

**FARM LABOR HOUSING APPLICATION**  
**HOUSING AUTHORITY of the COUNTY of BUTTE**  
**850 GRIDLEY RD. GRIDLEY, CA 95948 (530) 846-3640 (800) 564-2999**  
**TDD RELAY (800) 735-2929**

<b>FOR OFFICE USE ONLY</b>
<b>DATE RECEIVED:</b>
<b>TIME RECEIVED:</b>

<b>FOR OFFICE USE ONLY</b>
<b>DATE COMPLETED:</b>
<b>TIME COMPLETED:</b>

**PLEASE NOTE:** Please fill in each blank. Incomplete applications will not be given priority for the waiting list. This information is necessary to determine whether or not you qualify for this program and will be used for only that purpose.

**DO NOT USE PENCIL**

**PLEASE PRINT. USE BLACK OR BLUE INK. FAXED APPLICATIONS WILL NOT BE ACCEPTED**

APPLICANT NAME (HEAD OF HOUSEHOLD)			
HOME ADDRESS:	CITY	STATE	ZIP CODE
MAILING ADDRESS (If different than home address)	CITY	STATE	ZIP CODE
HOME PHONE	MESSAGE PHONE		
Social Security # (Head of Household)	Alien # (Head of Household)		
Social Security # (Co-Head of Household)	Alien # (Co-Head of Household)		

**HOUSEHOLD MEMBERS:** List below all persons who will reside in the household (including the Head of Household)

Last, First, Middle Name	Birthdate	Sex	Birthplace	Social Security #	Relation to Head of Household



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Do you pay for childcare in order to be employed? YES  NO  If yes, How much \$ \_\_\_\_\_  
 Per week/month (circle one)

Do you wish to claim a \$400.00 deduction from your income based on a disabling condition? YES  NO   
 Do you wish to have priority for a unit with special design features for persons with disabilities? YES  NO   
 Do you wish to have any reasonable accommodations to your unit? YES  NO   
 Do you expect any changes in your household composition? YES  NO

**AGRICULTURAL WORK ONLY ALL INCOME EARNED**

Person Receiving Income	Name, Address & Phone # of Employer	Type of Work	Amount Income Received	Weekly	Monthly	Annual

**NON-AGRICULTURAL ALL INCOME EARNED**

Person Receiving Income	Name, Address & Phone # of Employer	Type of Work	Amount Income Received	Weekly	Monthly	Annual



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## NON-AGRICULTURAL ALL OTHER INCOME

Name of Person Receiving Income	Source of Income	Amount of Income Received	Weekly	Monthly	Annual
	UNEMPLOYMENT				
	SOCIAL SECURITY / SSI				
	PUBLIC ASSISTANCE / TANF				
	PENSION OR ANNUITY				
	CHILD SUPPORT				
	ALIMONY				
	ALL INTEREST INCOME / DIVIDENDS				

### ASSETS:

#### LUMP SUMS

Have you or any family member received or expect to receive any lump sum such as:

Social Security/SSI YES  NO

Inheritances YES  NO

Lottery Winnings, Bingo, Gambling YES  NO

Insurance Settlements (Health, Accident, Workers Comp.) YES  NO

Capital Gains, Dividends YES  NO

Any other Lump sum payments not listed above YES  NO

If yes, Name and address of Source \_\_\_\_\_

When did you receive or expect to received \_\_\_\_\_

### BANK ACCOUNTS:

ACCOUNT TYPE	BANK NAME	ACCOUNT #	BALANCE
CHECKING			
SAVINGS			
TRUST FUND			
CD'S			



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STOCKS			
BONDS			

### RENTAL HISTORY

**Please fill out the attached form and return with application.** We reserve the right to deny any application if, after making a good faith effort, we are unable to verify prior rental history.

Have you or anyone in your Household ever been a tenant of any Housing Authority or any other federal Housing Programs? YES  NO  If yes, Name \_\_\_\_\_

Have you or anyone in your Household ever moved from a rental unit while still owing rent, or been evicted from a rental unit? YES  NO  If yes, Name \_\_\_\_\_

### CRIMINAL RECORD

Have you or any of the intended occupants been convicted of a crime: Including but not limited to, Drug related or violent criminal activity, use, distribution or manufacturing of a controlled substance? YES  NO   
If yes, Please explain nature of crime: \_\_\_\_\_

Have you or any members of your household been convicted of illegal manufacture or distribution of a controlled substance? YES  NO

If answering yes to either one or both of the two previous questions, has offender completed a controlled substance abuse recovery program or is presently enrolled in such a program? YES  NO

Is any member of your family required to register as a sex offender? YES  NO   
If yes, list family member \_\_\_\_\_ City/State offence occurred \_\_\_\_\_



APPLICANT: I hereby verify that the above information is true and complete to the best of my knowledge. **I have not omitted, misstated, or withheld facts pertaining to the Household's Income or Persons living in the unit. I understand that it is my responsibility to report to the Housing Authority, any changes in income, assets, and number of persons living in the unit, whenever they occur. In have been made aware of the Housing Programs and requirements and prohibitions.**

Warning: Section 1001 of Title 18, United states code provides: "Who ever in any matter within the jurisdiction of a department or agency of the United States knowingly and willfully falsifies, conceals or covers up material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years or both.

I/We certify that the Housing Authority of the County of Butte unit will be our primary residence. I/We also certify that I/We are United State Citizen(s) or a qualified alien(s).

**ALL ADULTS MEMBERS OF THE HOUSEHOLD MUST SIGN BELOW**

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Adult

\_\_\_\_\_  
Date



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, notional 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:**

Hispanic or Latino \_\_\_\_\_

Not Hispanic or Latino \_\_\_\_\_

**RACE:** (Mark one or more)

1. American Indian/Alaska Native \_\_\_\_\_
2. Asian \_\_\_\_\_
3. Black or African American \_\_\_\_\_
4. Native Hawaiian or Other Pacific Islander \_\_\_\_\_
5. White \_\_\_\_\_

**GENDER:**

Male \_\_\_\_\_ Female \_\_\_\_\_





**HOUSING AUTHORITY**  
of the **COUNTY OF BUTTE**  
850 E. Gridley Road, Gridley CA 95948

(530) 846-3640  
FAX (530) 846-0258

TDD RELAY (800) 735-2929

## INFORMATION RELEASE AUTHORIZATION

The individual(s) listed below has applied for Farm Labor Housing or is receiving rental subsidy.

PRINTED NAME	PRINTED NAME
XXX-XX-	XXX-XX-
SOCIAL SECURITY NUMBER	SOCIAL SECURITY NUMBER

In order to determine eligibility for, or continue receiving rental subsidy the Housing Authority of the County of Butte is required by USDA Rural Development to verify information from one or all of the following sources, for each adult applying for housing assistance:

- ❖ Financial Institutions
- ❖ Social Security Administration
- ❖ TANF
- ❖ Employers
- ❖ Child Care Providers
- ❖ Credit Bureaus
- ❖ Landlords/Property Management Companies
- ❖ Police/Parole/probation authorities or any other entity or agency, which maintains or has access to records of criminal arrests and convictions

I/We do hereby authorize the Housing Authority or the County of Butte to obtain any information or materials deemed necessary to determine my eligibility for residency.

Tenant/Applicant	Tenant/Applicant
Date	Date



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**In order to process your application and put you on the waiting list we need 2 Landlord References. Please complete the following:**

Landlord: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address of Unit Rented: \_\_\_\_\_

Dates of Occupancy: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Landlord: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address of Unit Rented: \_\_\_\_\_

Dates of Occupancy: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_