ORANGE COUNTY HOUSING AUTHORITY MENTAL HEALTH SERVICE ACT (MHSA)/PROJECT BASED VOUCHER APPLICATION

Avenida Villa Apartments

The Orange County Housing Authority (OCHA) is accepting applications for Project Based Vouchers (PBVs) for an affordable housing project consisting of **one (1) bedroom** and **two (2) bedroom** apartments at Avenida Villa beginning on October 9, 2014. This PBV can only be used to receive housing assistance at Avenida Villa Apartments. In accordance with Chapter 17, Part VI, C of the OCHA Administrative Plan, eligible applicants on OCHA's Housing Choice Voucher (HCV) waiting list who indicated an interest in moving to a PBV property have been notified of this property. This opportunity is now being extended to other eligible persons who meet the requirements listed below and who may qualify for a PBV apartment. Interested persons **must meet both listed eligible criteria** and must follow the instructions below. The application period for this project will remain open until further notice.

Avenida Villa Apartments is an affordable housing complex for homeless disabled families who have special needs and is located at 9602 West Ball, Anaheim, CA 92804.

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Total Household Income may n	ot exceed 30%	of Orange Cour	nty Area Median	Income as indicated below:	
Maximum Income:	<u>1 Person</u> \$22,980	<u>2 Person</u> \$26,250	3 Person \$29,520	4 Person \$32,790	
Eligible Criteria:					
1. Mental Health Services	Act (MHSA) Eli	igibility (must	check at least	1 box)	
☐ Adult or older adult with a s 5600.3) ☐ Individual has a co-occurrin	•		`		ode
2. Homelessness status (m	ust check at l	east 1 box)			
An individual or family who primary nighttime residence th living accommodations (includi institution that provides a temp place not designed for, or ordin	at is a supervis ng welfare hote oorary residence	ed publicly or prels, congregate see for individuals	rivately operated shelters, and tra intended to be	d shelter designed to provide to insitional housing for the ment institutionalized; or a public or	emporary ally ill);an
If you meet both eligible cricomplete this form and fax to MHSA Eligibility Certification.					
Please do not contact Orang Care Agency.	je County Hou	sing Authority	as you must be	e screened and referred by OC	Health
By completing this form, an the above information with				ge County Housing Authority	y to share
Name:		Signature:			
Telephone #: ()	Email	:			
Contact Address:					
Household size:					