



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

Stony Creek II Project Based Voucher Program AGE 62+

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 note this application is also available online at www.regionalha.org. Please complete the following questions to be placed on the Waiting List for Stony Creek II. 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. YOU MUST MEET THE AGE RESTRICTION FOR THIS PROPERTY TO BE PLACED ON THE LIST. 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.**

One Bedroom Two Bedrooms

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 _____



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





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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****

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.

Live/Work/Elderly/Disabled in the City of Williams? Yes No

Is a member of the household a veteran? Yes No

Live/Work/Elderly/Disabled in Colusa County 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:

1455 Butte House Road, Yuba City, CA 95993

Fax: (530) 673-0775

reception@regionalha.org



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