

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
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 for eligibility 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.)

CURRENT INCOME LIMITS

Household Size	Plumas Yearly Income	Lassen Yearly Income	Tehama Yearly Income	Sierra Yearly Income
1	\$21,950	\$24,100	\$21,000	\$23,500
2	\$25,050	\$27,550	\$24,000	\$26,850
3	\$28,200	\$31,000	\$27,000	\$30,200
4	\$31,300	\$34,400	\$29,950	\$33,550
5	\$33,850	\$37,200	\$32,350	\$36,250

Revised 04/17/2017 **subject to change without notification

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 for 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

MAIL TO:

Plumas County Community Development Commission

PO Box 319

Quincy, CA 95971

DO NOT FAX

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

Disabled Yes No

Full Name _____

Ethnicity Hispanic

Social Security Number _____ - _____ - _____

(Check one) Not Hispanic

Date of Birth _____

Race White

Sex Female Male

(Check all that apply)

Home Phone _____

Black/African American

Email _____

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

Unit Type, Quality and Age

Unit Type

Check the one box that best describes the unit

- | | |
|---|---|
| <input type="checkbox"/> Apartment or Condo | <input type="checkbox"/> Older Home Converted |
| <input type="checkbox"/> Duplex | <input type="checkbox"/> Older Multi-Family |
| <input type="checkbox"/> High Rise | <input type="checkbox"/> Single Family Detached |
| <input type="checkbox"/> Mobile Home | |

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 Sight
 Mobility
 Other

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"/> Playground |
| <input type="checkbox"/> Balcony, patio, deck, porch | <input type="checkbox"/> Screen doors or windows |
| <input type="checkbox"/> Close to Medical Facilities | <input type="checkbox"/> Shed |
| <input type="checkbox"/> Close to Schools | <input type="checkbox"/> Storage |
| <input type="checkbox"/> Close to Shopping | <input type="checkbox"/> Storm windows and doors |
| <input type="checkbox"/> Close to Transportation | <input type="checkbox"/> Vaulted ceilings |
| <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Washer/Dryer |
| <input type="checkbox"/> Driveway | <input type="checkbox"/> Working fireplace |
| <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 | |

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

Housing Survey

Housing Choice Voucher Program

Please complete all of the information about the current 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 _____

Unit is assisted under a Federal, State or local government program or the rent and rent increases are restricted by law or court action. Yes No

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 Oil
 Electric
 Bottle Gas

The stove uses:

- Natural Gas Oil
 Electric
 Bottle Gas

The hot water is heated with:

- Natural Gas Oil
 Electric
 Bottle Gas