

Application for:

# Laurel Canyon Apartments at 7<sup>th</sup> & Myrtle

1720 7<sup>th</sup> Street, Eureka, CA  
Studio, 1-, and 2-bedroom units  
Project Based Voucher (PBV) Assistance

**Eligibility to Apply:**

These units are for income-qualified SENIORS aged 62+. Preliminary eligibility for senior households is based on income. Household income should not exceed 50% of the Area Median Income (AMI) for Humboldt County, shown below.

2023 50% AMI Income limits:

# People	1	2	3	4
Income	28,900	33,000	37,150	41,250

If you believe you meet eligibility based on age and household income, please complete the following Danco tenant application and return to the Housing Authority at 735 West Everding Street, Eureka, CA 95503, along with our standard Housing Choice Voucher application, available here: <https://eurekahumboldtha.org/wp-content/uploads/2021/03/HCVApplication2021.pdf>

Be sure to check your selection(s) on the following page to indicate what program(s) you are applying for.





# HOUSING AUTHORITIES CITY OF EUREKA & COUNTY OF HUMBOLDT



735 WEST EVERDING STREET, EUREKA CA 95503  
PHONE: (707) 443-4583 FAX: (707) 443-4762 TTY: (800) 651-5111

## Housing Assistance Programs Application - Waitlist Selection *Please check any/all that apply.*

- I am applying for the Housing Choice Voucher waitlist (includes Mainstream eligibility) for a **Tenant-Based voucher**.
- I am applying for **Project-Based Voucher** assistance specific to a certain location:

- Bayview Heights**, 108 Fourth Street, Eureka (waitlist open 2/1/2022)
  - I am a Veteran.
  - I have a letter from HUD-VASH that I have not been prioritized for VASH assistance.

- Sorrel Place**, 969 7<sup>th</sup> Street, Arcata (waitlist open 4/1/2022)
  - Household income is at or below 30% of Area Median Income (AMI)  
2023 30% AMI Income limits:

# People	1	2	3	4	5	6	7
Income	17,340	19,800	22,290	24,750	26,730	28,710	30,690

- Lauren Canyon**, 1720 7<sup>th</sup> Street, Eureka (waitlist open 5/30/2023)
  - A member of my household is a senior aged 62 or older.
  - Household income is at or below 50% of Area Median Income (AMI)  
2023 30% AMI Income limits:

# People	1	2	3	4	5	6	7
Income	28,900	33,000	37,150	41,250	44,550	47,850	51,150

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

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



The Housing Authorities are Equal Housing Opportunity Organizations





APPLICATION FOR ADMISSION



OFFICE USE ONLY

Date: \_\_\_\_\_
Time: \_\_\_\_\_
Apt. Size: \_\_\_\_\_

7th & Myrtle
1720 7th Street
Eureka, CA 95501
ph. (707) 822-9000

OFFICE USE ONLY

Gross Income: \_\_\_\_\_
Income Limit: \_\_\_\_\_

GENERAL INFORMATION:

Head of Household:

[Redacted box for Head of Household name]

Table with columns: Name, Social Security #, Birthdate/Age, GENDER CIRCLE ONE, Drivers Lic.# / State. Rows 1) through 7).

Will anyone live with you who is not listed above?
Are you requesting an accommodation in housing due to a disability?
Are you or any member of your household, 18 or older, attending school?
Do you own a pet?
Do you have a washing machine?
Did you file taxes?
Do you have a waterbed?
APARTMENT SIZE REQUESTED: 1 bedroom, 2 bedroom, 3 bedroom

RENTAL HISTORY- Management's policy is to have 2 years of continuous housing history. If additional space is needed, please use the back of this application or attach an additional sheet.

(Head of Household) Current Address:
Street Apt.# City State Zip
Phone Number:
Dates you lived here: to

Mailing Address (if different from above)
Street apt.# city state zip

CURRENT LANDLORD:
Address:
Phone Number:
if apt., name of complex:

Reason you want to move:

Amount of rent you are paying:
If yes, please explain:
Are you being or have you been evicted? No Yes

PREVIOUS ADDRESS:
Street Apt.# City State Zip
If apt., name of complex:
Dates you lived there: to

Previous Landlord:
Phone Number:
Reason for moving:

Address:

ALL OTHER APPLICANTS NOT RESIDING WITH THE HEAD OF HOUSEHOLD APPLICANT MUST PROVIDE 2 YEARS OF CONTINUOUS HOUSING HISTORY.

(Applicant #2) Current Address:
Street Apt.# City State Zip

Phone Number: \_\_\_\_\_ Dates you lived here: \_\_\_\_\_ to \_\_\_\_\_

**Mailing Address** (if different from above) \_\_\_\_\_  
Street apt.# city state zip

CURRENT LANDLORD: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ if apt., name of complex: \_\_\_\_\_

Reason you want to move: \_\_\_\_\_

Amount of rent you are paying: \_\_\_\_\_ Are you being or have you been evicted? \_\_\_ No \_\_\_ Yes  
If yes, please explain: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_  
Street Apt.# City State Zip

If apt., name of complex: \_\_\_\_\_ Dates you lived there: \_\_\_\_\_ to \_\_\_\_\_

Previous Landlord: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Reason for moving: \_\_\_\_\_

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

**(Applicant #3) Current Address:** \_\_\_\_\_

Street Apt.# City State Zip

Phone Number: \_\_\_\_\_ Dates you lived here: \_\_\_\_\_ to \_\_\_\_\_

**Mailing Address** (if different from above) \_\_\_\_\_  
Street apt.# city state zip

CURRENT LANDLORD: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ if apt., name of complex: \_\_\_\_\_

Reason you want to move: \_\_\_\_\_

Amount of rent you are paying: \_\_\_\_\_ Are you being or have you been evicted? \_\_\_ No \_\_\_ Yes  
If yes, please explain: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_  
Street Apt.# City State Zip

If apt., name of complex: \_\_\_\_\_ Dates you lived there: \_\_\_\_\_ to \_\_\_\_\_

Previous Landlord: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Reason for moving: \_\_\_\_\_

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

PERSONAL REFERENCES (do not list relatives-preferably business/professional acquaintances):

(Applicant #1) Name Address Phone # Relationship

(Applicant #2) Name Address Phone # Relationship

(Applicant #2) Name Address Phone # Relationship

EMERGENCY CONTACT PERSON:

Name

Address

Phone Number

Relationship

AUTOMOBILES:

Make: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Make: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_ License Plate #: \_\_\_\_\_

HOUSEHOLD FINANCIAL OBLIGATIONS

PAYABLE TO:  
(Company Name)

Include ALL medical expenses, car payments,  
child support, loans, etc.

MONTHLY PAYMENT

_____	/	_____
_____	/	_____
_____	/	_____
_____	/	_____

**INCOME:** Do you or any member of your household anticipate receiving income from any of the following sources during the next 12 months? **Please mark EVERY question YES or NO. If you answer any questions with a YES, please complete the information on the right.**

	Yes	No	Amount Received (per time period)	(per	Received By Which Household Member	Source of Income (name, address & phone)
Employment (Earned income)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month			
Employment (Earned income)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month			
Alimony	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month			
Child Support	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month			
Disability Benefits (worker's compensation disability income)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month			
Monetary Gifts	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month			
Pension or Retirement Benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month			
Public Assistance	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month			
School Grants or Scholarships	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> semester			
Social Security / SSI	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month			
Unemployment Compensation	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month			
Veterans Administration	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month			
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month			

Do you anticipate any change in this income in the next 12 months?  Yes  No If yes, please explain: \_\_\_\_\_

Does an outside party pay your utilities, phone service or other household expenses?  Yes  No If yes, amount paid per month \$ \_\_\_\_\_

Name and address of outside party: \_\_\_\_\_  
Name Address City State Zip

FEDERAL INCOME TAX RETURNS: Are you or any member of your household exempt from filing a Federal Tax Return?  Yes  No

If yes, which members: \_\_\_\_\_,  
Name Name Name

**ASSETS:**

In the last TWO years have you sold, given away, or disposed of assets for less than "fair market value" (example: real estate and other items held for investment purposes such as gems, jewelry, coins, or collections)? \_\_\_ No \_\_\_ Yes

If yes, list type of asset: \_\_\_\_\_

Amount given: \_\_\_\_\_ Name of party who received asset: \_\_\_\_\_

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

Was this due to divorce, separation or bankruptcy? \_\_\_ No \_\_\_ Yes

**ASSETS II:** Please mark every question either YES or NO. If you answer YES, complete the blanks on the right.

DO YOU HAVE...?	YES	NO	NAME ON ACCOUNT	ACCOUNT #	BALANCE/VALUE	Bank (name & address)
Checking Account(s)	<input type="checkbox"/>	<input type="checkbox"/>				
Checking Account(s)	<input type="checkbox"/>	<input type="checkbox"/>				
Savings Account(s)	<input type="checkbox"/>	<input type="checkbox"/>				
Savings Account(s)	<input type="checkbox"/>	<input type="checkbox"/>				
Money Market Account(s)	<input type="checkbox"/>	<input type="checkbox"/>				
Certificate/Time Deposits	<input type="checkbox"/>	<input type="checkbox"/>				
Safety Deposit Box	<input type="checkbox"/>	<input type="checkbox"/>				
Trust Account(s)	<input type="checkbox"/>	<input type="checkbox"/>				
IRA/Keough/Life Insurance or other retirement account	<input type="checkbox"/>	<input type="checkbox"/>				
Stocks or Bonds	<input type="checkbox"/>	<input type="checkbox"/>				
Rental Property	<input type="checkbox"/>	<input type="checkbox"/>				
Other Real Estate	<input type="checkbox"/>	<input type="checkbox"/>				
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>				

CHILDCARE: (Complete only if your child/children is/are 12 years of age or younger and living in your household)

Do you pay for childcare expenses?       Yes       No      If yes, how much \$ \_\_\_\_\_ To whom is this expense paid?

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

Do you employ childcare in order for a household member to work or continue education?       Yes       No

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ELDERLY HOUSEHOLDS: (Applicable only if the head of household or co-tenant is 62 years of age or older; or disabled, regardless of age).

Do you anticipate having ANY medical expenses within the next twelve (12) months that are not paid for by Medicare or an insurance policy?       Yes       No

(examples: medical or dental expenses, including cost of insurance, prescriptions, eyeglasses, hearing aids or nursing care)

DO NOT INCLUDE expenses that are reimbursed or paid by others outside your household.

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DISABILITY ASSISTANCE EXPENSE: (Applicable only if a household member has a disability).

Does your household have disability assistance expenses?       Yes       No

(examples: care attendant, special apparatus, such as, wheelchairs, ramps, and adaptations to vehicles or workplace equipment)

DO NOT INCLUDE expenses that are reimbursed or paid by others outside your household.

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DRUG FREE HOUSING:

In order to comply with Federal and State laws, all attempts must be made by the Owner of this apartment community to assure DRUG and VIOLENCE-FREE Housing.

I/We certify the housing I/We will occupy at \_\_\_\_\_ Apartments will be my/our permanent residence and I/We will not maintain a separate rental unit in a different location. I/We authorize the owner to obtain a credit/criminal report and to contact current and previous landlords.

I/We also certify that the information given is accurate and complete and understand any misrepresentation will disqualify the application.

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

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

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

It is your responsibility as the applicant to keep the Management notified of any changes in your application. This includes a change in household size, current address, income, or assets.

HOUSEHOLD COMPOSITION: "The following information is requested by the owner as required by the United States Government under conditions of the funding they made available for the property's development. 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.

**THIS COMMUNITY FOLLOWS THE HOUSING FIRST MODEL: Housing First is an approach to serving people experiencing homelessness that recognizes a homeless person must first be able to access a decent, safe place to live, that does not limit length of stay (permanent housing), before stabilizing, improving health, reducing harmful behaviors, or increasing income.**

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Marital Status of Head of Household (check one):

- Married
- Separated
- Unmarried (check one below)
  - Single
  - Divorced
  - Widowed

Disability Status (check one):

- Disabled
- Not Disabled

Race/National Origin of Head of Household (check all that apply):

- White
- Black/African American
- Asian
- Asian AND White
- American Indian or Alaskan Native
- Native Hawaiian or Other Pacific Islander
- Black/African American AND White
- American Indian or Alaskan Native AND White
- American Indian or Alaskan Native AND Black/African American

Ethnicity:

- Hispanic/Latino
- Mexican/Chicano
- Puerto Rican
- Cuban
- Non-Hispanic/Latino

How did you hear about this community?

- Newspaper Ad
- Tenant Referral
- Internet
- Project Sign
- Other: \_\_\_\_\_