



Sierra Meadows Apartments 460 Melissa Ave/PO Box 1929 Chester, CA 96020
Green Meadows Apartments 152 Green Meadows Lane Greenville, CA 95947

Thank you for applying for residency at our Public Housing complexes in Chester, CA and Greenville, CA.

Please mail or drop off your original completed (no copies or faxes accepted) application to:

Sierra Meadows Apartments
460 Melissa Ave
PO Box 1929
Chester, CA 96020

Green Meadows Apartments
152 Green Meadows Lane
Greenville, CA 95947

In order for your application to be considered complete, you must do the following:

- All areas of the application must be completed in ink.
- The application must be filled out in its entirety, including areas requiring a signature and date.
- For all applicants over 18 years of age, you must include a copy of a government issued photo ID.

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

Our properties have a Smoke-Free Policy.
Please contact the Manager for additional information

“This institution is an equal opportunity provider”

Sierra Meadows Apartments (530) 258-4212 Phone (530) 258-4805 Fax
Green Meadows Apartments (530) 284-6800 Phone (530) 284-1580 Fax
(800) 735-2929 TDD #



Application for Occupancy



Sierra Meadows 460 Melissa Ave / P.O. Box 1929, Chester, CA. 96020
Green Meadows 152 Green Meadows Lane / Greenville, CA. 95947

Date & Time Received: _____ Date & Time Completed: _____

PLEASE ANSWER ALL QUESTIONS:

Name (F, ML, L)	DOB	AGE	SEX	SS#	DL#	State

Are you or any members of your household 18 or older and attending school?
Yes ___ No ___ If yes, Who? _____

Do you own a pet? Yes ___ No ___
If yes, how many ___ size: _____ type: _____
(Please take note that our Pet Policy only permits either 1 cat, or 1 dog per unit, with a pet deposit .)

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

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

CURRENT ADDRESS INFORMATION

(Physical address) Street: _____ Apt # _____
(Mailing Address) _____ Apt # _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Alternate Phone: _____
How long have you lived here? _____

LANDLORD INFORMATION

(Current Landlord)
Name: _____ Phone: _____
Mailing Address: _____ City: _____ State: _____
Zip Code: _____
Name of Complex: _____ Name of Manager: _____
Reason for moving: _____

Are you currently in a subsidized Complex? Yes _____ No _____

If Yes, what type? _____

Do you currently have a Section 8 Voucher? Yes _____ No _____

Are you being evicted or have you ever been evicted? Yes _____ No _____

If yes, please 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 rectification procedures? No _____ Yes _____

If yes, please explain: _____

PREVIOUS LANDLORD / TENANT INFORMATION

(Previous Address)

Street: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Name of Complex (if applicable): _____

Reason for moving: _____

Previous Landlord: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Landlord relationship to tenant if applicable: _____

Personal References (DO NOT LIST RELATIVES)

1 _____

2 _____

3 _____

Emergency Contact:

Name Address Phone #

Relationship: _____

CHILD CARE 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? Yes _____ No _____

If Yes, do you employ childcare in order for a household member to work or continue education?

Yes _____ No _____ What is the Monthly cost: _____

MEDICAL / DISABILITY

* 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? Yes _____ No _____

If Yes, please explain:

(For example: 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:

FAMILY INCOME & ASSETS

List total gross income (before taxes) and payments received by each family member age 18 and older for wages, military pay, pensions, social security, SSI, Welfare, child support, unemployment, business, profession or any other source. Include any non-wage payments made to family members 18 or younger.

<u>First Name:</u>	<u>Gross Income</u>	<u>How Often:</u>				<u>If income is from wages, List contact for Employer:</u>
_____	\$ _____	weekly	Every two weeks	Monthly	Yearly	_____
_____	\$ _____	weekly	Every two weeks	Monthly	Yearly	_____
_____	\$ _____	weekly	Every two weeks	Monthly	Yearly	_____
_____	\$ _____	weekly	Every two weeks	Monthly	Yearly	_____
_____	\$ _____	weekly	Every two weeks	Monthly	Yearly	_____

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

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

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 area that applies to your current status.

1. Is the Head, Spouse or Sole Member of the applicant family:

-Working or has been hired to work in Plumas County?

OR

-Working or has been hired to work outside Plumas, but lives in Plumas County?

OR

-Is 62 years of age or older?

OR

-Is a person with disabilities?

Yes _____ No _____

2. Are you a resident of Plumas County? Yes _____ No _____

3. Does the following statement apply to the household?

Displacement: Families who have been involuntarily displaced (within no more than six months from the date of the preference verification) by government action, or whose dwelling has been extensively damaged or destroyed as a result of a disaster occurring within Plumas County Housing Authority jurisdiction, as declared by the Governor of the State of California or due to extensive damage as a result of federally-declared disaster (FEMA).

Yes _____ No _____

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.

4. Is a member of the applicant family a Veteran or a current member of the Armed Forces?

Yes _____ No _____

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.

-Credit History

-Landlord References.

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

I / We 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 10,000.00, 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. I / We authorize the Housing Authority to obtain a credit report, criminal background check and to contact current and previous landlords.

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

The information regarding race, ethnicity and sex designation solicited on this Application is requested in order to assure the Federal Government 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 you 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 are choose not to furnish this information, the owner is required to note the race, ethnicity, and sex of the individual applicants on the basis of visual observation or surname.

Ethnicity

Hispanic or Latino Not Hispanic

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 "

If you are anyone in your family is a person with disabilities and you require specific accommodations in order to fully utilize our programs or services, please contact the Housing Authority at (530) 283-2466.

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

Authorization For Release Of Information

TO WHOM IT MAY CONCERN:

CONSENT: I authorize and direct any Federal, State, or local agency , organization, business, or individual to release to: PLUMAS COUNTY COMMUNITY DEVELOPMENT COMMISSION (PCCDC) any information or materials needed to complete and verify my application for participation, and /or to maintain my continued assistance under the Section 8, Rent Rehabilitation, Low-income Public or other assisted housing and /or other assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the U.S. Department of Community Services and Development (CSD) in administering and enforcing program rules and policies.

In the event that I am no longer participating in program(s) administered or managed by this agency and the PCCDC needs to contact me regarding and aspect of my participation in any PCCDC program, I authorize the release of any information that may assist the PCCDC in locating me.

INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and Inquiries, Identity, and Marital Status, Employment, Income and Assets, Residence and Rental Activity, Medical and Child Care Allowance, Credit and Criminal Activity and Household Composition.

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for the continued participation in any program administered or managed by PCCDC.

GROUP OR INDIVIDUALS THAT MAY BE ASKED: Groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

Previous /Current Landlord	Past/Present Employers	Veterans Administration
Public Housing Agencies	Social Services Agencies	Retirement Systems
Municipal/Justice Courts	Post Offices	Bank & Financial Institutions
Schools/Colleges/Universities	Social Security Administration	Credit Providers/Bureaus
Utility Companies	Medical Providers	Support/Alimony Providers
District Attorney's Offices	Local, State & Federal Law Enforcement Agencies	

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HUD, CSD, USDA-RD, RHCP, and/or the PCCDC may conduct computer matching programs to verify the information supplied for my application or re-certification. If a computer match is done, I understand that I have the right to notification of any adverse information found and that I shall be given a automated information with Federal, State or Local agencies, including but not limited to: State Employment Development Department, Social Security Offices, Department of Defense, Local, State and/or Federal law Enforcement Agencies, Office of Personnel Management, the U.S. postal Services, and the Department of Social Services.

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for one year and four months from the date signed below.

SIGNATURES:

Head of Household

Print Name

Date

Spouse/Other Adult Member

Print Name

Date

Disclosure of Criminal History and Authorization to Obtain Criminal Information

Each family member 18 years or older must complete this disclosure and authorization.

Check the appropriate box(s).

- I hereby declare that I DO NOT HAVE a criminal history record that contains any of the following:
- Conviction for violent criminal activity*
 - Conviction for drug related criminal activity**
 - A sex offense, subject to a lifetime registration under a sex offender registration program.

- I hereby declare that I DO HAVE a criminal history record that contains convictions for violent criminal history and/or drug related criminal activity as follows. (List all convictions for penal code violations, including traffic violations.)

- I hereby declare that I DO HAVE a criminal history record that contains convictions for other violations such as penal code including traffic violations: (List all convictions for penal code violations, including traffic violations.)

I also authorize the Plumas County Housing Authority to obtain criminal history information from Federal, State, and local authorities for the purpose of verifying this declaration.

I understand that if I fail to disclose a criminal record that contains any of the above items, I will be denied housing assistance and will be subject to civil and criminal penalties.

I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under federal, or state criminal law and is grounds for denial or termination of housing assistance.

Print Name

Signature

Date

Violent criminal activity means any criminal activity that has one of its elements the use, attempted use, or threatened use of physical force substantial enough to cause, or be reasonable likely to cause, nontrivial bodily injury or property damage.

Drug-related criminal activity means the illegal manufacture, sale, distribution, or use of a drug, or possession of a drug with intent to manufacture, sell, distribute or use the drug.

WARNING! Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

PLUMAS COUNTY COMMUNITY DEVELOPMENT COMMISSION

Reasons the Housing Authority will DENY you Admission to the Public Housing Program

I. You will be denied admission, and you will not be allowed to submit an application until you comply with or meet all the requirements listed on this form, if you or any members of your household:

- *Fail to sign required consent forms to allow the PHA to gather needed information;*
- *Fail to submit evidence of citizenship or eligible immigration status;*
- *Fail to disclose and verify Social Security Numbers.*

II. You will be denied admission, and you will not be allowed to resubmit an application for three years from the date of the violation (in addition you will be required to pay any amounts you owe any PHA), if you or any members of your household:

- Have been evicted from Federally Assisted Housing for drug-related criminal activity within the last three years;
 - Are currently engaging in illegal use of a drug;
 - Are illegally using or have a pattern of illegally using a drug that threatens the health, safety, or right to peaceful enjoyment of the premises by other residents;
 - Are abusing or have a pattern of abusing alcohol that threatens the health, safety, or right to peaceful enjoyment of the premises by other residents.
 - Are currently engaging in or have engaged in drug-related criminal activity;
 - Are currently engaging in or have engaged in violent criminal activity;
 - Are currently engaging in or have engaged other criminal activity that threatens the health, safety, or welfare of other tenants;
 - Are currently engaging in or have engaged in other criminal activity that threatens the health and safety of any PHA personnel or workers hired by the PHA;
 - Have engaged in criminal sexual conduct including but not limited to sexual assault, incest, open and gross lewdness, or child abuse;
 - Have a pattern of unsuitable past performance in meeting financial obligations. including rent payment;
 - Have a pattern of disturbance of neighbors, destruction of property, or living or housekeeping habits which may affect the health, safety, or welfare of household members or other tenants;
 - Have a pattern of eviction of housing or termination from residential programs;
 - Owes rent or other amounts to the PHA or to any other PHA in connection with any assisted housing program;
 - Misrepresented or does not provide complete information related to eligibility, including income, award of preferences for admission, expenses, family composition, or rent;
 - Have committed fraud, bribery, or any other corrupt or criminal act in connection with any Federal Housing Program;
- Have engaged in or threatened abusive or violent behavior toward PHA personnel.

CONTINUED...

III. You will be denied admission if you are any members of your household:

- Have ever been convicted of a drug-related criminal activity for manufacture or production of methamphetamine;
- Are subject to a lifetime registration requirement under a State Sex Offender Registration Program.

IV. You will be denied admission, by having any offer of a unit revoked, if you or any members of your household:

- Fail to supply all requested information required for the administration of the program;
- Fail to meet PHA determined deadline for supplying any requested information required for the administration of the program.

V. You will be denied admission if the total annual income of your household exceeds the Federally established income limits for program eligibility.

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I have read these reasons the Housing Authority can deny me admission to the Public Housing Program and Understand that if I or any one in my household violates any of these rules, I will be denied admission to the Public Housing Program.

(print) Adult Family Member

Signature

Date

(Print) Adult Family Member

Signature

Date

(Print) Adult Family Member

Signature

Date

+++++
P.O. Box 319 - 183 Main Street, Quincy, CA. 95971 - Phone (530) 283-2466 - Fax (530) 283-2478

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.