



(Office Use Only)

Time:	Date:	WL#:
AMI%	Annual \$	#BR:

This is a Pre-Application for the

Cypress Ridge Apartments- 520 Cypress Ave, Fort Bragg, CA. 95437

Please submit this to the rental office at the property in which you would like to apply. Rural Communities Housing Development Corporation does not accept rental applications at our main office.

Thank you for your interest in our apartment communities. Please answer the following questions completely and honestly to the best of your abilities. Incomplete pre-applications cannot be accepted. Should you make a mistake, please draw a line through the mistake, make the change, and then initial it or fill out a new pre-application. Do not use white out. This pre-application is only to be used to reserve a place on the waiting list for the property in which you wish to apply and does not determine your eligibility for the property. A more thorough determination of eligibility will be made once your name comes to the top of the waiting list and a unit is scheduled to be vacated. Each property operates separately, and as such, a separate application must be completed for each property.

How did you hear about us?

Part I. Household Composition

1. Name of Head of Household

2. Home Phone Number

3. Alternate Phone Number

4. Current Physical Address

5. Mailing Address, if different than above

6. Current Landlord Contact Information

7. Previous Landlord Contact Information, if less than 2 years at the current location

8. Are any adult members of your household a farmworker? Yes No If yes, are they

Currently Employed, Retired, or Disabled farmworkers?

9. Does anyone in your household possess a current Section 8 Voucher/Certificate or other rental subsidy? Yes No If yes, what kind?

10. Has any member of your household been terminated from a subsidized housing program for fraud or failing to comply with the recertification process? Yes No

11. Has any member of your household ever been evicted? Yes No

12. Has anyone in your household ever been convicted of a crime and/or subject to lifetime state sex offender registration? Yes No

13. What size apartment are you interested in? In most cases, RCHDC occupancy standards require a minimum of one person per bedroom.

Studio One Bedroom Two Bedrooms Three Bedrooms Four Bedrooms

14. Would anyone in your household benefit from a unit modified to accommodate a person with a disability? Yes No

Mobility Impaired Visually Impaired Hearing Impaired

15. Do you request an adjustment to your income due to a disability? Yes No

16. Please complete the following chart for all members of the household, including live-in care attendants. Indicate if any member of the household has been a full time student in the last twelve months or anticipates becoming a full time student in the next twelve months. Attach additional sheets as necessary.

Household Member Name	Date of Birth	Social Security Number	Age	Full Time Student	Disabled	Citizenship Status

Part II. Financial Information

17. List below the gross (pre-tax) income for each household members including money received for the care of dependent children and the source of the income. Please also include any anticipated income. Attach additional sheets as necessary.

Household Member Name	Gross Annual Income	Income Source

18. Has any member of your household disposed of an asset for less than fair market value in the last 2 years? Yes No

19. List below all assets (checking, savings, etc.) for each household member including assets held in trust for dependent children and any cash on hand. Attach additional sheets as necessary.

Household Member Name	Type of Asset	Value of Asset	Cost to Dispose of Asset

Part III. Certification

I declare under penalty of perjury under the laws of the State of California that the information contained in this pre-application and any information or documents offered in support of this pre-application are true, correct, and complete to the best of my knowledge. Additionally, I consent to the release of wage matching data to RHS, HUD, CTCAC, the borrower, and all applicable entities. I further acknowledge that false information herein may constitute grounds for rejection of this application and may also constitute a criminal offense under the laws of this state. I also acknowledge that acceptance of this pre-application and placement on a waiting list does not guarantee acceptance of my household to the property in which I have applied nor does it guarantee availability of rental assistance. Furthermore, I agree that if offered a residence, the residence will be my sole residence.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

20. Please make a selection below from the Race AND Ethnicity Categories.*

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

Race: (Mark one or more)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Gender:

- Male
- Female

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