www.dfeh.ca.gov)**, or HUD’s Office of Fair Housing and Equal Opportunity at www.hud.gov**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_**

**Please return signed completed applications to:**

**RHA**

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

reception@regionalha.org