

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

FOR OFFICE USE ONLY
DATE RECEIVED:
TIME RECEIVED:

FOR OFFICE USE ONLY
DATE COMPLETED:
TIME COMPLETED:

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



"The Housing Authority of the County of Butte is an Equal Opportunity Employer and Housing Provider"



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- SOCIAL SECURITY NUMBER	_____ XXX-XX- 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: ____/____/____