

CYPRESS FAMILY APARTMENTS

1623-1633 CYPRESS LANE, PARADISE, CA 95969

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

FOR OFFICE USE ONLY

Application #: _____ Date/Time: _____

Unit Size Qualified For: 1 2 3 (circle one)

Head of Household Name: _____

Previous Names Used: _____

Present Address: _____
(Number and Street) (Apartment #) (City) (State) (Zip)

Alternate Contact Name: _____ Phone: _____ Email: _____

Mailing Address (if different from above): _____

Phone #s: Home (____) ____-____ Work (____) ____-____ Cell (____) ____-____

1. Do you have a Section 8 Housing Choice Voucher? Yes [] No []

2. Have you also applied for a Project-Based Voucher for Cypress Family Apartments through the Housing Authority of the County of Butte? Yes [] No []

3. Are you requesting an Accessible Unit? Yes [] No []

If yes, Wheelchair [] Vision [] Hearing [] Other (i.e. Downstairs Unit) _____

4. Do you have a need for a Live-In Aide? Yes [] No []

5. Did you lose your place of residence in the Camp Fire of 2018?* Yes [] No []

6. If Yes to #5, are you currently living in a temporary shelter (Tent, RV, shed, etc.)?* Yes [] No []

7. Do you have a service or assistance/companion animal? Yes [] No [] If yes, how many? _____

What type of animal(s)? (dog, cat, bird etc.) _____

8. How did you hear about this housing opportunity? Television [] Radio [] Website [] Bus/Stop []

Agency Referral [] Friend/Resident [] Other (please specify) _____

Please List All Household Members:

Name of Household Member	Social Security #	Relation to Head of Household	Sex (M/F)	Date of Birth	Student (Y/N)	Full or Part Time
		HEAD OF HOUSEHOLD				

Race and Ethnicity: (OPTIONAL- This information will not affect your application. It is for informational purposes only.)

HH Mbr#	First Name	Last Name	Race	Ethnicity	Disabled
1.					
2.					
3.					
4.					
5.					
6.					
7.					

Race Codes: (1. White) (2. Black/African American) (3. American Indian/Alaska Native) (4. Asian)
 (5. Native Hawaiian/Other Pacific Islander) (6. Other) (7. Decline to State)
 For multiple races enter 2 or more (for example: 3/1 = American Indian/Alaska Native & White)

Ethnicity Codes: (1. Hispanic – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin (2. Not Hispanic) (3. Decline to State)

Disability Status: (1. Yes) (2. No) (3. Decline to State)

INCOME: Please list all GROSS (before taxes/deductions) monthly income the household receives

Type of Gross Monthly Income	Member 1 (Write name below):	Member 2 (Write name below):	Member 3 (Write name below):	Member 4 (Write name below):	Member 5 (Write name below):
Employment	\$	\$	\$	\$	\$
Cash Aid	\$	\$	\$	\$	\$
Unemployment	\$	\$	\$	\$	\$
Child or Spousal Support	\$	\$	\$	\$	\$
Self-Employment (including Door Dash, Uber, Lyft etc.)	\$	\$	\$	\$	\$
Social Security (SSA, SSI, SSDI etc.)	\$	\$	\$	\$	\$
Other: (List)	\$	\$	\$	\$	\$

EMPLOYERS INFORMATION (if employed):

Household Member Name	Name of Employer	Employer Address, email and fax # (if applicable)

ASSET INFORMATION: Please list all assets owned by ALL household members

ASSET TYPE:	Member 1 Current Balance	Member 2 Current Balance	Member 3 Current Balance	Member 4 Current Balance	Member 5 Current Balance	Member 6 Current Balance
Checking	\$	\$	\$	\$	\$	\$
Saving	\$	\$	\$	\$	\$	\$
Cash	\$	\$	\$	\$	\$	\$
Debit card cash balance	\$	\$	\$	\$	\$	\$
401k, stocks Retirement etc.	\$	\$	\$	\$	\$	\$
Whole life insurance	\$	\$	\$	\$	\$	\$
Other:	\$	\$	\$	\$	\$	\$

HOUSING HISTORY: Please give us your Housing History for the past 3 years (most current first). No P.O. Boxes:**CURRENT RESIDENCE:** Street: _____

City: _____ State: _____ Zip: _____

From: (month)_____ (year) _____ to (month)_____ (year)_____.

Monthly Rent Payment: \$_____

Name of Landlord: _____ Phone: (_____) _____

Address: _____

City: _____ State: _____ Zip: _____

Reason for Leaving: _____

PREVIOUS RESIDENCE: Street: _____

City: _____ **State:** _____ **Zip:** _____

From: (month) _____ (year) _____ **to** (month) _____ (year) _____.

Monthly Rent Payment: \$ _____

Name of Landlord: _____ **Phone:** (_____) _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Reason for Leaving: _____

PRIOR RESIDENCE: Street: _____

City: _____ **State:** _____ **Zip:** _____

From: (month) _____ (year) _____ **to** (month) _____ (year) _____.

Monthly Rent Payment: \$ _____

Name of Landlord: _____ **Phone:** (_____) _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Reason for Leaving: _____

Have you been EVICTED during the past three (3) years? YES [☐] NO [☐] Initial _____

If yes, what was the reason: _____

How did you hear about us: _____

***If you answered Yes to Question 5 or Question 6, you must also complete the Cypress Family Apartments Preference Verification Form (on next page).**

I/we hereby certify that the information contained herein is accurate, complete and true. I/we further understand that if any information I/we have given is found to be false or misleading, this application will be denied. I/we am/are hereby authorizing Paradise Community Village to verify all the information provided.

Applicant Signature

Date

Applicant Signature

Date

Applicant Signature

Date

Applicant Signature

Date

Cypress Family Apartments: Preference Verification Form
If you are not a Camp Fire Survivor, you may skip this page

Applicant Name(s): _____

Preference #1 or #2: Camp Fire survivors currently living in temporary housing (tents, RVs, sheds, etc...) **and/or** Camp Fire survivors who lost their place of residence in the Camp Fire

CHECK ALL STATEMENTS THAT APPLY:

I am a Camp Fire Survivor, and my FEMA ID is: _____

- Attach FEMA Letter

The address of my place of residence at the time of the Camp Fire: _____

I am currently living in a tent, trailer, shed, or other place not meant for long-term habitation.

I am currently living at: _____

Please describe your living situation.

Include dates and contact information of any person able to verify your housing situation. Documentation will be required.

I certify that the information given above is true and complete to the best of my knowledge. I understand that providing false or misleading information may be subject to criminal penalties.

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.
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Signature of Applicant/Resident

Date