

Housing Humboldt

Connecting Families & Homes



A non-profit organization dedicated to providing and managing quality, safe and affordable housing for very low and low income individuals, families and seniors.

Housing Humboldt

PO Box 4655 (mailing)

Arcata, CA 95518

(824 L Street Suite #5 Arcata)

Phone: (707) 826-7312

TDD: (800) 735-2922

TDD VOICE: (800)735-2922

E-mail: info@housinghumboldt.org

www.housinghumboldt.org



About Housing Humboldt

We are a non-profit, public-benefit corporation with a small, dedicated staff and volunteer board of directors.

We make it possible for very low and low income individuals, families and seniors to rent or buy high-quality, safe and affordable housing.

We collaborate with public and private entities to put together multi-tiered financing packages to acquire, develop and manage new and rehabilitated housing.

We believe that safe, decent affordable housing is a basic necessity and should be available to all who live and work in our community. Many people work full-time but do not earn enough to pay market rents or buy a home.

Affordable Rental Housing

Housing Humboldt manages 167 rental units in ten (10) multi-family complexes located in Eureka, Arcata, Fortuna and McKinleyville. We have studio, one, two and three bedroom units available for rent at below market rates to income eligible households. We accept Section 8 Housing Assistance Program and other subsidies. Units with accessible features are available. Depending on the complex, tenants have access to covered parking, coin-operated laundry, community rooms, decks, patios and private yards. All complexes are located within close proximity to public transportation, shopping areas, recreational opportunities and social services.

Notice of Right to Reasonable Accommodation

Housing Humboldt is committed to providing equal access to all its programs and services. Both the ADA and Section 504 of the Rehabilitation Act protect any individual with a physical or mental impairment that limits that person in some major life activity, and any individual who has a history of, or who is regarded as having, such an impairment. If you or a member of your family have a disability, you have the right to request a reasonable accommodation in order to have equal opportunity of use and enjoyment of programs and services provided by Housing Humboldt.

A reasonable accommodation is some modification or change that the company can make to policies or procedures that will assist an otherwise eligible applicant/tenant with a disability to take advantage of the program. Compliance actions may include reasonable accommodations as well as structural modifications to the unit or premises, to the extent these reasonable accommodations can be implemented without creating undue financial or administrative burdens to the property.

If you or a member of your family have a disability and wish to request a reasonable accommodation, please notify management. He/She will assist you in the reasonable accommodation process. You have the right to request an accommodation at any time during your application process and tenancy.

Complex Descriptions

- ◆ **MURRAY ROAD DUPLEXES** There are 10 duplexes (20 units). Newly remodeled 2 bedroom, 1 bath with fenced back yards. Units come equipped with refrigerator and range. One unit is handicapped accessible. Water, sewer and garbage paid. (Murray Road, McKinleyville)
- ◆ **9th STREET APARTMENTS** There are 2 & 3 bedroom units (16 units). Coin-op laundry and large play yard area. One unit is handicapped accessible. Water, sewer and garbage paid. Storage units for each apt. (300 & 320 9th Street, Fortuna)
- ◆ **LONI DRIVE APARTMENTS** There are 12 2-bedroom, 1 bath units at this location. All units come with dishwasher, garbage disposal, refrigerator, range and carports with overhead storage. Water, sewer and garbage paid. Downstairs units have small patios, upstairs units have balconies. (1015 Loni Dr., Fortuna)
- ◆ **C STREET APARTMENTS** There are 8 2-bedroom, 1 bath units at this location. All units are equipped with a dishwasher, carpet, disposals, range and refrigerator. Off street parking. Water, sewer and garbage paid. (829 C Street, Eureka)
- ◆ **3rd STREET APARTMENTS** There are 2 & 3-bedroom units (6 units). Large units with a dishwasher, range and refrigerator as well as a garage. Garbage paid. Private enclosed yard around the building. One unit is handicapped accessible. Close to the library and public transportation. (1528 3rd Street, Eureka)
- ◆ **JUNIPER APARTMENTS** There are 1, 2 & 3-bedroom apartments in this 10-unit complex. Units come equipped with stove and refrigerator. One-bedroom units are on the second level and have private decks. The 2- and 3-bedroom units have private/fenced yards, laundry hookups and dishwashers. Water, sewer and garbage paid. (4854 Valley East Blvd., Arcata)
- ◆ **WINDSONG DUPLEXES** There are four units in this location, two 2-bedroom and two 3-bedroom. The 2-bedroom are one-story with vaulted ceilings. The 3-bedroom are two-story with 1 1/2 baths and a private/fenced backyard. All units come equipped with washer/dryer, dishwasher, stove, refrigerator, front deck and one-car garage. Water, Sewer and Garbage paid. (Tina Ct., Arcata)
- ◆ **ARCATA GARDEN APARTMENTS** There are 16 1-bedroom, 11 2-bedroom, five 3-bedroom and four studios in this 36-unit complex. Four units are handicapped accessible. All units come equipped with refrigerator and stove. This complex has a laundry facility, on-site management, beautifully landscaped open-areas and covered parking. **All utilities paid.** (2255 Alliance Rd., Arcata)
- ◆ **MISTY VILLAGE APARTMENTS** There are 14 1-bedroom and 10 2-bedroom units in this 24-unit complex. Two units are handicapped accessible. All units come equipped with stove, refrigerator and disposal and have either a fenced yard or balcony. The complex has a laundry facility, community room, landscaped areas and on-site management. Water, sewer and garbage paid. (2305-2331 McKinleyville Ave., McKinleyville)
- ◆ **BAYVIEW COURTYARD APARTMENTS** There are 26 1-bedroom and four 2-bedroom apartments in this two-story, handicapped accessible complex. All units are equipped with refrigerator, stove and disposal and most units have a small patio or porch. This **senior** (62 and over) housing complex has a community meeting room, lobby, laundry facility, elevator, community gardens and on-site management. Water, sewer, garbage and gas paid. (550 Union St., Arcata)

General Program Financial Information

Who is eligible to live in these units?

See Tenant Selection Policy located at management offices for full eligibility criteria. Income eligibility restrictions apply. Your family must have gross income no greater than the amount allowed by HOME or Tax Credits (dependent upon property) adjusted by household size.

| HOUSEHOLD SIZE | HOME | | TAX CREDIT | |
|----------------|----------|----------|------------|----------|
| | 50% | 80% | 50% | 60% |
| 1 | \$21,000 | \$33,550 | \$21,000 | \$25,200 |
| 2 | \$24,000 | \$38,350 | \$24,000 | \$28,800 |
| 3 | \$27,000 | \$43,150 | \$27,000 | \$32,400 |
| 4 | \$29,950 | \$47,900 | \$29,950 | \$35,940 |
| 5 | \$32,350 | \$51,750 | \$32,350 | \$38,820 |
| 6 | \$34,750 | \$55,600 | \$34,750 | \$41,700 |

Rents as of June 15, 2017

Juniper Apartments (HOME)

1 Bd.....\$475 - \$672
 2 Bd.....\$562 - \$800
 3 Bd.....\$637 - \$906

Bayview Courtyard (Tax Credit)

1 Bd.....\$473 - \$595
 2 Bd.....\$559 - \$706

Murray Road Duplexes (HOME)

1 Bd.....\$672
 2 Bd.....\$562 - \$800

9th Street Apartments (HOME)

1 Bd.....\$475
 2 Bd\$562 - \$777
 3 Bd.....\$637

Loni Drive Apartments (HOME)

2 Bd.....\$554 - \$792

Windsong Duplexes (HOME)

2 Bd..... \$800
 3 Bd.....\$637 - \$906

Arcata Gardens (HOME)

Studio.....\$525
 1 Bd.....\$562 - \$759
 2 Bd.....\$675 - \$913
 3 Bd.....\$778 - \$1,047

C Street Apartments (HOME)

2 Bd.....\$554 - \$792

3rd Street Apartments (HOME)

2 Bd.....\$562- \$800
 3 Bd.....\$906

Misty Village (Tax Credit)

1 Bd.....\$466 - \$588
 2 Bd.....\$550 - \$697

RESIDENCY APPLICATION

| |
|------------------------|
| WAITING LIST INFO |
| _____ DATE RECEIVED |
| _____ TIME RECEIVED |

**Humboldt Bay Housing
Development Corp.**
 P.O. Box 4655
 Arcata, CA 95518
 Phone: (707) 826-7312
 Fax: (707) 826-7319
www.housinghumboldt.org

| |
|--------------------|
| APPROVED BY: _____ |
| DATE: _____ |



EQUAL HOUSING
OPPORTUNITY

PLEASE READ CAREFULLY
 ALL QUESTIONS MUST BE ANSWERED OR YOUR APPLICATION WILL NOT BE ACCEPTED AS VALID. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR OCCUPANCY, IF IT DOES NOT APPLY PUT N/A.

| | NAME | BIRTH DATE | SOCIAL SEC. # | DRIVER'S LICENSE # |
|--------------|------|------------|---------------|--------------------|
| APPLICANT | | | - - | |
| Co-APPLICANT | | | - - | |

2. PRESENT ADDRESS: _____ 3a. HOW LONG? _____
4. MAILING ADDRESS: _____ 3b. REASON FOR LEAVING _____
5. HOME TELEPHONE: _____ WORK TELEPHONE: _____
6. PRESENT LANDLORD NAME: _____
7. PRESENT LANDLORD ADDRESS & TELEPHONE: _____
8. PRIOR RESIDENT INFORMATION – 5 YEAR MINIMUM (YOU MUST INCLUDE TELEPHONE NUMBER)

| ADDRESS | CITY | LANDLORD NAME & TELEPHONE | REASON FOR LEAVING | DATES |
|---------|------|---------------------------|--------------------|------------------------|
| | | | | From _____ To _____ |
| | | | | From _____ To _____ |
| | | | | From _____ To _____ |

(IF YOU DO NOT HAVE RENTAL HISTORY, YOU MUST ATTACH 3 WRITTEN PROFESSIONAL LETTERS OF RECOMMENDATION FROM A DOCTOR, ATTORNEY, POLICE OR TEACHER ETC. --NO FAMILY MEMBERS).

9. CURRENT EMPLOYMENT INFORMATION

Applicant

| | | | |
|----------------------|------------------|-----------------|-----------------------|
| EMPLOYER NAME: _____ | JOB TITLE: _____ | PAY RATE: _____ | PER (ex: "hr.") _____ |
| ADDRESS: _____ | | | |
| TELEPHONE: _____ | | | |

Co-Applicant

| | | | |
|----------------------|------------------|-----------------|-----------------------|
| EMPLOYER NAME: _____ | JOB TITLE: _____ | PAY RATE: _____ | PER (ex: "hr.") _____ |
| ADDRESS: _____ | | | |
| TELEPHONE: _____ | | | |

RESIDENCY APPLICATION

10. TOTAL INCOME LAST 12 MONTHS \$ _____

11. SEASONAL WORK YES _____ NO _____
 IF YES, EXPLAIN _____

12. CLOSEST RELATIVE (NOT LIVING WITH YOU) _____
 RELATIONSHIP; _____ ADDRESS; _____
 AND TELEPHONE: _____

13. IN CASE OF AN **EMERGENCY** WHO SHOULD WE CONTACT? _____
 ADDRESS _____ TELEPHONE _____

14. HOUSEHOLD COMPOSITION

| NAME OF ALL HOUSEHOLD MEMBERS | RELATIONSHIP TO HEAD OF HOUSEHOLD | SEX | DATE OF BIRTH | SOCIAL SECURITY NUMBER |
|-------------------------------|-----------------------------------|-----|---------------|------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

15. FAMILY INCOME – GROSS PER MONTH

| | APPLICANT | SPOUSE/ CO-APPLICANT | OTHER HOUSEHOLD MEMBER(S) |
|----------------------------------|-----------|-------------------------|---------------------------|
| EMPLOYMENT | \$ | \$ | \$ |
| SELF EMPLOYMENT (NET) | \$ | \$ | \$ |
| UNEMPLOYMENT | \$ | \$ | \$ |
| PENSION/ RETIREMENT | \$ | \$ | \$ |
| SOCIAL SECURITY PAYMENTS | \$ | \$ | \$ |
| RECURRING MONETARY CONTRIBUTIONS | \$ | \$ | \$ |
| ALIMONY OR CHILD SUPPORT | \$ | \$ | \$ |
| G. I. BENEFITS | \$ | \$ | \$ |
| DEATH OR DISABILITY BENEFITS | \$ | \$ | \$ |
| GENERAL ASSISTANCE AFDC | \$ | \$ | \$ |
| OTHER | \$ | \$ | \$ |

16. NET FAMILY ASSETS

| TYPE | AMOUNT | INTEREST | BANK NAME | ACCOUNT NUMBER |
|------------------|--------|----------|-----------|----------------|
| SAVINGS | \$ | | | |
| CHECKING | \$ | | | |
| STOCKS AND BONDS | \$ | | | |
| REAL ESTATE | \$ | | | |
| OTHER | \$ | | | |

RESIDENCY APPLICATION

17. ARE YOU REQUESTING A PRIORITY PLACEMENT DUE TO ONE OF THE FOLLOWING?

- 1. I HAVE BEEN DISPLACED DUE BY GOVERNMENT ACTION (EXAMPLE: BUILDING OFFICIALLY DECLARED NOT FIT FOR HABITATION BY GOVERNMENT AGENCY) OR DISPLACED DUE TO DESTRUCTION OF THE PROPERTY DUE TO A PRESIDENTIALLY DECLARED DISASTER. _____YES

LIST ADDRESS OF PROPERTY: _____

- 2. I OR ONE OF MY HOUSEHOLD MEMBERS IS A VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING AND: (CHECK ALL THAT APPLY): (PENDING HOME APPROVAL)

_____ I/WE REASONABLY BELIEVES THAT THERE IS A THREAT OF IMMINENT HARM FROM FURTHER VIOLENCE IF I/WE REMAIN WITHIN THE SAME UNIT.

_____ I or one of my household members is a victim of sexual assault. The sexual assault occurred on the premises where we currently reside and it occurred within the last 90-calendar-day period

_____ I/We currently live in a government assisted property:

List address of Property: _____.

Name and Phone number of Landlord: _____.

Size of unit applying for (check all that apply): [] Studio [] 1 Bdr. [] 2 Bdr. [] 3 Bdr.

18. I/We would like to be on the waiting list for the properties I/we have checked below:

- Arcata Gardens (Arcata) Juniper (Arcata) Windsong (Arcata)
- Bayview Courtyard (Arcata, 62+ years) Murray Duplexes (McKinleyville)
- Misty Village (McKinleyville) Loni Drive (Fortuna) 9th Street Apartments (Fortuna)
- 3rd Street Apts (Eureka) C Street Apartments (Eureka)

19. DO YOU HAVE A SECTION 8 VOUCHER OR OTHER RENTAL SUBSIDY? YES____ NO____

IF YES, PLEASE EXPLAIN _____

20. DO YOU HAVE ANY ANIMALS / PETS? YES____ NO____

21. DO YOU REQUEST AN ACCESSIBLE UNIT FOR MOBILITY IMPAIRMENT? YES____ NO____

22. DO YOU REQUEST A MODIFIED UNIT FOR AUDITORY OR VISUAL IMPAIRMENT? YES____ NO____

23. DO YOU REQUEST ANY REASONABLE ACCOMMODATIONS TO OUR POLICIES OR PROCEDURES IN ORDER TO HAVE EQUAL ACCESS OR ENJOYMENT? YES____ NO____

IF YES, PLEASE EXPLAIN _____

24. HAVE YOU OR ANYONE IN YOUR HOUSEHOLD EVER BEEN CONVICTED OF CRIME? YES____ NO____

IF YES, When: _____ City: _____ County: _____ State: _____
 When: _____ City: _____ County: _____ State: _____

PLEASE EXPLAIN: _____

25. HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD EVER BEEN CONVICTED OF THE ILLEGAL POSSESSION, MANUFACTURE OR DISTRIBUTION OF A CONTROLLED SUBSTANCE? YES _____ NO _____
IF YES, When: _____ City: _____ County: _____ State: _____
When: _____ City: _____ County: _____ State: _____

PLEASE EXPLAIN: _____

26. HOW DID YOU HEAR ABOUT THIS APARTMENT COMPLEX? _____

I AGREE TO GIVE THE MANAGEMENT AGENT THE AUTHORITY TO INVESTIGATE MY CREDIT AND CRIMINAL BACKGROUND, AND MY CURRENT AND PAST RENTAL RECORDS. THE INFORMATION OBTAINED WILL BE USED FOR MANAGEMENT PURPOSES ONLY AND WILL BE HELD IN CONFIDENCE.

THE APPLICANT INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. ANY FRAUDULENT INFORMATION WILL DISQUALIFY THIS APPLICATION FOR RESIDENCY.

I CERTIFY THE HOUSING I/WE WILL OCCUPY THROUGH HBHDC WILL BE MY/OUR PERMANENT RESIDENCE. I/WE FURTHER CERTIFY THAT I/WE WILL NOT MAINTAIN A SEPARATE SUBSIDIZED RENTAL UNIT IN A DIFFERENT LOCATION.

APPLICANT SIGNATURE: _____ DATE: _____

CO-APPLICANT SIGNATURE: _____ DATE: _____

**Please complete the following
form (last page):**

**ONE form for EACH
household member.
(Copy as necessary)**

There is no penalty for persons
who do not complete this form.

**If you do not wish to complete
the form please initial where
indicated, sign and date.**

**Ethnicity & Race Data
Collection Form**

U.S. Department of Housing
and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 03/31/2011)

HOME PROGRAM

Name of Property _____ Type of Assistance or Program Title _____

Data Collection for: Applicant Tenant

(Print) Name of Head of Household _____ Assisted Unit Address (if applicable) _____ N/A

This form is for the following Household Member:

(Print) Name: _____ Male Female

Age: under 18; 18-44 years; 45-64 years; 65 and over

Disability: Yes (if age 5 years and over) No (if age 5 years and over)

| Select one of the following Ethnic Categories* | Check One |
|--|--------------------------|
| <i>Hispanic or Latino</i> | <input type="checkbox"/> |
| <i>Not</i> -Hispanic or Latino | <input type="checkbox"/> |
| Select all that apply - Racial Categories* | Check all that apply: |
| American Indian or Alaska Native | <input type="checkbox"/> |
| Asian | <input type="checkbox"/> |
| Black or African American | <input type="checkbox"/> |
| Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> |
| White | <input type="checkbox"/> |
| <u>Other</u> (check "other" for any racial category that is not identified in one of the five single race categories listed above) | <input type="checkbox"/> |

***Definitions of these categories may be found on the next page.**

There is no penalty for persons who do not complete this form. Initial here if you choose not to disclose race and ethnicity information for the above Household Member: ► _____

Next sign and date below:

Signature of above Household Member

Date

Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. **Parents or guardians are to complete the self-certification for children under the age of 18.** This information is considered non-sensitive and does not require any special protection.

Instructions for Ethnicity and Race Data Collection (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owners and agents are required to offer the applicant / tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. **Parents or guardians are to complete the form for children under the age of 18.**

There is no penalty for persons who do not complete the form. If you choose not to disclose race or ethnicity, initial the refusal statement on the form, then sign and date the form at the bottom. All “completed” or “refused” forms for each member of the entire household must be kept together and placed in the household’s file.

1. The two ethnic categories you should choose from are defined below. **You should check one** of the two categories.
 1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic” or “Latino.”
 2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2. The five racial categories to choose from are defined below: **You should check as many as apply to you.**
 1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
 2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
 3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black” or “African American.”
 4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
3. **“Other”** – You should check “other” for any racial category that is not identified in one of the five single race categories listed above.