



# RCH

## Rural Communities Housing DEVELOPMENT CORPORATION

Dear Applicant,

Thank you for your interest in Siskiyou Crossroads Apartments. Please complete the attached Residency Application form and return it as instructed at the top of the 1<sup>st</sup> page of the application. Below are some instructions for completing your application.

- Your application must be accurate, legible, and complete.
- If something on the application does not apply to your household, please write "N/A" for "Not Applicable".
- When entering income and asset information, you must include all income and assets of all household members listed on page 1 of the application.
- All adults aged 18 years and older must sign page 4 of the application.
- If you require more space to provide all requested information, please write the information on a separate page (Note: Include Head of Household name on top of the page.) and attach this to the application package.
- You must provide all housing history for the past three years at minimum.
- You must provide authorization for at least one emergency contact on the attached Supplement to Application form.

In addition, we must be able to contact you via mail and telephone in order to process your application. Be sure to notify us of any changes to your telephone number or mailing address.

If you have any questions, please call (530) 214-5800 or email [siskiyoucrossroads@rchdc.org](mailto:siskiyoucrossroads@rchdc.org)

Best Regards,

Rural Communities Housing Development Corporation

Property Management

*This institution is an equal opportunity provider and employer.*

**IMPORTANT:** Only applications submitted to the appropriate address below will be accepted.



Siskiyou Crossroads  
 Apartments 510 N. Foothill  
 Dr. Yreka, CA 96097  
 (530) 214-5800

For Office Use:

Application # \_\_\_\_\_

Date Received \_\_\_\_\_

Time Received \_\_\_\_\_

**Please read carefully!**

All questions must be answered, or your application will not be accepted. Incomplete applications will not be considered for occupancy.

**Section 1: Applicant Contact Information**

- 1) Applicant Name: \_\_\_\_\_
- 2) Applicant Physical Address: \_\_\_\_\_
- 3) Applicant Mailing Address: \_\_\_\_\_
- 4) Applicant Telephone Number: (\_\_\_\_) \_\_\_\_\_ Alternate Telephone: (\_\_\_\_) \_\_\_\_\_
- 5) If we are unable to reach you or in case of an emergency who should we contact? \_\_\_\_\_
- 6) Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_
- 6a) Email Address: \_\_\_\_\_

**Section 2: Household Members**

7) List all household members below beginning with primary applicant. Include any live-in care attendants.

Full Name	Date of Birth mm/dd/yyyy	Sex (M/F)	Social Security Number	Driver's License Number/ State	Full- Time Student? (Yes/No)	Relationship to Applicant
						Head of Household

- 8) Have any household members been terminated from a subsidized housing program for fraud or failure to comply with the recertification process? **Yes** **No**
- 9) Have any household members ever been evicted? **Yes** **No**
- 10) What size apartments are you interested in (select all that apply)?  
 Studio    One-Bedroom    Two-Bedroom    Three-Bedroom    Four-Bedroom
- 11) Would anyone in your household benefit from a unit modified to accommodate a person with a disability? **Yes** **No** (If Yes, please make a selection below)  
 Mobility Impaired    Visually Impaired    Hearing Impaired
- 12) Do you request an adjustment to income for elderly or handicapped/disabled? **Yes** **No**
- 13) Does anyone in your household have a current Section 8 Voucher or other rental subsidy? **Yes** **No** If yes, what kind? \_\_\_\_\_
- 14) Has anyone in your household ever been convicted of a crime and/or subject to lifetime state sex offender registration? **Yes** **No** If Yes, please explain  
 \_\_\_\_\_
- 15) List all States in which you or other household members have lived: \_\_\_\_\_

**Section 3: Rental History**

16) Please list below all prior residence information for the past five (5) years starting with your current residence.

Date From	Date To	Residence Address	Landlord Name	Landlord Mailing Address & Telephone

### Section 4: Household Financial Information

- 17) List below the gross (pre-tax) income for each household member. Include money received for the care of dependent children and the source of the income. Also include any anticipated income. Attach additional sheets if necessary.

Household Member Name	Gross Annual Income	Income Source

- 18) List below all assets (checking, savings, retirement, etc.) for each household member. Include assets held in trust for dependent children and any cash on hand. Attach additional sheets if necessary.

Household Member Name	Type of asset	Value of Asset	Cost to dispose of asset

- 19) Has any member of your household disposed of an asset for less than fair market value in the past two (2) years?     **Yes**     **No**     If Yes, please explain \_\_\_\_\_

### Section 5: Applicant Certification

I declare under penalty of perjury under the laws of the State of California that the information contained in this application and any information or documents offered in support of this application are true and correct, to the best of my knowledge. Additionally, I consent the release of wage matching data to RHS, HUD, CTCAC, the borrower, and all applicable entities. I acknowledge that false information herein may constitute grounds for rejections of this application and, may constitute a criminal offence under the laws of this State. I further acknowledge that acceptance of this 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 place of residence.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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.

Please make a selection below from the Race and Ethnicity categories below:

**(Please select one)**

**Ethnicity:**                      Hispanic or Latino                      Non-Hispanic or Latino

**(Please select all that apply)**

**Race:**                      American Indian or Alaskan Native                      Asian                      Black or African American

Native Hawaiian or Other Pacific Islander

White

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.