



HOUSING AUTHORITY of the County of Butte

(530) 895-4474  
FAX (530) 895-4469  
TDD/TTY (800) 735-2929  
(800) 564-2999 Butte County Only  
WEBSITE: [www.butte-housing.com](http://www.butte-housing.com)  
2039 Forest Avenue • Chico, CA 95928

**PLEASE NOTE:** This application is for Housing Authority owned properties only, otherwise known as Public Housing.

This application does not apply to the Housing Choice Voucher (Section 8) program waiting list.

### **Program Definitions**

Public Housing is a form of housing in which the property is owned by a Housing Authority. The aim of Public Housing is to provide affordable housing to low income tenants. Applicants are limited to specific available units designated by the Housing Authority.

Housing Choice Voucher (Section 8) housing provides tenant based rental assistance to private landlords on behalf of low-income households. **This application does not apply to this program.** For more information for this program, visit [www.butte-housing.com](http://www.butte-housing.com).



*The Housing Authority is an equal opportunity employer and housing provider.*





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Applications accepted via MAIL, EMAIL, OR FAX

I am applying for Public Housing in: [ ] Chico [ ] Oroville [ ] Gridley/Biggs

Please print. Please do not leave any blank spaces. All questions and requested information are required to process the application. Applications that are incomplete will not be accepted or placed on the waiting list, they will be returned. If you require assistance with completing the application, please contact the Housing Authority. If an item is not applicable, please write "none."

Applicant Name (Head of Household): \_\_\_\_\_

Mailing Address: \_\_\_\_\_
Street/P.O. Box City State Zip

Notice: You are required to notify the Housing Authority (in writing) of any change of address within 14 days. If we cannot contact you at the listed address, your application will be removed from the waiting list.

Main Phone Number: \_\_\_\_\_ Message Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Race/Ethnicity: This information is confidential and is only used for government reporting purposes to monitor compliance with equal opportunity laws. Please note that self-identification of race/ethnicity is voluntary.

Hispanic or Latino Ethnicity (Please select only one): [ ] Hispanic or Latino [ ] Not Hispanic or Latino

Race (Please select one or more): [ ] White [ ] Black or African American [ ] Asian

[ ] American Indian or Alaska Native [ ] Native Hawaiian or Other Pacific Islander [ ] Other: \_\_\_\_\_

Primary Language: [ ] English [ ] Spanish [ ] Hmong [ ] Other: \_\_\_\_\_

Household Information: Please list all members of the household, including yourself. Please provide all requested information for all household members, including birthdates and social security numbers.

Table with 10 columns: Name (First, MI, Last), Date of Birth, Social Security Number, Sex, Place of Birth, Hispanic or Latino Yes or No, Race, Relation to Head of Household, Student Yes or No, Does this person require an accommodation? The first row has 'SELF' in the Relation to Head of Household column.



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**Income:** Please list income from **all** sources for **all** household members

Household Member	Source of Income	Amount Received	Weekly, Monthly or Annually

**Assets:** Please list assets held by all members of the household (Assets include, but are not limited to checking and savings accounts, trust funds, certificates of deposit, stocks and bonds)

Household Member	Account Type (checking, savings, etc.)	Current Balance

**Do you own any property:**  No  Yes, Value: \$ \_\_\_\_\_

**Criminal Record:** Have you or any household member been convicted of a violent or drug related crime, including the distribution or manufacturing of a controlled substance?  No  Yes

If Yes, please provide the following information: Date of Conviction: \_\_\_\_\_

Offense: \_\_\_\_\_ County of Conviction: \_\_\_\_\_

**Please answer the following questions:**

Does anyone in your family require a unit that has been modified for a  Mobility Impairment  Sight Impairment or  Hearing Impairment?  Yes  No

Are any members of the household disabled?  Yes  No

If yes, please list the name(s) of the disabled household member(s): \_\_\_\_\_

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, please list the name of the Housing Authority: \_\_\_\_\_

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

Are you currently receiving housing assistance?  Yes  No If yes, please list: \_\_\_\_\_

**Verifications and Signatures:** I/we understand that the Housing Authority is relying on this information to determine my eligibility, and investigate both current and past employment records, rental history, credit rating, criminal/public records as well as any source of income or assets held by household members. The information obtained by the Housing Authority will be used for management purposes only and will be held confidential. I/we hereby swear to the best of my/our knowledge the information is true and complete as of the date below and authorize the Housing Authority to make inquires to verify statements herein.

If you or anyone in your family is a person with disabilities, and you require an accommodation in order to fully utilize our programs and services, please contact the HACB office.

**\*\*\*\*\*ALL ADULT MEMBERS OF THE HOUSEHOLD MUST SIGN BELOW\*\*\*\*\***

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

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

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

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



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RENTAL HISTORY AND REFERENCES

In order to process your application, you must provide two (2) Landlord references. Please list your current or most recent landlord first.

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

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

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

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

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

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

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

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

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

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

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

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

I have no rental history

Please explain your current and past housing situations: \_\_\_\_\_

Multiple blank lines for explaining housing situations.

References:

Please list two (2) persons not related or living with you who have known you for at least one (1) year.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_



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**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"/> Eviction from unit	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Assist with Recertification Process	<input type="checkbox"/> Other: _____
<p><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.</p>		
<p><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.</p>		
<p><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.</p>		

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

**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.

Form HUD- 92006 (05/09) OMB Control # 2502-0581 Exp. (07/31/2012)

