

CCHA Section 8 Application Checklist

We appreciate your interest in applying for the Section 8 Program with the Crescent City Housing Authority (CCHA). **It is very important that you provide the following documentation with your completed application to accurately determine your eligibility.** Please use the checklist below to put your documents in order.

- _____ Completed Section 8 Application
- _____ Copies of Social Security Cards for **ALL** household members (*We will accept receipts showing you have applied for Social Security Cards.*)
- _____ Copies of Birth Certificates for household members that are **under the age of 18.**
- _____ Copies of California ID or California Driver's License for household members **over the age of 18**
(*We will accept receipts showing that you have applied for a CAID or CADL.*)
- _____ Income Verification for all household income
Examples: Passport to Services, Paystubs, Benefits Letter, Bank Statements, etc
- _____ Completed Declaration 214 Citizenship form for **ALL** household members
(*Print one form for every household member*)
- _____ Completed Criminal/Drug History Form for all household members **over the age of 18**
(*Print one form for every household member over the age of 18*)

Information and Instructions to Applicants

- The Section 8 Program is a federally funded rent subsidy program. This program assists eligible low-income persons and families in obtaining affordable, decent, and safe housing by paying a portion of the rent.
- **2011 Gross Annual Income Limits for Del Norte County**

Family Size	Gross Annual Income
One (1)	\$19,150
Two (2)	\$21,900
Three (3)	\$24,650
Four (4)	\$27,350
Five (5)	\$29,550
Six (6)	\$31,750
Seven (7)	\$33,950
Eight (8)	\$36,150

- The application can be submitted by mail or in person at our office. Our office is located at:

235 H Street
Crescent City, CA 95531

- Applications submitted in person **WILL ONLY** be accepted on – **Tuesday and/or Thursday from 9:00am to 12:00pm**
- Any changes to your application (i.e. family composition, income, mailing address, etc) must be **MADE IN WRITING within 30 days.** The CCHA does not process changes submitted over the phone.
- The approximate wait time for the CCHA is **ONE – TWO YEARS.** The wait time is always subject to change based on available funding.

****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 your caseworker at the CCHA.****

Application Information (Head of Household)

NAME: _____
(First) (Middle) (Last)

ADDRESS: _____

EMAIL: _____ PHONE: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

Ethnicity: ☐ - Hispanic ☐ - Non-Hispanic
Race: ☐ - White ☐ - African American ☐ - Asian/Pacific Islander ☐ - American Indian

Family Composition

INFORMATION: List ALL persons (other than yourself) who will be living in the household.

(Relation: 1 – Spouse/Co-Head 2 – Other Adult 3 – Child 4 - Live-In Attendant 5 – Other)

First & Last Name	Relation to Head of Household	Gender	Date of Birth	Social Security Number
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Household Income

1. Is anyone in the household self-employed? [] Yes [] No

If yes, please list the name of the household member: _____

Business: _____ Gross Monthly Income: _____

Documentation may be requested of monthly income and expenses to get an accurate amount to anticipate annual income.

Please list the source and amount of ALL income that your household is receiving and/or expected to receive.

Household Member	Type of Income (SSI, TANF, Wages, Etc.)	How Often Paid?	Gross Monthly Income
1.			
2.			
3.			
4.			

Asset & Banking Information

1. Do you or any household members have any of the following:

- a. Savings Account [] Yes [] No
- b. Checking Account [] Yes [] No
- c. Shares [] Yes [] No
- d. Stocks [] Yes [] No
- e. Bonds [] Yes [] No
- f. CD's [] Yes [] No
- g. IRA's [] Yes [] No
- h. Real Estate [] Yes [] No
- i. Annuities [] Yes [] No
- j. Inheritance [] Yes [] No
- k. Other miscellaneous assets [] Yes [] No

If yes, to any of the above questions list the financial institution and value below:

Asset	Financial Institution	Value

Previous Federal/Subsidized Housing:

1. Have you or any member of your household been assisted in Federal Housing? [] Yes [] No

If yes, When: _____

[] Public Housing [] Section 8

Name & City of Housing Authority: _____

2. Have you or any member of your household been terminated/evicted or owe money to any Federal Housing Program?

[] Yes [] No

If yes, when & where: _____

Amount Owed? \$ _____

Authorization, Representations and Certifications

I/We certify and affirm that the information stated on this eligibility questionnaire is complete, true and correct to the best of my knowledge. I/We promise to inform the CCHA of any changes in my/our household size, income, and assets in writing within ten (10) calendar days of the change. I understand that **ANY** misrepresentation of information, or failure to disclose information requested on this application may disqualify me from consideration for admission of participation and may be grounds for denial or termination of assistance.

Consent:

I/We hereby consent to inquiries being made for the purpose of verifying the statements contained as part of the eligibility determination process.

***Reminder: All household members 18 years and older must sign this form.**

Head of Household

Date

Spouse/Co-Head

Date

Other Adult

Date

RESIDENCY PREFERENCE:

As of July 5, 2011, the Crescent City Housing Authority's (CCHA) Section 8 Waiting List will include the following preference:

"The PHA will offer a preference to any family with a Head of Household and/or spouse that is living or working in Del Norte County. Verification will be required for applicants who claim this preference."

At the time of APPLICATION SUBMISSION:

The application will include a section specific to eligibility for the preference. The applicant will be given the opportunity to claim (or not claim) the preference and will be placed on the waiting list according to the information provided.

On the WAIT LIST:

While on the waiting list, applicants are required to report changes to their household composition, household assets, household income, etc. While on the wait list, if your residency status changes that must be reported as well. All changes must be reported within thirty (30) days.

At the time of TOP OF THE WAIT LIST

Verification of qualification for the preference will be done when the applicant reaches the top of the waiting list. Applicants **MUST** be able to furnish two (2) forms of proof of residency at the time they reach the top of the wait list or they will be determined ineligible for the preference and returned to the wait list with a non-preferred status.

Forms of Verification

(Two forms of residency verification will be requested when the application reaches the top of the wait list. Failure to provide 2 forms of acceptable verification of residency will result in the determination of ineligibility for the preference.)

- California ID or California Driver's License
- Copy of a Rental Lease/Agreement
- Copies of utility bills
- Tax filing documentation
- Enrollment paperwork from the current semester at an educational institution to verify Del Norte County residency
- Paperwork from an employer
- Verification of benefits issued to the household from the Del Norte County Department of Health and Human Services to verify Del Norte County residency (Cash-Aid, Food Stamps, Medi-Cal, etc.)
- Verification of benefits issued to the household from the Social Security Administration to verify Del Norte County residency (Social Security, SSI, SSDI, etc.)
- Verification of voter registration within Del Norte County to verify Del Norte County residency

For Homeless Applicants:

- Verification from one of the local homeless advocacy groups (Rural Human Services Food Bank, Community Assistance Network, Our Daily Bread Ministries, etc.) confirming that they have been providing the applicant/household

If the information provided by the applicant, does not confirm/verify Del Norte County residency at the time they reach the top of the wait list, the applicant will be placed back on the wait list with a non-preferred status. Failure to provide documentation or falsifying documentation in order to claim eligibility for this preference may result in being returned to the wait list and/or denial of assistance.

Please Check One:

☐ I wish to claim the Residency Preference ☐ I do not wish to claim the Residency Preference

I, undersigned, acknowledge and certify that I have read and understand the information on this form.

Signature of Head of Household

Date

Crescent City Housing Authority
235 H Street
Crescent City, CA 95531
(707) 464-9216 Phone
(707) 464-2692 Fax

AUTHORIZATION FOR RELEASE OF INFORMATION

Purpose:

The US Department of Housing and Urban Development (HUD) and the above-named organization may use this authorization and information obtained with it to administer and enforce program rules and policies.

Authorization:

I authorize the release of any information (including documentation about myself or my household that is pertinent to eligibility for, or participation in, assisted housing programs. I authorize only HUD, an Indian Housing Authority or a Public Housing Agency to obtain information on wages or unemployment compensation from State Employment Securities Agencies.

Information Covered: *Inquiries may be made about –*

Child Care Expenses	Handicapped Assistance Expenses
Credit History	Identity and Marital Status
Criminal Activity	Medical Expenses
Family Composition	Social Security Numbers
Employment, Income, Pensions, & Assets	Residences and Rental History
Federal, State, Tribal & local benefits	

Individuals or Organizations that May Release Information:

Any individual or organization, including any governmental organization may be asked to release information.

For Example Information may be requested from –

Banks and other financial institutions	Handicapped Assistance
Courts	Medical Care
Law enforcement agencies	Pensions/Annuities
Credit Bureaus	Schools and Colleges
Employers: Past & Present	US Social Security Administration
Landlords	US Department of Veterans Affairs
Providers of Alimony, Child Care, Child Support	Utility Companies
Del Norte Mental Health	Del Norte Department of Social Services
Del Norte Sheriff's Department	Del Norte Child Care Council
Crescent City Police Department	Del Norte Family Support Division
State Employment Development Department	College of the Redwoods

Computer Matching Notice and Consent:

I agree that a Public Housing Agency, Indian Housing Authority or HUD may conduct computer matching programs with other governmental agencies including Federal, State, Tribal, or local agencies. The match will be used to verify information provided by the family.

The governmental agencies include:

US Office of Personnel Management	US Postal Service
US Social Security Administration	State employment security agencies
US Department of Defense	State welfare and food stamp agencies

I agree that photocopies of this authorization may be used for the purposes stated above. If I do not sign this Authorization, I also understand that my housing assistance may be denied or terminated.

Signature Head of Household

Date

Signature of Spouse/Other Adult

Date

Crescent City Housing Authority
235 H Street
Crescent City, CA 95531
(707) 464-9216 Phone
(707) 464-2692 Fax

HELPING YOU TO AVOID FRAUD

WHAT IS FRAUD?

Fraud is a crime and a form of theft. A person FOUND guilty of fraud may have to pay a fine, or could go to jail, or both. A person may be guilty of fraud if he/she receives Housing Assistance and he/she should not have received this housing assistance due to any of the following:

- Because he/she told only part of the truth
- Because he/she lied
- Because he/she did not tell the Housing Authority all of the facts at the time they submitted the application, came to the top of the wait list, or at the annual recertification

YOU MUST TELL THE HOUSING AUTHORITY THE TRUTH AND REPORT ALL INFORMATION IN THE FOLLOWING AREAS

MONEY

Any money/income that you, your spouse/co-head, or any other person in your household received, receives or anticipates receiving must be reported in writing and within thirty (30) days.

ASSETS

Any assets (anything of value) that you, your spouse/co-head, or any other person in your household received, receives or anticipates receiving must be reported in writing and within thirty (30) days.

PEOPLE

Any changes in the number of people residing in your household or their status must be reported to the CCHA in writing and within thirty (30) days.

PLEASE NOTE:

You are committing fraud if you sign a form knowing that you are providing false or misleading information.

I fully understand my reporting rights and responsibilities and am aware that I should contact the Housing Authority when in doubt. I understand that it is a criminal offense to make willful false statements or misrepresentations to any U.S. department or agency. I understand that all the information provided with the application is true and complete to the best of my knowledge and that any misinformation could result in the denial or termination of assistance.

Signature of Head of Household

Date

Signature of Spouse/Other Adult

Date

Signature of Other Adult

Date

Crescent City Housing Authority (CCHA) Request for Criminal History Information

ALL HOUSEHOLD MEMBERS 18 YEARS AND OLDER MUST COMPLETE THEIR OWN CRIMINAL HISTORY INFORMATION FORM.

Legal Name of adult filling out this form: _____

Please initial each line

_____ I understand that false answers, incomplete answers or omissions on this application will disqualify my application and I have taken due care to insure the answers given are correct and complete.

_____ I understand that a criminal history background check will be conducted based upon personal information I have provided below and that which is contained in my housing assistance application.

_____ I understand that other criminal history checks will be conducted utilizing records and information from Police and Sheriff Agencies where I have lived or have been arrested.

_____ I understand that the criminal background check will also include information on current criminal warrants that may exist.

I hereby authorize the release of my Criminal History information and request that the Criminal Background be done. Below I have provided the personal statistical information to facilitate the Criminal History/Background check.

Full Legal Name (Printed): _____

Date of Birth: _____ (mm/dd/yyyy) Age: _____ Social Security #: _____

California Drivers License (or ID) Number: _____

Gender: Male Female -Please circle

Other Names Used: _____

HAVE YOU EVER BEEN ARRESTED? YES NO

Have you ever been arrested and/or convicted of: *Please circle YES or NO to all that apply*

Murder/Manslaughter	YES	NO	Mayhem/Great Bodily Injury	YES	NO
Domestic Violence	YES	NO	Child Abuse	YES	NO
Carjacking	YES	NO	Sexual Assault/Abuse	YES	NO
Use/Assault with a Dangerous Weapon	YES	NO	Felony Weapon Charges	YES	NO
Burglary/Robbery	YES	NO	Kidnapping	YES	NO
Violation of Restraining Order	YES	NO	Discrimination Crimes	YES	NO
Drug Offense	YES	NO	Other	YES	NO

If other, please explain: _____

Are you currently engaged in or have you engaged (within the last three (3) years) in the use of a controlled substance, drug related activity and/or alcohol abuse? ☐ Yes ☐ No

Are you a registered sex offender? ☐ Yes ☐ No

If you have NOT been convicted of one or more of the above please check here: _____ None

Signature

Date



U.S. Department of Housing and Urban Development Office of Public and Indian Housing

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e. abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

I hereby acknowledge that the PHA provided me with the
Debts Owed to PHAs & Termination Notice:

Signature

Date

Printed Name

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Crescent City Housing Authority
235 H. Street
Crescent City, CA 95531
(707) 464-9216

Declaration of Section 214 Status

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the US. Please read the Declaration statement carefully, and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or immigration expert of your choosing.

I, _____ DOB _____ certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- ☐ I am a citizen by birth, naturalized citizen, or national of the United States; or
- ☐ I have eligible immigration status, and I am 62 years of age or older. Attach evidence of proof of age 2/; or
- ☐ I have eligible immigration status, as checked below. Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
- ☐ Immigrant status under §§101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA) 3/; or
- ☐ Permanent residence under §249 of INA 4/; or
- ☐ Refugee, asylum, or conditional entry status under §§207, 208, or 20 of the INA 5/; or
- ☐ Parole status under §§212(d)(5) of the INA 6/; or
- ☐ Threat to life or freedom under §243(h) of the INA 7/; or
- ☐ Amnesty under §245 of the INA 8/.

Signature of Family Member

Date

- ☐ Check box on left, if signature is of adult residing in the unit who is responsible for the child named on statement above.

HA: Enter INS/SAVE Primary Verification #: _____ Date: _____

[See reverse Side for footnotes and instructions]

1/ Warning: 18 USC 1001 Provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens, who declare eligible immigration status in on of the following categories:

- 2/ Eligible immigration status, and 62 years of age or older. For noncitizens who are 62 years of age or older, or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- 3/ Immigrant status under §§101(a) (15) or 101(a) (20) of INA. A noncitizen lawfully admitted for permanent residence, as defined by §101 (a) (20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101(a) (15) of the INA (8 USC 1101(a) (20) and 1101(a) (15), respectively [*immigrant status*]. This category includes a noncitizen admitted under §§210 or 210A of the INA (8 USC 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.
- 4/ Permanent residence under §249 of INA. A noncitizen who entered the US before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the US since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 USC 1259) [*amnesty granted under INA 249*].
- 5/ Refugee, asylum, or conditional entry status under §§207, 208, or 203 of INA. A noncitizen who is lawfully present in the US pursuant to an admission under §207 of the INA (8 USC 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 USC 1158) [*asylum status*]; or as a result of being granted conditional entry under §203(a) (7) of the INA (8 USC 1153(a) (7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
- 6/ Parole status under §212(d) (5) of INA. A noncitizen who is lawfully present in the US as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d) (5) of the INA (8 USC 1182(d) (5) [*parole status*].
- 7/ Threat to life or freedom under §243(h) of INA. A noncitizen who is lawfully present in the US as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 USC 1255a) [*threat to life or freedom*].
- 8/ Amnesty under §245A of INA. A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 USC 1255a) [*amnesty granted under INA 245A*].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.

Instructions To Family Member For Completing Form: On opposite page, print or type first name, middle initial(s), and last name. Place an "X" or "√" in the appropriate boxes. Sign and date at the bottom of the page. Place an "X" or "√" in the box below the signature, if the signature is by the adult residing in the unit who is responsible for the Child.