



# Plumas County Community Development Commission & Housing Authority

PO Box 319 ~ 183 West Main Street

Quincy, CA 95971

Telephone: 530-283-2466 or 1-800-993-5399 or TDD 1-800-735-2929

Fax: 530-283-2478

www.plumascdc.org

## IMPORTANT INFORMATION REGARDING THE SECTION 8 HOUSING CHOICE VOUCHER RENTAL ASSISTANCE PROGRAM FOR PLUMAS, LASSEN, TEHAMA AND SIERRA COUNTIES.

The Section 8 Housing Choice Voucher Program is a federally funded program that provides rental assistance to qualified low-income individuals and families allowing them to affordably live in privately owned rental properties throughout Plumas/Lassen/Tehama/Sierra Counties. Under the program, participants pay approximately 30-40% of their total adjusted monthly income for their share of the rent and the Housing Authority pays the balance to the landlord within reasonable rental limits.

Any family, single, elderly and/or disabled person, at least 18 years of age, who is a United States citizen or an eligible immigrant may apply. **All applicants will be screened prior to admission for:**

- Violent Criminal and/or Drug-related Criminal Activity
- Eligible Immigration Status
- Registration to a Lifetime State Registration for Sex Offenders
- Income Eligibility based on your household's annual gross total income (income before taxes or any other amounts are taken away). You must include the income of every person who will live with you. (You do not have to include earned income of minor children 17 years or younger.)

<u>CURRENT INCOME LIMITS</u>				
Household Size	Plumas Yearly Income	Lassen Yearly Income	Tehama Yearly Income	Sierra Yearly Income
1	\$20,300	\$21,600	\$20,300	\$23,450
2	\$23,200	\$24,700	\$23,200	\$26,800
3	\$26,100	\$27,800	\$26,100	\$30,150
4	\$28,950	\$30,850	\$28,950	\$33,500
5	\$31,300	\$33,350	\$31,300	\$36,200
Revised 12/1/2011 <i>**subject to change without notification</i>				

Note: You are signing up for a waiting list. You will not receive housing assistance immediately. When your name comes to the top of the waiting list, you will be contacted to complete an application to determine final eligibility. Applicants not living within the jurisdiction of the HA at the time the family applies for rental assistance must live within the jurisdiction of the first twelve months of Sec. 8 assistance before they can move outside the jurisdiction of the HA, subject to funding availability.

\*\*Please note that it is your responsibility to notify PCCDC in writing of any changes in mailing address, phone number, family composition or preferences. If you fail to do so and we are unable to contact you, your name will be removed from the waiting list.

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Housing Authority.



# SECTION 8 PRELIMINARY APPLICATION

PLEASE COMPLETE THIS FORM; AND HOUSING SURVEY

AND RETURN TO:

Plumas County Community Development Commission  
 PO Box 319  
 Quincy, CA 95971

Office Use Only

- T.C.
- Happy
- Debt
- Income
- S.O.R.
- Date
- Initial

Mailing address:

\_\_\_\_\_  
 \_\_\_\_\_

Physical street address if different from mailing:

\_\_\_\_\_  
 \_\_\_\_\_

## PART 1: Head of Household

Full Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_\_

Sex  Female  Male

Home Phone \_\_\_\_\_

Other Phone \_\_\_\_\_

Disabled  Yes  No

Ethnicity (Check one)  Hispanic  
 Not Hispanic

Race (Check all that apply)  White  
 Black/African American  
 American Indian/  
 Alaskan Native  
 Asian  
 Native Hawaiian/  
 Other Pacific Islander

\*\* Racial and ethnic data for statistical purposes only.

## PART 2: Household Information

List information for adults first, then children under age 18. Use "F" or "M" to indicate sex. If a household member is disabled check the "Y" check box, if not disabled, check "N." List relationship of each person to the Head of Household. Attach additional sheet if family has more than ten members.

<u>Last Name</u>	<u>First Name</u>	<u>Social Security #</u>	<u>Date of Birth</u>	<u>Sex</u>	<u>Disabled</u>	<u>Relationship</u>
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

NOTICE: IT IS YOUR RESPONSIBILITY TO NOTIFY THE HOUSING AUTHORITY, IN WRITING OF ANY CHANGES IN YOUR MAILING ADDRESS, PHONE NUMBER OR FAMILY COMPOSITION. IF YOU FAIL TO DO SO AND WE ARE UNABLE TO CONTACT YOU, YOUR NAME WILL BE REMOVED FROM THE WAITING LIST.

**PART 3: Family Income and Assets**

List total gross income (before taxes) and payments received by each family member age 18 or older for wages, military pay, pensions, Social Security, SSI, welfare, child support, unemployment, business, profession or any other source. Include payments made to family members age 18 or older on behalf of other family members under age 18.

<u>Family Member</u>	<u>Gross Income</u>	<u>How Often</u>	<u>Source of Income</u> <u>Including mailing address</u>
_____	\$ _____	___ Weekly ___ Bi-Weekly ___ Monthly ___ Yearly	_____
_____	\$ _____	___ Weekly ___ Bi-Weekly ___ Monthly ___ Yearly	_____
_____	\$ _____	___ Weekly ___ Bi-Weekly ___ Monthly ___ Yearly	_____

List total cash value and total income received for assets owned by all family members:

<u>Type of Assets</u>	<u>Cash Value of Assets</u>	<u>Income Earned from Asset</u>
Checking Accounts	\$ _____	\$ _____
Savings Accounts	\$ _____	\$ _____
Stocks, Bonds, CD's, Investments	\$ _____	\$ _____
Real Estate	\$ _____	\$ _____
Other	\$ _____	\$ _____

**PART 4: Preference Determination**

Your response to the following statements will help determine your eligibility for rental assistance and if you are entitled to a preference when placed on the program's waiting list. **Check each box that applies to your current status.**

- Yes  No 1. Are you a resident of Plumas, Lassen, Tehama or Sierra County?
- Yes  No 2. Is the Head, Spouse or Sole Member of the applicant family:
- Working or has been hired to work in Plumas, Lassen, Tehama or Sierra County? OR
  - Working or has been hired to work outside Plumas, Lassen, Tehama or Sierra County, but lives in Plumas, Lassen, Tehama or Sierra County? OR
  - Is 62 years of age or older? OR
  - Is a person with disabilities?
- Yes  No 3. Is a member of the applicant family a Veteran or a current member of the Armed Forces?
- Yes  No 4. Are you being required to have or have you been required to vacate your residence within the last 6 months due to action by a public agency or by your landlord through no fault of your own and have not moved to permanent housing? Displacement can be defined as follows:
- Disaster, such as flood or fire.
  - Governmental action due to public improvement project code enforcement, demolition, or developmental program.
  - Landlord action beyond ability to prevent and not involving rent increase or non-payment of rent.
- \*\*In order to qualify for the displacement preference you MUST provide documentation AND name and address of the person or agency that can verify your displacement. If documentation is not provided the preference will be removed from your application.**

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000, or imprisoned up to five years if I knowingly furnish false or incomplete information. I have no objection to inquiries being made for the purpose of verifying the information given to the Housing Authority on my application for admission or continued occupancy.

Head of Household Signature \_\_\_\_\_

Date \_\_\_\_\_

# Housing Survey

Housing Choice Voucher Program

Please complete all of the information about the housing unit listed below.

## Unit Location

Building Name (optional) \_\_\_\_\_  
Street Address \_\_\_\_\_ Apt # \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_

## Management and Owner Information

### Management Information

Managed By  Owner  
 Management Company  
Mgr Name \_\_\_\_\_  
Mgr Phone \_\_\_\_\_  
Is the Owner / Manager On-Site?  Yes  No

### Owner Information

Owner Name \_\_\_\_\_  
Owner Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP \_\_\_\_\_

## Unit Size, Cost and Utilities Provided

### Size of Unit

Number of Bedrooms \_\_\_\_\_  
Number of Bathrooms \_\_\_\_\_  
Square Footage  Above Average  
 Average  
 Below Average

### Lease Information

Current Rent \$ \_\_\_\_\_  
Date Rented \_\_\_\_\_

### Owner Paid Utilities

Check all utilities that are included in the rent

Heat  Water Heat  Water  Trash Collection  Refrigerator  
 Cooking  Other Electric  Sewer  Air Conditioning  Range

### Types of Utilities Used

The unit is heated with:

Natural Gas  Electric  
 Bottle Gas  Coal  
 Oil  Other

The hot water is heated with:

Natural Gas  Electric  
 Bottle Gas  Coal  
 Oil  Other

The stove uses:

Natural Gas  
 Electric  
 Bottle Gas

# Housing Survey

Housing Choice Voucher Program

## Unit Type, Quality and Age

### Unit Type

Check the one box that best describes the unit

- |  |  |
|--|--|
| <input type="checkbox"/> Older Home Converted  | <input type="checkbox"/> Older Multi-Family        |
| <input type="checkbox"/> High Rise             | <input type="checkbox"/> Two/Three Family (Duplex) |
| <input type="checkbox"/> Mobile Home           | <input type="checkbox"/> Single Family Detached    |
| <input type="checkbox"/> Row House/Garden Apt. |  |

### Quality of the Unit

Describe the overall quality and condition of the unit in comparison with other apartments you have seen.

- Above Average  
 Average  
 Below Average

### Age

Estimated year of construction or last major renovation \_\_\_\_\_

### Accessibility

Check all boxes that apply if the unit has specific features to assist people with the following types of disabilities:

- Hearing    Other  
 Sight  
 Mobility

## Amenities, Services and Maintenance

Check all of the items listed below that are included in the rent of the unit.

- |   |  |
|---|--|
| <input type="checkbox"/> Air conditioning                             | <input type="checkbox"/> Shed                    |
| <input type="checkbox"/> Balcony, patio, deck, porch                  | <input type="checkbox"/> Storage                 |
| <input type="checkbox"/> Close to Medical Facilities                  | <input type="checkbox"/> Storm windows and doors |
| <input type="checkbox"/> Close to Schools                             | <input type="checkbox"/> Vaulted ceilings        |
| <input type="checkbox"/> Close to Shopping                            | <input type="checkbox"/> Washer/Dryer            |
| <input type="checkbox"/> Close to Transportation                      | <input type="checkbox"/> Working fireplace       |
| <input type="checkbox"/> Dishwasher                                   |  |
| <input type="checkbox"/> Driveway                                     |  |
| <input type="checkbox"/> Exceptional size relative to needs of family |  |
| <input type="checkbox"/> Fenced yard                                  |  |
| <input type="checkbox"/> Garage or parking facilities                 |  |
| <input type="checkbox"/> Garbage disposal                             |  |
| <input type="checkbox"/> Good maintenance of building exterior        |  |
| <input type="checkbox"/> Good maintenance of building interior        |  |
| <input type="checkbox"/> Good upkeep of grounds                       |  |
| <input type="checkbox"/> High quality floors or wall coverings        |  |
| <input type="checkbox"/> Large yard                                   |  |
| <input type="checkbox"/> Laundry facilities                           |  |
| <input type="checkbox"/> Other forms of weatherization                |  |
| <input type="checkbox"/> Playground                                   |  |
| <input type="checkbox"/> Screen doors or windows                      |  |

## Certification

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000 if I furnish false or incomplete information.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_