



**HOUSING AUTHORITY OF THE
COUNTY OF MERCED**

405 U Street, Merced CA 95341
209-722-3501
TDD: 711 or 800-855-7100

**Project-Based Voucher (PBV)
Pre-Application**

HA USE ONLY:
PROSPECT NUMBER: _____
BDRM SIZE: _____
DATE: _____ TIME: _____
INITIALS: _____

Instructions: Please print all information and make sure the application is completed in full and is legible.

PLEASE BE SURE TO ATTACH A SELF-ADDRESSED STAMPED ENVELOPE

Last Name:	First Name:	Mi:
Address:	City:	State:
Daytime Telephone Number:		
Email Address:		

Family Composition: Please complete one line for each member of the household, starting with yourself. If more room is needed to add family members, please attach a separate sheet of paper.

Full Name of Household Member	Relationship	Date of Birth (MM/DD/YYYY)	Sex (M or F)	Race (Codes Listed Below)	Ethnicity (Hispanic/Latino or Not Hispanic Latino)	Social Security Number	Source of Income	Monthly Amount
1 SELF	Head of Household							
2								
3								
4								

Do you have any special needs which would require the Housing Authority to provide a reasonable accommodation for a second bedroom? (documentation from a medical professional will be required to verify reasonable accommodation request) Yes No

- RACE CODES:**
1- American Indian/ Alaska Native
2- Asian
3- Black or African American
4- Native Hawaiian or Other Pacific Islander
5- White
6- Other

Certification: I hereby certify under penalty of perjury, that to the best of my knowledge, all of the information I have provided on this pre-application is true and correct and hereby authorize verification of the above items including, but not limited to, the obtaining of a credit report. I understand that providing false information may be grounds for cancellation of my application. I also understand that I will be required to provide the Housing Authority of the County of Merced (HACM) with verification and/or proof to support any or all of the claims I have made on this application and that it is my responsibility to notify the HACM in writing of any change of address or family composition. The HACM has adopted a policy performing registered sex offender checks on all applicants for the PBV program. List the name, SSN, date of birth and gender for all household members including yourself, spouse/partner, and live-in caretaker (if applicable). I/We hereby authorize the Housing Authority of the County of Merced and its designated agents and representatives to conduct a registered sex offender check.

Signature of Head of Household _____ Date _____ Other Adult _____ Date _____ Other Adult _____ Date _____

Community Preferences: Please make your apartment community selections from the following list. You may select as many as you wish, by marking the circle next to the community name.

- | | | | |
|---|---|--|--|
| <input type="radio"/> Midway Terrace (2,3,4 bdrm units)
21227 S. Reynold Ave., Dos Palos
Ph. (209) 392-2665 | <input type="radio"/> The Grove (3,4 bdrm units)
340 S. Parsons Ave., Merced
Ph. (209) 384-3600 | <input type="radio"/> O'Banion Terrace (1 bdrm units)
1663 Dora Street, Dos Palos
Ph. (209) 392-2665
(Senior Complex) | <input type="radio"/> Gateway Terrace (3,4 bdrm units)
410 Leshar Dr., Merced
Ph. (209) 723-6621 |
|---|---|--|--|



Please Complete the attached Preference form

Housing Authority of the County of Merced Local Preferences

The Housing Authority of the County of Merced has adopted the following preferences to meet the “local” housing needs. You will be required provide “documentation” of the preference/s you have indicated below. If you are unable to provide “documentation” your preference will be denied and your application will be returned to the waiting list. In addition, if you make a false statement in order to qualify for any “local” preference, your application will be permanently denied and you/your family will be denied admission into the program.

Please check all that apply:

- Independent Living Skills Program:** Foster youth/young adults transitioning from foster care and who lack adequate housing or are at risk for homelessness. Must be referred by partnering agency where MOU is in place.

- Homeless Preference:** Families who are referred to the HACM by a partnering homeless service organization that is a member of the Merced County Continuum of Care’s centralized/coordinated assessment system and who meet the following criteria:
 - An individual or family who lacks a fixed, regular and adequate nighttime residence meaning:
 - ✓ An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state or local government programs for low-income individuals)
 - ✓ An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution
 - ✓ A primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport or camping ground
 - Any individual or family who:
 - ✓ Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual’s or family’s primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; **and**
 - ✓ Has no other residence; **and**
 - ✓ Lacks the resources or support networks, e.g. family, friend, and faith-based or other social networks, to obtain other permanent housing

This preference shall be limited to applicants based on certification/referrals from identified agencies with whom HACM has a written agreement. Eligibility criteria for referral will be developed by the referring agency in conjunction with the HACM.

If it is determined that an applicant does not meet the criteria described therein, the applicant will lose their preference points and will be returned to applicable HACM waiting list/s.

- Veteran Preference:** Current members of the military, veterans, or surviving spouses of veterans may qualify for this preference. Applicants must provide proof of honorable discharge. If discharge is less than honorable, applicant must provide proof of eligibility to receive veteran benefits.

- **Involuntarily Displaced:** Families who have been displaced due to a locally declared disaster, state declared disaster, federally declared disaster or other national emergency. It will also be given to those families that are involuntarily displaced by HACM action (emergency relocation, extensive rehabilitation and insufficient funding or other local disasters) as approved by Executive Director.
- **Residency Preference:** Families who live, work, or have been hired to work within Merced County and/or residents. Applicants who are working or who have been notified that they are hired to work in a residency preference area must be treated as residents of the residency preference area.
 - HUD regulations state that a residency preference must not be based on how long an applicant has resided or worked in a residency preference area.
- **Elderly or Disabled Person Preference:** An elderly preference applies if the head, spouse or co-head is a person who is age 62 or older. A disabled person preference applies if the head, spouse or co-head receives Social Security or Supplemental Security benefits or otherwise meets the definition of disabled as defined under Section 223 of the Social Security Act.

In addition to the above, preference and points will be given to families who apply for housing at the Midway Complex, a Project Based and USDA Rural Development Site, and who earn at least \$5,752.50 per year from agricultural employment and who meet at least one of the following definitions as per the California Code of Regulations at 25 CCR 7202 (a):

- **Active farm labor households.** “Agricultural employment” means employed in the cultivation and tillage of the soil; the production, cultivation, growing and harvesting of any agricultural or horticultural commodities; the raising of livestock, bees, furbearing animals, or poultry; dairying, forestry, and lumbering operations: and any work on a farm as incident to or in conjunction with such farming operations, including the delivery and preparation of commodities for market or storage. “Agricultural household” means an agricultural worker or workers and other persons who reside or will reside with an agricultural worker in an assisted unit.
- **Retired or disabled domestic farm laborer households** – who were active in the local farm labor market at the time of retirement or disability.
- **OTHER. Retired or disabled domestic farm laborer households** – active in the farm labor market at the time of retirement or disability outside of the local area.

Warning! Any person who signs below and who willfully states as true, any material matter which he/she knows to be false, is subject to the penalties prescribed for perjury in Section 118 of the California Penal Code and Section 11054 of the Welfare and Institutions Code.

Section 1001 of Title 18, United States Code provides: “Whoever, in any matter within the jurisdiction of any department or agency of the United States makes any false, fictitious, or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain false, fictitious or fraudulent statement or entry, shall be fined not more than \$10000.00 or imprisoned not more than five years, or both.”

Head of Household: _____ Date: _____

Print Name: _____

Social Security Number: (last 4 digits) xxx-xx- _____