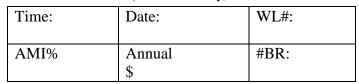


Ukiah, CA 95482

Phone (707)463-1975 Fax (707) 463-2252





(Office Use Only)

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 'Koenwf kpi 'Ctgc'Eqf g 3. Alternate Phone Number Kpenwf kpi 'Ctgc' Eqf g 4. Current Physical Address' Koenwf kpi 'Ekyf' 'cpf' 'Ucvg 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

old Member Name	Date of Birth	Social Security Number	Age	Full Time Student	Disabled	Citizenship Status
15. Do you red 16. Please cor attendants. Ind twelve months additional she	quest an adjustm nplete the follow dicate if any men s or anticipates the ets as necessary		due to a disa mbers of the d has been	ability?   household, is a full time study the next twelve in the state of the state of the next twelve in the next twent twelve in the next twelve in the next twelve in the next twelv	Yes \( \text{N}\) including livudent in the live months. A	ve-in care last attach
a disability?	Pq'"""[ gt	asehold benefit from	'{ gu. 'r ngcug	"o cmg"c"ugnge	vkqp'dgmy 0	erson with
□ Studio □	One Bedroom	☐ Two Bedrooms ☐	Three Be	edrooms $\square$ F	Four Bedroor	ms
		ou interested in? In r son per bedroom.	most cases,	RCHDC occi	upancy stand	lards
	ne in your houselegistration?	hold ever been convi Yes □ No	cted of a cr	ime and/or su	ibject to lifet	time state
11. Has any m	nember of your h	nousehold ever been	evicted?	Yes 🗆	No	
•	•	nousehold been terming the hold been terming the hold been terminated to be a considerable to			<b>U</b> 1	gram for
		hold possess a currer If yes, what kind?	nt Section 8	Voucher/Cer	rtificate or ot	ther rental
	Currently Empl	loyed,   Retired, o	r 🗆 Disab	led farmwork	ters?	
8. Are any adu	ılt members of y	our household a farr	nworker? 'I	Pq'"""" g	u'"""If yes,	, are they

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.

<b>Household Member Name</b>	<b>Gross Annual Income</b>	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	$\square$ 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 Signa	Date:	
Co-Applicant Si	gnature:	Date:
Co-Applicant Si	gnature:	Date:
Co-Applicant Si	Date:	
20. Please make	a selection below from the Race AND Ethnicity Categor	ories.*
Ethnicity:		
	Hispanic or Latino	
	Not Hispanic or Latino	
Race: (Mark or	ne 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.