



## **PRE-APPLICATION FOR PROJECT BASED VOUCHER ASSISTANCE AT SUNRISE SENIOR APARTMENTS 580 WESTSIDE BLVD., HOLLISTER, CA. 95023**

If you are a family with the head of household or spouse age 62 or older, you may be eligible for Project Based Voucher assistance at Sunrise Senior Apartments.

**This cover letter and pre-application form pertains to the Project Based Voucher (PBV) units at the Sunrise Senior Apartments only.** You may also apply for other programs or waiting lists, such as the Housing Choice Voucher Program and other PBV site-based waiting lists, if they are open. For more information about which other 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](http://www.hacosantacruz.org) or call our Waiting List Call Center at (831) 454-5950. You may apply online to any open waiting list at [www.hacosantacruz.org](http://www.hacosantacruz.org).

### **ABOUT SUNRISE SENIOR APARTMENTS**

Sunrise Senior Apartments, located at 580 Westside Blvd., is a Project Based Voucher complex developed and operated by Community Housing Improvement System and Planning Association, Inc. (CHISPA) for occupancy by low income seniors at least 62 years of age. There are a total of 48 one-bedroom units at Sunrise Senior Apartments, 43 of which are available through its site-based waiting list. Five PBV units are available to homeless veterans and their families, referred by the Department of Veterans Affairs. **Please contact CHISPA with questions you have about Sunrise Senior Apartments at [www.chispahousing.org](http://www.chispahousing.org) or (831) 757-6254.**

### **ABOUT THE PROJECT BASED VOUCHER PROGRAM**

In most ways, the PBV program operates like the regular Housing Choice Voucher program. Most participants pay 30% of their income toward rent, and the Housing Authority pays the remainder of the rent directly to the landlord on the participant's behalf. However, one key difference is that in the PBV program, assistance is tied to the unit, meaning that you must live in the PBV unit to receive the assistance. After reside in Sunrise Senior Apartments for at least one year, you may request to transfer your rental assistance with a portable Housing Choice Voucher, which you can use to rent a unit of your choice.

A waiting list has been established specifically for PBV assistance at Sunrise Senior Apartments. **The period of time a household must wait for assistance cannot be estimated.** If you are interested in residing at Sunrise Senior Apartments, 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 Sunrise Senior Apartments.** Applications will be processed based on a random sequence of all applicants.
2. **You will receive a confirmation letter confirming that you have been placed on the waiting list for Sunrise Senior Apartments.** 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 application will be cancelled 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 Sunrise Senior Apartments, and inform you when a unit becomes available.** At that time, you will be given instructions to contact Sunrise Senior Apartments management, CHISPA, who will screen prospective tenants and provide the Housing Authority with a referral for the available unit.
6. **When Sunrise Senior Apartments management, CHISPA, 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 criminal background check and sex offender check on all applicants. 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. **Contact us to check the status of your place on the Sunrise Senior Apartments Waiting List.** You may visit our website at [www.hacosantacruz.org](http://www.hacosantacruz.org) to download a Waiting List Status form or call the Waiting List Call Center at (831) 454-5950.



**The Housing Authority of the County of Santa Cruz**  
2160 41<sup>st</sup> Avenue • Capitola, CA 95010-2040  
Phone (831) 454-9455 • TDD (831) 475-1146  
[www.hacosantacruz.org](http://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  
SUNRISE SENIOR APARTMENTS  
580 WESTSIDE BLVD, HOLLISTER, CA. 95023**

In order to be placed on the Waiting List for Sunrise Senior Apartments, please complete this form and return it to the Housing Authority between **March 5 and March 19, 2019**. Pre-applications must be received by (not postmarked by) this date. All applications will be processed based on a random sequence determined for all applicants. Please print in blue or black ink. Incomplete or illegible pre-applications may not be accepted. If a question doesn't apply to you write in NA. An entire household may apply with one pre-application. However, if there is any change in the household, or if the household separates, only those household members living with the Head of Household will remain on the waiting list. If any other members leave the household, those members may apply with a new Pre-Application when the Waiting List is open. Only one Pre-Application will be accepted per applicant; duplicates will be rejected.

- 1) Head of Household First Name \_\_\_\_\_ 2) Middle Initial \_\_\_\_\_
- 3) Last Name \_\_\_\_\_
- 4) SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- 5) Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 6) Sex \_\_\_\_\_
- 7) Are you or your spouse 62 years of age or older? Yes \_\_\_ No \_\_\_  
*(In order to be considered for a unit at this site, the head of household or spouse must be at least 62 years of age.)*
- 8) Email \_\_\_\_\_
- 9) Current Home Address \_\_\_\_\_
- 10) City \_\_\_\_\_
- 11) State \_\_\_\_\_ 12) Zip Code \_\_\_\_\_
- 13) Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ 14) Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_
- 15) Mailing Address (required, if different, or if no residential address provided )  
\_\_\_\_\_
- 16) City \_\_\_\_\_
- 17) State \_\_\_\_\_ 18) Zip Code \_\_\_\_\_
- 19) Homeless: Yes \_\_\_ No \_\_\_
- 20) Do you or your spouse live or work within San Benito County? Yes \_\_\_ No \_\_\_
- 21) Do you or your spouse wish to claim disability status? Yes \_\_\_ No \_\_\_

Return this pre-application form to Housing Authority **between 8 am March 5 and 5 pm March 19, 2019**. Pre-applications can be returned by mail, by FAX, in person, or dropped off at the outside Drop Box.  
2160 41<sup>st</sup> Avenue, Capitola, CA. 95010. FAX: 831-469-3712. Lobby Hours: Monday – Thursday 8 am-5 pm.

- 22) Please indicate any special features you would require to accommodate a member of your household with disabilities:  
 Wheelchair accessibility \_\_\_\_\_ Adaptability for Visual Impairments \_\_\_\_\_  
 Adaptability for Hearing Impairments \_\_\_\_\_ Other \_\_\_\_\_
- 23) Are you or any member of your household, a current military serviceperson or a veteran who has been separated under honorable conditions from any branch of the US armed forces, or the surviving spouse of a veteran? Yes \_\_\_ No \_\_\_
- 24) In which language do you prefer to communicate?  
 English \_\_\_ Spanish \_\_\_ TDD \_\_\_ Other \_\_\_\_\_
- 25) Race: African American/Black \_\_\_ American Indian/Alaska Native \_\_\_ Asian \_\_\_  
 Caucasian/White \_\_\_ Native Hawaiian/Pacific Islander \_\_\_
- 26) Ethnicity: Hispanic or Latino \_\_\_ Not Hispanic or Latino \_\_\_
- 27) Total number of members in Household \_\_\_\_\_  
 # of Adult Female \_\_\_\_\_ # of Adult Male \_\_\_\_\_ # of Minor Female \_\_\_\_\_ # of Minor Male \_\_\_\_\_
- 28) Total Household Income \$ \_\_\_\_\_

**Certification**

By completing and submitting this form I am verifying that I am interested in housing assistance and requesting that my name be added to the Sunrise Senior Apartments waiting list. I will keep the Housing Authority informed of any changes to my mailing address and any information regarding edibility for special programs. 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 as undeliverable mail, my application will be removed from the waiting list. I give the Housing Authority my authorization to share my application information with CHISPA for the purpose of consideration of my eligibility for Sunrise Senior Apartments.

**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.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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