



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 cashiers 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 If the \$25 fee is not submitted with the application, your application will be considered incomplete and withdrawn in 10 days.*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.*

You may also drop off your application in person. The office is open Tuesday and Thursday (excluding holidays) from 1:30pm – 4:30pm.

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



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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 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.

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APPROVED

3/19/09

Wah & McCoy, 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 _____

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 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.

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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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