



Pine Meadows PO Box 1836 / 616 Pearl Road Chester, Ca. 96020

Thank you for applying for residency at Pine Meadows, located at 616 Pearl Road in Chester, CA. Pine Meadows is a smoke-free complex.

Please mail, or deliver to office; your original (no copies or faxes accepted) completed application to:

**Pine Meadows Apartments
P.O. Box 1836
Chester, CA 96020**

In order for your application to be considered complete, during the time of delivery, the following must be completed;

- The Application must be filled out in its entirety with a signature and date.***
- A \$25 Non refundable application processing fee will be charged with the acceptance of your completed application. This fee must be paid in the form of a money order, personal check, or cashier's check. If the \$25 fee is not submitted with the application, your application will be considered incomplete and withdrawn in 10 days.***
- The "Release of Information" form must be signed.***
- A copy of your photo ID must be present, for all applicants on application.***
- All areas of the application must be completed in ink.***

Within 10 days of receiving your application, management will mail an "Eligibility Notice" to inform you of the status of your application.

Thank you,

Housing Manager

" This institution is an equal opportunity provider"

See page two for full statement

(530) 258-3223 phone

(800) 735-2929 TDD #

(530) 258-2348fax



Pine Meadows PO Box 1836 / 616 Pearl Road Chester, Ca. 96020

Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, office, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program, activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD3027, found online at: http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. Mail: U.S. Department of Agriculture, Office of Assistant Secretary for Civil Rights, 1400 Independence Ave, SW, Washington, D.C. 20250-9410;
2. Fax (202) 690-7442; or
3. Email: program.intake@usda.gov.

"This institution is an equal opportunity provider"

(530) 258-3223 phone

(800) 735-2929 TDD #

(530) 258-2348fax



APPROVED

3/19/09

W. & M. Co., Area Specialist



PINE MEADOWS
APPLICATION FOR ADMISSION

This section is to be completed by Management

Date & Time Received: _____

Date & Time Completed: _____

GROSS INCOME _____

ADJ. INCOME: _____

VL: _____ LOW: _____ MOD: _____

INT: _____

PLEASE ANSWER ALL QUESTIONS:

GENERAL INFORMATION

Name (F, MI, L)	DOB	Age	Sex	Social Security Number	Drivers License Number	State

Does anyone live with you now who is not listed above? No _____ Yes _____

If yes, who? _____ Relationship: _____

Are you or any members of your household 18 or older attending school? No _____

Yes _____ If yes, who? _____

Do you own a pet? No _____ Yes _____

If yes, how many _____ size _____ type _____

APARTMENT SIZE REQUESTED

_____ 1 Bedroom Unit

_____ 1 Bedroom Handicapped Accessible Unit

_____ 2 Bedroom Unit

1. Do you wish to have priority for a handicapped accessible unit with special design features? No _____ Yes _____

2. Are there any reasonable accommodations or specific devices that you would like to request? No _____ Yes _____ if yes, please specify _____

CURRENT ADDRESS INFORMATION

Physical address:

Street _____ Apt# _____
City _____ State _____
Zip Code _____
Day Phone _____
Night Phone _____
Message Phone _____
Dates you lived here: _____

Mailing address (if different from above):

P.O. Box/Street _____
City _____ State _____
Zip Code _____

LANDLORD/TENANT INFORMATION

Current Landlord:

Name _____
Phone _____
Mailing Address _____
City _____ State _____
Zip Code _____
If Apt name of complex _____
Name of Manager: _____

Reason you want to move: _____

Amount of rent you are paying: _____

Are currently in a subsidized complex? No _____ Yes _____
Type _____

Do you have a Section 8 Certificate? No _____ Yes _____

Are you being displaced? No _____ Yes _____

Are you being or have you been evicted? No _____ Yes _____
If yes, explain _____

Has your household's assistance or tenancy in a subsidized housing program ever been terminated for fraud, nonpayment of rent or failure to cooperate with the recertification procedures? No _____ Yes _____

If yes explain _____

PREVIOUS LANDLORD/TENANT INFORMATION

Previous Address:

Street _____ Apt # _____

City _____ State _____

Zip Code _____

If apt, name of complex _____

Reason for moving: _____

Previous Landlord: _____

Address _____

City _____ State _____

Zip Code _____

Phone _____

Landlord relationship to tenant if any

Personal References (DO NOT LIST RELATIVES):

Emergency Contact:

Name	Address	Phone #
Mr. J. Smith	123 Main St.	555-1234
Ms. A. Jones	456 Oak Ave.	555-5678
Mr. B. Brown	789 Pine Rd.	555-9012
Ms. C. Green	101 Elm St.	555-3456
Mr. D. White	202 Maple Dr.	555-7890
Ms. E. Black	303 Birch Ln.	555-2345
Mr. F. Gray	404 Cedar Ct.	555-6789
Ms. G. Blue	505 Spruce Way.	555-0123
Mr. H. Red	606 Willow St.	555-4567
Ms. I. Yellow	707 Ash Ave.	555-8901
Mr. J. Purple	808 Hickory Rd.	555-2345
Ms. K. Pink	909 Walnut Dr.	555-6789
Mr. L. Orange	1010 Cherry Ln.	555-0123
Ms. M. Green	1111 Peach St.	555-4567
Mr. N. Blue	1212 Plum Ave.	555-8901
Ms. O. Brown	1313 Apple Rd.	555-2345
Mr. P. Yellow	1414 Pear Dr.	555-6789
Ms. Q. Purple	1515 Grape Way.	555-0123
Mr. R. Pink	1616 Lemon St.	555-4567
Ms. S. Orange	1717 Lime Ave.	555-8901
Mr. T. Green	1818 Orange Rd.	555-2345
Ms. U. Blue	1919 Lemon Dr.	555-6789
Mr. V. Brown	2020 Lime Ln.	555-0123
Ms. W. Yellow	2121 Peach St.	555-4567
Mr. X. Purple	2222 Apple Ave.	555-8901
Ms. Y. Pink	2323 Pear Rd.	555-2345
Mr. Z. Orange	2424 Cherry Dr.	555-6789
Ms. AA. Green	2525 Walnut Way.	555-0123
Mr. AB. Blue	2626 Hickory St.	555-4567
Ms. AC. Brown	2727 Maple Ave.	555-8901
Mr. AD. Yellow	2828 Birch Rd.	555-2345
Ms. AE. Purple	2929 Cedar Dr.	555-6789
Mr. AF. Pink	3030 Spruce Ln.	555-0123
Ms. AG. Orange	3131 Willow St.	555-4567
Mr. AH. Green	3232 Ash Ave.	555-8901
Ms. AI. Blue	3333 Elm Rd.	555-2345
Mr. AJ. Brown	3434 Oak Dr.	555-6789
Ms. AK. Yellow	3535 Pine Way.	555-0123
Mr. AL. Purple	3636 Elm St.	555-4567
Ms. AM. Pink	3737 Oak Ave.	555-8901
Mr. AN. Orange	3838 Pine Rd.	555-2345
Ms. AO. Green	3939 Elm Dr.	555-6789
Mr. AP. Blue	4040 Oak Ln.	555-0123
Ms. AQ. Brown	4141 Pine St.	555-4567
Mr. AR. Yellow	4242 Elm Ave.	555-8901
Ms. AS. Purple	4343 Oak Rd.	555-2345
Mr. AT. Pink	4444 Pine Dr.	555-6789
Ms. AU. Orange	4545 Elm Way.	555-0123
Mr. AV. Green	4646 Oak St.	555-4567
Ms. AW. Blue	4747 Pine Ave.	555-8901
Mr. AX. Brown	4848 Elm Rd.	555-2345
Ms. AY. Yellow	4949 Oak Dr.	555-6789
Mr. AZ. Purple	5050 Pine Ln.	555-0123
Ms. BA. Pink	5151 Elm St.	555-4567
Mr. BB. Orange	5252 Oak Ave.	555-8901
Ms. BC. Green	5353 Pine Rd.	555-2345
Mr. BD. Blue	5454 Elm Dr.	555-6789
Ms. BE. Brown	5555 Oak Way.	555-0123
Mr. BF. Yellow	5656 Pine St.	555-4567
Ms. BG. Purple	5757 Elm Ave.	555-8901
Mr. BH. Pink	5858 Oak Rd.	555-2345
Ms. BI. Orange	5959 Pine Dr.	555-6789
Mr. BJ. Green	6060 Elm Ln.	555-0123
Ms. BK. Blue	6161 Oak St.	555-4567
Mr. BL. Brown	6262 Pine Ave.	555-8901
Ms. BM. Yellow	6363 Elm Rd.	555-2345
Mr. BN. Purple	6464 Oak Dr.	555-6789
Ms. BO. Pink	6565 Pine Way.	555-0123
Mr. BP. Orange	6666 Elm St.	555-4567
Ms. BQ. Green	6767 Oak Ave.	555-8901
Mr. BR. Blue	6868 Pine Rd.	555-2345
Ms. BS. Brown	6969 Elm Dr.	555-6789
Mr. BT. Yellow	7070 Oak Ln.	555-0123
Ms. BU. Purple	7171 Pine St.	555-4567
Mr. BV. Pink	7272 Elm Ave.	555-8901
Ms. BW. Orange	7373 Oak Rd.	555-2345
Mr. BX. Green	7474 Pine Dr.	555-6789
Ms. BY. Blue	7575 Elm Way.	555-0123
Mr. BZ. Brown	7676 Oak St.	555-4567
Ms. CA. Yellow	7777 Pine Ave.	555-8901
Mr. CB. Purple	7878 Elm Rd.	555-2345
Ms. CC. Pink	7979 Oak Dr.	555-6789
Mr. CD. Orange	8080 Pine Ln.	555-0123
Ms. CE. Green	8181 Elm St.	555-4567
Mr. CF. Blue	8282 Oak Ave.	555-8901
Ms. CG. Brown	8383 Pine Rd.	555-2345
Mr. CH. Yellow	8484 Elm Dr.	555-6789
Ms. CI. Purple	8585 Oak Way.	555-0123
Mr. CJ. Pink	8686 Pine St.	555-4567
Ms. CK. Orange	8787 Elm Ave.	555-8901
Mr. CL. Green	8888 Oak Rd.	555-2345
Ms. CM. Blue	8989 Pine Dr.	555-6789
Mr. CN. Brown		

Name	Address	Phone #
Mr. J. Smith	123 Main St.	555-1234
Ms. A. Jones	456 Oak Ave.	555-5678
Mr. B. Brown	789 Pine Rd.	555-9012
Ms. C. Green	101 Elm St.	555-3456
Mr. D. White	202 Maple Dr.	555-7890
Ms. E. Black	303 Birch Ln.	555-2345
Mr. F. Gray	404 Cedar Ct.	555-6789
Ms. G. Blue	505 Spruce Way.	555-0123
Mr. H. Red	606 Willow St.	555-4567
Ms. I. Yellow	707 Ash Ave.	555-8901
Mr. J. Purple	808 Hickory Rd.	555-2345
Ms. K. Orange	909 Walnut Dr.	555-6789
Mr. L. Green	1010 Cherry Ln.	555-0123
Ms. M. Blue	1111 Peach St.	555-4567
Mr. N. Red	1212 Plum Ave.	555-8901
Ms. O. Yellow	1313 Apple Rd.	555-2345
Mr. P. Purple	1414 Pear Dr.	555-6789
Ms. Q. Orange	1515 Grape Way.	555-0123
Mr. R. Green	1616 Lemon St.	555-4567
Ms. S. Blue	1717 Lime Ave.	555-8901
Mr. T. Red	1818 Orange Rd.	555-2345
Ms. U. Yellow	1919 Lemon Dr.	555-6789
Mr. V. Purple	2020 Lime Ln.	555-0123
Ms. W. Orange	2121 Apple St.	555-4567
Mr. X. Green	2222 Peach Ave.	555-8901
Ms. Y. Blue	2323 Plum Rd.	555-2345
Mr. Z. Red	2424 Cherry Dr.	555-6789
Ms. AA. Yellow	2525 Walnut Way.	555-0123
Mr. AB. Purple	2626 Hickory St.	555-4567
Ms. AC. Orange	2727 Birch Ave.	555-8901
Mr. AD. Green	2828 Cedar Rd.	555-2345
Ms. AE. Blue	2929 Spruce Dr.	555-6789
Mr. AF. Red	3030 Willow Ln.	555-0123
Ms. AG. Yellow	3131 Ash St.	555-4567
Mr. AH. Purple	3232 Elm Ave.	555-8901
Ms. AI. Orange	3333 Maple Rd.	555-2345
Mr. AJ. Green	3434 Oak Dr.	555-6789
Ms. AK. Blue	3535 Pine Way.	555-0123
Mr. AL. Red	3636 Birch St.	555-4567
Ms. AM. Yellow	3737 Cedar Ave.	555-8901
Mr. AN. Purple	3838 Spruce Rd.	555-2345
Ms. AO. Orange	3939 Willow Dr.	555-6789
Mr. AP. Green	4040 Ash Ln.	555-0123
Ms. AQ. Blue	4141 Elm St.	555-4567
Mr. AR. Red	4242 Maple Ave.	555-8901
Ms. AS. Yellow	4343 Oak Rd.	555-2345
Mr. AT. Purple	4444 Pine Dr.	555-6789
Ms. AU. Orange	4545 Birch Way.	555-0123
Mr. AV. Green	4646 Cedar St.	555-4567
Ms. AW. Blue	4747 Spruce Ave.	555-8901
Mr. AX. Red	4848 Willow Rd.	555-2345
Ms. AY. Yellow	4949 Ash Dr.	555-6789
Mr. AZ. Purple	5050 Elm Ln.	555-0123
Ms. BA. Orange	5151 Maple St.	555-4567
Mr. BB. Green	5252 Oak Ave.	555-8901
Ms. BC. Blue	5353 Pine Rd.	555-2345
Mr. BD. Red	5454 Birch Dr.	555-6789
Ms. BE. Yellow	5555 Cedar Way.	555-0123
Mr. BF. Purple	5656 Spruce St.	555-4567
Ms. BG. Orange	5757 Willow Ave.	555-8901
Mr. BH. Green	5858 Ash Rd.	555-2345
Ms. BI. Blue	5959 Elm Dr.	555-6789
Mr. BJ. Red	6060 Maple Ln.	555-0123
Ms. BK. Yellow	6161 Oak St.	555-4567
Mr. BL. Purple	6262 Pine Ave.	555-8901
Ms. BM. Orange	6363 Birch Rd.	555-2345
Mr. BN. Green	6464 Cedar Dr.	555-6789
Ms. BO. Blue	6565 Spruce Way.	555-0123
Mr. BP. Red	6666 Willow St.	555-4567
Ms. BQ. Yellow	6767 Ash Ave.	555-8901
Mr. BR. Purple	6868 Elm Rd.	555-2345
Ms. BS. Orange	6969 Maple Dr.	555-6789
Mr. BT. Green	7070 Oak Way.	555-0123
Ms. BU. Blue	7171 Pine St.	555-4567
Mr. BV. Red	7272 Birch Ave.	555-8901
Ms. BV. Yellow	7373 Cedar Rd.	555-2345
Mr. BW. Purple	7474 Spruce Dr.	555-6789
Ms. BW. Orange	7575 Willow Way.	555-0123
Mr. BX. Green	7676 Ash St.	555-4567
Ms. BX. Blue	7777 Elm Ave.	555-8901
Mr. BY. Red	7878 Maple Rd.	555-2345
Ms. BY. Yellow	7979 Oak Dr.	555-6789
Mr. BZ. Purple	8080 Pine Ln.	555-0123
Ms. CA. Orange	8181 Birch St.	555-4567
Mr. CB. Green	8282 Cedar Ave.	555-8901
Ms. CC. Blue	8383 Spruce Rd.	555-2345
Mr. CD. Red	8484 Willow Dr.	555-6789
Ms. CD. Yellow	8585 Ash Way.	555-0123
Mr. CE. Purple	8686 Elm St.	555-4567
Ms. CE. Orange	8787 Maple Ave.	555-8901
Mr. CF. Green	8888 Oak Rd.	555-2345
Ms. CF. Blue	8989 Pine Dr.	555-6789

Relationship_____

Automobile (s):

Make: _____ Color: _____ Year: _____

License Plate#

Make: _____ Color: _____ Year: _____

License Plate# _____

Do you own a trailer, boat, camper, moped, motorcycle etc.? No _____ Yes _____

If yes, what type: _____

HOUSEHOLD FINANCIAL OBLIGATIONS:

Include All medical expenses, cash payments, child support, loans, credit cards etc.

[illegible]

INCOME

Do you or any member of your household anticipate receiving income from any of the following sources during the next 12 months? (Please mark EVERY one either YES or NO. If you answer any questions with a YES, Complete the blanks on the right.)

SOURCE OF INCOME:	YES	NO	NAME/ADDRESS/ PHONE #	WHO RECIEVES?	AMOUNT
EMPLOYMENT					
EMPLOYMENT					
CHILD SUPPORT					
ALIMONY					
MONETARY GIFT					
PENSION/RETIRE BNFTS					
SCHOOL GRANTS/LOANS					
SOCIAL SECURITY					
SUPP. SOCIAL SECURITY					
UNEMPLOYMENT COMP.					
VETERANS ADMIN.					
AFDC (WELFARE)					
WORKERS DISB. COMP.					
ANY OTHER SOURCE					

CHILDCARE EXPENSE

Complete only if your child/children is/are 12 years of age and younger and living in your household.

Do you pay for childcare expenses? No ____ Yes ____

If yes, do you employ childcare in order for a household member to work or continue education? No ____ Yes ____ Monthly cost _____.

MEDICAL / DISABILITY

Medical Expenses: Complete this section ONLY if head of household or spouse is 62 or older or disabled and YOU WISH to be considered for deductions from your income.

Do you wish to claim a \$400 deduction from your household income based on an "Elderly Household" status, where the tenant or co-tenant is 62 or older or disabled.

Yes _____ No _____

Do you anticipate having ANY medical expenses within the next twelve (12) months which are NOT paid for by Medicare or an insurance policy? No ____ Yes ____

If yes, please explain: _____

Examples of medical or dental expenses: cost of insurance, prescriptions, eyeglasses, hearing aides or nursing care, etc.) Do NOT include expenses that are reimbursed or paid by others outside your household.

DISABILITY EXPENSES

Complete this part ONLY for expenses to the extent needed to enable any family member to be employed and if YOU WISH to be considered for deductions from your income:

ASSETS

In the last two (2) years have you sold, given away or disposed of assets for less than "Fair Market Value" (example: real estate and other items held for investment purposes such as gems, jewelry, coins or collections, etc.) No _____ Yes _____

If yes, type of asset _____

Amount received \$ _____

Name of party who acquired asset _____

Address _____

Was this due to divorce, separation or bankruptcy? No _____ Yes _____

Please mark every question either YES or NO. If you answer YES, complete the blank to the right.

DO YOU HAVE.....? BANK(NAME/ADDRESS)	Y E S	N O	NAME ON ACCOUNT	ACCOUNT #	BALANCE/ VALUE
CHECKING ACCOUNT					
CHECKING ACCOUNT					
SAVINGS ACCOUNT					
SAVINGS ACCOUNT					
MONEY MARKET ACCOUNT					
MONEY MARKET ACCOUNT					
CERTIFICATE/TIME DEPOSIT					
CERTIFICATE/TIME DEPOSIT					
TRUST ACCOUNT(S) 1. 2.					
WHOLE LIFE INSURANCE POLICY (cash value)					
SAVINGS BONDS(cash value)					
SAVINGS BONDS(cash value)					
STOCKS OR BONDS					
IRA/KEOGH/LIFE INS.,OR OTHER RETIREMENT ACCTS.					
RENTAL PROPERTY					
OTHER REAL ESTATE					
OTHER					

I/WE CERTIFY THE HOUSING I/WE WILL OCCUPY AT PINE MEADOWS APARTMENTS WILL BE MY/OUR PERMANENT RESIDENCE AND I/WE WILL NOT MAINTAIN A SEPARATE RENTAL UNIT IN A DIFFERENT LOCATION. I/WE AUTHORIZE THE OWNER TO OBTAIN A CREDIT REPORT, CRIMINAL BACKGROUND CHECK AND TO CONTACT CURRENT AND PREVIOUS LANDLORDS.

I/WE ALSO CERTIFY THAT THE INFORMATION GIVEN IS ACCURATE AND COMPLETE AND UNDERSTAND ANY MISREPRESENTATION WILL DISQUALIFY THE APPLICANT.

I/WE CONSENT TO THE RELEASE OF WAGE MATCHING DATA TO THE RHS AND THE BORROWER

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

It is your responsibility as applicant to keep the Management notified of any changes in your application. This includes a change in household size, current address, income or assets.

.....
The information regarding race, ethnicity and sex designation solicited on this Application is requested in order to assure the Federal Government, acting through Rural Housing Service, that the Federal laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your Application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity and sex of individual applicants on the basis of visual observation or surname

Ethnicity

☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race/National Origin of Applicant (Check One):

☐ American Indian/Alaskan Native ☐ Asian ☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander ☐ White

Gender ☐ Male ☐ Female

"THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER"

.....
Individuals with impaired hearing and/or speech impediments with a Telecommunication Device for the Deaf, (TDD) may dial 1-800-735-2929 to reach the Plumas County Community Commission and Housing Authority. or, voice users may call 1-800-735-2922.



Pine Meadows Apartments PO Box 1836 / 616 Pearl Rd Chester, CA 96020

Authorization to Release Information

I, or another adult in my household, authorize you to provide to Plumas County Community Development Commission (PCCDC), for verification purposes, the following applicable information:

- Past and present employment or income records
- Bank accounts, stock holdings, and any other asset balances
- Past and present landlord references
- Other consumer credit references
- Order a consumer credit report and verify other credit information

PCCDC is authorized to access my financial records held by financial institutions in connection with the consideration or administration or assistance to me. I also understand that financial records involving my application will be available to provide verification, but will not be used for another purpose without my consent except as required or permitted by law.

This authorization is valid for the term of my tenancy.

A copy of this authorization may be accepted as an original

The information obtained is only to be used to process my request for Occupancy and Rental Assistance.

Signature

Signature

Print Name

Print Name

Date

Date

"The institution is an equal opportunity provider"

(530) 258-3223 phone

(530) 258-3223 fax

(800) 735-2929 TDD #