

HOUSING AUTHORITY OF THE COUNTY OF MERCED
405 U Street, Merced, CA 95341
Phone (209) 382-2003 * Fax (209) 382-2114



Equal Housing
Opportunity

Rural Development Felix Torres Housing Application Instructions

READ CAREFULLY!

APPLICATIONS will be distributed at the HOUSING AUTHORITY OFFICE at 925 N. Plainsburg Rd., Planada, CA. All applications complete or not, will be placed on the waiting list. However, priority will not be established until the applicant has submitted all required information. A letter to the applicant will be mailed within 10 days stating the items that are needed for the application to be considered complete. **PRIORITY WILL NOT BE ESTABLISHED UNTIL ALL REQUIRED ITEMS ARE RECEIVED.** The time and date all items are finally submitted will be noted on the waiting list to establish priority. A complete application includes receiving a signed authorization to verify employment and income. **WE DO NOT HAVE EMERGENCY HOUSING.**

INCOME REQUIREMENTS To be eligible you must earn a minimum of \$5,752.50 annually from farm labor employment.

RESIDENCY REQUIREMENTS Applicants who apply for housing assistance, regardless of age, will need to submit proof of U.S. citizenship by birth, naturalization, or signed declaration of eligible immigration status.

You must provide the following information with your application:

1. Proof of legal residency
2. Written verification of income for all household members such as:
 - WAGES: check stubs, printout from employer, W-2 with income tax forms
 - UIB: printout of earnings and benefits
 - TANF: notice of action
 - SSI/SSA: printout of benefit amount

Our rents are set according to your income. The current maximum income limits are variable according to the number of occupants.

CHANGE OF ADDRESS Please contact the Housing Authority if you have a change in your current mailing address or phone number.

"In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenues, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD)."

**HOUSING AUTHORITY OF THE COUNTY OF MERCED
U S D A / RURAL DEVELOPMENT FELIX TORRES HOUSING**

NOTICE TO APPLICANT: Application information must be complete. If not complete, application will be returned to the applicant. It is your responsibility to contact this office to advise us of any changes in your circumstances: address, phone, income, number of household members, etc. to maintain your position on the waiting list.

OFFICE USE ONLY

APPLICATION # _____
DATE & TIME REC'D _____
% OF INC _____
B/R SIZE _____

Priority 1 2 3 VL L M

I. PERSONAL INFORMATION – Please list ALL people who will reside with you:

	FULL NAME	RELATIONSHIP TO APPLICANT	BIRTHDATE	SOCIAL SECURITY NUMBER	SEX
1		SELF			
2					
3					
4					
5					
6					
7					
8					

II. HOUSING HISTORY – All notices and phone calls will go to this address and phone number:

CURRENT

ADDRESS: _____

MAILING

ADDRESS: _____

HOME NUMBER: _____ **WORK NUMBER:** _____ **MESSAGE/CELLNUMBER :** _____

OCCUPIED FROM _____ **TO** _____ **AMOUNT OF RENT PAID**

\$ _____

REASON FOR

LEAVING _____

LANDLORD'S NAME _____

PHONE _____

ADDRESS _____

NOTE: If you answer yes to any of the following questions, please explain on a separate sheet of paper and attach to this application.

a. Have you had an additional address not listed above, or have you ever applied for housing under a different name? Yes No . If yes, please

explain: _____

b. Are you related to any of the above landlords? Yes No . If yes, please state your relationship after the landlords name above.

c. Do you anticipate a change in your household size for any reason within the next 12 months? Yes No

d. Are you or any member 18 years or older attending school? Yes No . If yes, who? _____

e. Do you require a handicap accessible unit or special accommodations? If yes, please explain _____

f. Have you or any member of the household ever been arrested or convicted of a felony? Yes ___ No ___ If yes, please explain: _____

Are you or any member of the household on parole or probation? Yes ___ No ___

If yes, please explain: _____

g. Have you or any member of the household ever lived in Public Housing or received Section 8 Rental Assistance before? Yes ___ No ___

If yes, Where: _____ Name of Agency: _____ Dates: From _____ To _____

III. CURRENT/PREVIOUS EMPLOYER:

EMPLOYER	ADDRESS	TELEPHONE NO.	DATES EMPLOYED

IV. HOUSEHOLD INCOME INFORMATION

INCOME (State type of work)	MONTHLY	ANNUALLY
1. Agricultural:		
2. Other Employment:		
3. Unemployment Compensation:		
4. TANF- aid-families, dependent children		
5. SSI-Social Security		
6. Alimony/Child Support		
7. Pension, Annuities, or Dividends		
8. Interest		
9. Other (Specify)		
	TOTAL ANNUAL INCOME	

V. ASSETS: List ALL Saving/Checking Accounts you have. If none, mark NONE.

BANK NAME	ACCOUNT NUMBER	ADDRESS	PHONE #

List any other asset (real estate, life insurance, CD's or IRA's, etc.) List details on a separate sheet. If none, mark NONE.

VI. CHILD CARE: (Complete only if your child/children is/are 12 years of age or younger and living in your household).

Do you employ childcare in order for a household member to work or continue education? () Yes () No
Are these expenses paid by you? () Yes () No Amount Paid \$ _____

VII. MEDICAL EXPENSES: Do you have medical expenses that exceed three percent of your annual income?

() Yes () No Note: Medical expenses can only be deducted for elderly households (head, spouse or sole member who is party to the least must be 62 yrs of age or older OR an individual with a disability).

VIII. Deductions for Disability Expenses: Do you have any disability expenses? () Yes () No

(Reasonable expenses for the care of an individual with disabilities in excess of three percent of annual income may be deducted from annual income if the expenses).

IX. VEHICLES: Auto Make/Model:

Color: _____ Year: _____ License No.: _____

Color: _____ Year: _____ License No.: _____

Color: _____ Year: _____ License No.: _____

X. RACE/ETHNICITY

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the federal laws prohibiting discrimination against tenant applications 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:

A. Hispanic or Latino ____ B. Not Hispanic or Latino ____

Race:

- 1 American Indian or Alaska Native ____
- 2 Asian ____
- 3 Black or African American ____
- 4 Native Hawaiian or Other Pacific Islander ____
- 5 White ____

Gender: Male ____ Female ____

I/We certify the housing I/We are applying for will be my/our primary home. I/We further certify that I/We will not maintain a separate subsidized rental unit in a different location.

APPLICANT HEREBY VERIFIES THAT THE ABOVE IS ACCURATE AND COMPLETE AND THAT ANY MISREPRESENTATION WILL DISQUALIFY THE APPLICANT. APPLICANT HEREBY AUTHORIZES INVESTIGATION AND VERIFICATION THEREOF.

APPLICANT SIGNATURE

DATE

CO-APPLICANT SIGNATURE

DATE

OFFICE USE ONLY: Complete application received:

Priority: 1 2 3 V L M

Income: (adjusted for household size) _____

Income from farm labor: _____

Deductions: Dependent _____ Childcare _____

Elderly Household _____

Disability expenses: (3% of annual income may be deducted) _____

Medical Expenses: _____

Qualify: Yes/No Rental Assistance Assigned: _____

WITHIN 10 CALENDAR DAYS OF RECEIPT OF COMPLETE APPLICATION THE APPLICANT WILL BE NOTIFIED OF THEIR STATUS:

Status of application: Housed _____ Placed on Wait List _____ Incomplete _____

(Dates) Rejected _____ Withdrawn _____

(Attach copies of written correspondence to application in file) Specialist: _____
Comments: _____



DO YOU OR ANY MEMBER OF YOUR HOUSEHOLD:

1. Have cash in savings or checking accounts, safety deposit boxes, the home, etc.?
 YES NO If yes, how much and under whose control?
2. Have a trust available to them to which they have access?
 YES NO If yes, what is the value of the trust and who is the beneficiary?
3. Have equity in real property or other capital investment?
 YES NO If yes, describe the property(s) and/or investment(s), the value represented therein, and in whose name(s) they are held.
4. Have investments in stocks, bonds, treasury bills, certificates of deposit, money market funds, or any other negotiable investments not covered elsewhere in this questionnaire?
 YES NO If yes, describe investment(s), state the dollar amount(s) and in whose name they are held.
5. Have an individual retirement account (IRA), or a Keogh account?
 YES NO If yes, list the controlling party(s) name(s) on the account(s) and the value of the account(s).
6. Have benefits in a retirement and/or pension fund?
 YES NO If yes, and the beneficiary is still employed, state the amount the individual and/or family can withdraw without retiring or terminating employment.
7. Have anticipated lump sum receipts accruing to them, such as inheritances, capital gains, one-time lottery winnings, settlements on insurance and/or other claims?
 YES NO If yes, describe type of receipt, state the anticipated amount(s) and to whom payable.
8. Have a personal property held as an investment, such as gems, jewelry, coin collection, or antiques of any kind?
 YES NO If yes, describe the type of personal property, state the value(s) and the name(s) of the owner(s).
9. Disposed of any assets which had a value in excess of \$1,000 within two years prior to the effective date set forth on this certification/recertification?
 YES NO If yes, give particulars including dollar amount(s) and the name(s) of person(s) receiving the proceeds.

ALLOWANCES:

DO YOU OR ANY MEMBER OF YOUR HOUSEHOLD:

10. Have to pay child care expenses on a regular basis?
 YES NO If yes, state to whom the expenses are paid, how much is paid and for which family member.
11. Pay for handicapped assistance, such as care and/or apparatus?
 YES NO If yes, state to whom the payment is made, how much is paid and for which family member.

I/we, the undersigned, hereby certify that to the best of my/our knowledge the information set forth above is true, accurate and complete, and I/we hereby authorize verification of same by the project owner and/or agent.

No. 1 Name: _____
(print or type)

Date: _____, 20_____

Signature: _____
(applicant/tenant)

No. 2 Name: _____
(print or type)

Date: _____, 20_____

Signature: _____
(applicant/tenant)



Housing Authority of the County of Merced

405 U STREET MERCED, CA 95341
PHONE (209) 722-3501 TDD 711 or 800-855-7100
www.merced-pha.com

References

Name of applicant: _____

Address _____ Phone. _____

_____ Date: _____

Name: _____

Name: _____

Address: _____

Address: _____

Phone No. _____

Phone No. _____

Name: _____

Name: _____

Address: _____

Address: _____

Phone No. _____

Phone No. _____

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ALL PERSONS IN THE HOUSEHOLD THAT ARE 18 YEARS OF AGE OR OLDER MUST SIGN BELOW.

AUTHORIZATION FOR RELEASE OF INFORMATION

I/we, the undersigned, do hereby authorize any agencies, offices, groups, organizations, business firms, or other individuals or entities to release to the HOUSING AUTHORITY OF THE COUNTY OF MERCED, any and all information or reports of any kind, documentation, or criminal or police records which are deemed necessary to complete and verify my application for participation, and/or to maintain my continued eligibility.

The information needed may include verification or inquiries regarding my identity, household members, employment, income, residency, residency assistance, and criminal and/or police records. Organizations which may be contacted are to include, but are not limited to, financial institutions; past or present employers; Social Security Administration; Merced County Human Services Agency; Veteran's Administration; utility companies; Workmen's Compensation Payers; public and private retirement systems; Family Support Division; law enforcement agencies; health care providers; State Employment and Disability Offices; Lao Family Community Inc.; the Department of Mental Health, and/or the Central Valley Coalition for Affordable Housing.

It is with full understanding and consent that a photocopy of this authorization be used for the purposes stated above.

This consent form expires 15 months after date of signature.

PRINT NAME OF HEAD OF HOUSEHOLD: _____

Signed: _____ Date: _____

Social Security #: _____

PRINT NAME OF SPOUSE: _____

Signed: _____ Date: _____

Social Security #: _____

PRINT NAME OF OTHER ADULT: _____

Signed: _____ Date: _____

Social Security #: _____

PRINT NAME OF OTHER ADULT: _____

Signed: _____ Date: _____

Social Security #: _____

PRINT NAME OF OTHER ADULT: _____

Signed: _____ Date: _____

Social Security #: _____

