



Yolo County Housing

147 W. Main Street
WOODLAND, CA 95695

Woodland: (530) 662-5428
TTY: (800) 545-1833, ext. 626

Affordable Housing Wait List Pre-Application

Head of Household Name (Last name first and first name last): _____

Social Security Number: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone # _____ Work Ph#: _____ Cell Ph#: _____

Does your cell phone support SMS or other text messaging? (Circle one) Y N

Email Address: _____

Mailing Address (if different from Home Address): _____

City: _____ State: _____ Zip Code: _____

List all household members (if not enough space use a separate piece of paper that includes the information below)

Name	Disabled Y/N	Social Security Number	Date of Birth	Sex	Relationship to Head
				M/F	

What is your household total monthly income? \$ _____

Please check all that apply: Wages SSI SSA TANF VA Unemployment benefits
 any other benefits and or cash contributions

Ethnicity (Check one)

- Hispanic or Latino
- Not Hispanic or Latino

Race (check all that apply)

- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- White

Primary language (if other than English please specify): _____

Questions for Head of Household:

	Yes	No
1. Do you live or work in Yolo County?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been displaced by government action through no fault of your own?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you a U.S. Veteran or the surviving spouse a U.S. Veteran?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does your household contain at least one adult member who has worked for six months or is currently receiving unemployment benefits?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the head or spouse permanently disabled or 62 years of age or older?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you or anyone in your household disabled and is this disability expected to be long term or for an indefinite duration?	<input type="checkbox"/>	<input type="checkbox"/>



- | | | |
|---|-----|-----|
| | Yes | No |
| 7. Will you require an accessible unit? | [] | [] |
| 8. Will you require a reasonable accommodation? | [] | [] |
- If yes to 8 – Please specify required reasonable accommodation****

***The term “reasonable accommodation” means a change, modification, alteration, or adaptation in policy procedure, practice, program, or facility that provides a qualified individual with a disability the opportunity to participate in, or benefit from, a program (housing or non-housing) or activity. If requested, this form can be made available in appropriate alternative formats to persons with a disability. Persons seeking an alternative format should contact the YCH 504 Coordinator at 530-662-5428 for further information.*

CURRENT WAITING LIST PROGRAMS

Please mark the box for **each** of the waiting lists you wish to apply;

- USDA Farm Labor Housing – Davis

Low Income Public Housing

- | | |
|---|--|
| <input type="checkbox"/> Esparto (2&3 Bedrooms) | <input type="checkbox"/> Winters |
| <input type="checkbox"/> Knights Landing (2&3 Bedrooms) | |
| <input type="checkbox"/> Woodland | <input type="checkbox"/> West Sacramento |
| <input type="checkbox"/> Yolo (2&3 Bedrooms) | |

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE.

I understand that submission of false information or misrepresentation may result in loss of eligibility to participate in any assisted housing programs.

WARNING! Title 18, Section 1001 of the United States Code, states that a person who knowingly and willingly makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, imprisoned not more than 5 years or, if the offense involves international or domestic terrorism (as defined in section [2331](#)), imprisoned not more than 8 years, or both.

Head of Household Signature: _____ **Date:** _____

Spouse/Co-Head Signature: _____ **Date:** _____

NONDISCRIMINATION

Yolo County Housing prohibits discrimination in employment, services, and activities on the basis of race, color, creed, religion, sex, ancestry, familial status, marital status, national origin, sexual orientation, age, disability, source of income or other legally protected status. YCH affirms its commitment to equal opportunity and equal access to services. For additional information, contact the 504 Coordinator, Janis Holt at 530-662-5428; TDD 1-800-545-1833, ext. 626.

LANGUAGE SERVICES

YCH offers free language services. If you need this document translated, please contact us at 530-662-5428; TDD 1-800-545-1833, ext. 626.

USDA FARM LABOR HOUSING DAVIS – NON DISCRIMINATION

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, and familial status. (Not all prohibited bases apply to all programs). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD)."



Working together to provide quality affordable housing and community development services for all