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 If the $25 fee is not submitted with the application, your application will be considered incomplete and withdrawn in 10 days.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 **(530) 258-2348fax**
(800) 735-2929 TDD #

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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 then English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD3027, found online at: http:llwww.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.

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APPROVED 3/19/09
Deb S McCoy, Area Specialist

EQUAL HOUSING OPPORTUNITY

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 #

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.

Payable to: (company name)	Monthly payment

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)	YES	NO	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 LANLORDS.

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

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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.

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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**

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