



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	\$25,600	\$25,300	\$24,400	\$29,600
2	\$29,250	\$28,900	\$27,900	\$33,800
3	\$32,900	\$32,500	\$31,400	\$38,050
4	\$36,550	\$36,100	\$34,850	\$42,250
5	\$39,500	\$39,000	\$37,650	\$45,650

Revised 04/01/21 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
<input type="checkbox"/> T.C.
<input type="checkbox"/> Happy
<input type="checkbox"/> Debt
<input type="checkbox"/> Income
<input type="checkbox"/> S.O.R.
<input type="checkbox"/> Date
<input type="checkbox"/> Initial

Mailing address:

Physical street address if different from mailing:

PART 1: Head of Household

Full Name _____

Social Security Number _____ - _____ - _____

Date of Birth _____

Sex Female Male

Home Phone _____

Email _____

Disabled Yes No

Ethnicity Hispanic
(Check one) Not Hispanic

Race (Check all that apply) White
 Black/African American
 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 displaced? Displacement can be defined as follows:

Families who have been involuntarily displaced (within no more than six months from the date of the preference verification) by governmental action, or whose dwelling has been extensively damaged or destroyed as a result of a disaster occurring within PCCDC&HA jurisdiction, as declared by the Governor of the State of California or due to extensive damage as a result of a federally-declared disaster (as listed with the Federal Emergency Agency (FEMA), pursuant to Federal disaster relief laws.

****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