



PRE-APPLICATION FOR PROJECT BASED VOUCHER ASSISTANCE AT RESETAR RESIDENTIAL HOTEL 15 WEST LAKE AVENUE WATSONVILLE CA 95076

This pre-application form pertains to the Project Based Voucher (PBV) units at the Resetar Residential Hotel only. You may also apply for any other programs, such as the Housing Choice Voucher Program (Section 8) or the Low Income Public Housing (LIPH) Program if the Waiting Lists for such programs are open. For more information about which programs are accepting applications and how to apply for other programs administered by the Housing Authority, we invite you to visit our website at www.hacosantacruz.org or call our Waiting List Call Center at (831) 454-5950.

ABOUT RESETAR RESIDENTIAL HOTEL

The Resetar Residential Hotel is an 89 unit supportive and affordable housing project at the heart of downtown Watsonville. There are a total of 52 Project Based units at Resetar, of which 5 units are set aside for formerly homeless veterans participating in the HUD-VASH program. There are 3 one-bedroom units and 49 studio apartments in the Project Based Voucher program. Residents of Resetar Residential Hotel are required to establish a service plan and receive case-management provided by Abode Services or other service providers.

ABOUT THE PROJECT BASED VOUCHER PROGRAM

In most ways, the PBV program operates just like the regular Housing Choice Voucher (Section 8) program, with households paying roughly one third of their income towards housing, and the Housing Authority paying the remainder of the rent directly to the landlord on the tenant's behalf. However, there are some key differences, listed below.

- In the PBV program, applicants must have an "extremely low income" (under 30% median income). To view current income limits, visit our website at: http://www.hacosantacruz.org/income_limits.htm
- In the PBV program, tenants do not pay more than 30% of their income on housing.
- In the PBV program, assistance is tied to the unit, not the household. Therefore, you must reside at Resetar Residential Hotel for at least one year before potentially being eligible to transfer your assistance to another unit.

A waiting list has been established specifically for PBV assistance at Resetar Residential Hotel. **The period of time a household must wait for assistance cannot be estimated.** This waiting list does not have any preferences on the basis of need, age, disability, or any other criteria. If you are interested in residing at Resetar Residential Hotel, please complete the attached Pre-Application Form and return it to the Housing Authority.

WHAT TO EXPECT AFTER YOU COMPLETE A PRE-APPLICATION FORM

1. **Your name will be placed on the waiting list for Resetar Residential Hotel by the date the Housing Authority receives your completed pre-application.**
2. **You will receive a confirmation letter confirming that you have been placed on the waiting list for Resetar Residential Hotel.** It may take several weeks before you receive this confirmation letter. When you receive your confirmation letter, keep the letter for your records.
3. **Your wait for assistance may be long.** We cannot predict when your name will reach the top of the waiting list. Once you have received your confirmation letter, you may not receive anything from the Housing Authority for a very long time.
4. **You must keep us informed, in writing, within thirty (30) days of any changes to your mailing address.** It is your responsibility to make sure the mailing address you give us is a reliable and secure one. If, at any time, you do not respond to Housing Authority requests for information or appointments by the due dates established in those letters, or if at any time letters sent to you are returned to the Housing Authority as undeliverable, no further attempts to contact you will be made and your name will be removed from the Waiting List.
5. **When your name reaches the top of the waiting list we will contact you to confirm your continued interest in living at Resetar Residential Hotel, and inform you when a unit becomes available.** At that time, you will be given instructions to contact Resetar management, who will screen prospective tenants and provide the Housing Authority with a referral for the available unit.
6. **When Resetar management has referred you for a unit, the Housing Authority will conduct an income eligibility determination.** As part of that eligibility determination, the Department of Housing and Urban Development requires that we perform a sex offender check on all applicants. Additionally, the Housing Authority may also perform a criminal background check or credit check. Please see our website for more information about program eligibility. However, program rules are subject to change at any time, and your eligibility will not be determined until you have reached the top of the list.
7. **How to reach us – you may visit our website at www.hacosantacruz.org or call the Waiting List Call Center at (831) 454-5950.**



The Housing Authority of the County of Santa Cruz
2160 41st Avenue, Capitola, CA 95010
Phone (831) 454-9455 • TDD (831) 475-1146
www.hacosantacruz.org



*If you need assistance completing this form,
please contact the Housing Authority Waiting List Call Center at (831) 454-5950.*

**PRE-APPLICATION FOR PROJECT BASED VOUCHER ASSISTANCE AT
RESETAR RESIDENTIAL HOTEL
 15 WEST LAKE AVENUE WATSONVILLE CA 95076**

In order to be placed on the Waiting List for Resetar Residential Hotel, please complete the following questions. Please print your answers neatly in blue or black pen. Incomplete or illegible pre-applications will not be accepted. Only one Pre-Application form will be accepted per applicant. Duplicate Pre-Application forms will be rejected.

Applicant Information (If a question is not applicable to you, answer “N/A” or “None”.)

1. First Name _____
2. Middle Initial _____
3. Last Name _____
4. Social Security Number _____ — _____ — _____ Not Applicable
5. Home Telephone Number (_____) _____ — _____
6. Current Resident Address
 (Cannot be a PO Box) _____
 Check here if homeless City _____ State _____ Zip Code _____
7. Mailing Address
 (If different, or if no resident address provided) _____
 City _____ State _____ Zip Code _____
8. Total annual household income \$ _____
9. In which language do you prefer to communicate? English Spanish
 TDD Other: _____
10. Date of birth _____
11. Sex Male Female
12. Number of members in household _____

*Studios accommodate up to 2 people.
 One bedrooms accommodate up to 3 people.*

Optional – HUD requires the Housing Authority to request this information.

13. Ethnicity Hispanic or Latino Not Hispanic or Latino
14. Race African American / Black American Indian / Alaska Native
 Asian Caucasian / White
 Native Hawaiian / Pacific Islander

PLEASE RETURN THIS PRE-APPLICATION TO THE HOUSING AUTHORITY OF THE COUNTY OF SANTA CRUZ.

MAIL THIS PRE-APPLICATION TO: HOUSING AUTHORITY OF THE COUNTY OF SANTA CRUZ – 2160 41st AVENUE - CAPITOLA CA 95010. PRE-APPLICATIONS RECEIVED BY FAX WILL NOT BE ACCEPTED.

Optional

15. Do you wish to claim disability status? Yes No

Please note that you are not required to answer this question or to reveal any information about the disability status of any household member.

Person with disabilities defined as individuals with mental or physical impairments that substantially limit one or more major life activities. The term mental or physical impairment may include conditions such as blindness, hearing impairment, mobility impairment, HIV infection, mental retardation, alcoholism, drug addiction, chronic fatigue, learning disability, head injury, and mental illness. The term major life activity may include seeing, hearing, walking, breathing, performing manual tasks, caring for one's self, learning, speaking, or working. The definition also includes persons who have a record of such an impairment, or are regarded as having such an impairment. Current users of illegal controlled substances, persons convicted for illegal manufacture or distribution of a controlled substance, sex offenders, and juvenile offenders are not considered disabled by virtue of that status.

16. To help assess special housing needs, please indicate any specific features you would require to accommodate any family member.

- Wheelchair accessibility Unit Adapted for the Hearing Impaired Grab Bars
 Ground Floor Unit Adapted for the Visually Impaired Other

Certification

By completing and submitting this form I am requesting that my name be placed on the Waiting List for Project Based Voucher assistance at the Resetar Residential Hotel in downtown Watsonville. I understand that placing my name on the Waiting List does not give me any right to be admitted to the program, guarantee my future eligibility, or assure that subsidy funds will be available. Additionally, by signing below, I give the Housing Authority my authorization to share my application information with Resetar management so that they may consider my eligibility for housing.

I understand that I must inform the Housing Authority, in writing, within 30 days of any change to my name and / or mailing address. I understand that if I do not respond to any information or appointment request from the Housing Authority, or if any letter sent to me is returned to the Housing Authority as undeliverable, my name will be removed from the Waiting List.

WARNING – TITLE 18 SECTION 1001 OF THE UNITED STATES CODE STATES THAT ANY PERSON WOULD BE GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

Printed Name of Applicant _____

Signature of Applicant _____

Date _____

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