**Community Action Agency of Butte County, Inc.**

*Helping People. Changing Lives.*

**ESPLANADE HOUSE SUPPORTIVE HOUSING PROGRAM APPLICATION**

# DO I QUALIFY FOR CAA ESPLANADE HOUSE SERVICES?

***Instructions***: Please **DO NOT** turn in an application unless it is complete with the **required documents** attached (please see the other side of this form for the checklist of mandatory documents). If you do not possess a social security card, birth certificate, or CDL/CA ID, a dated document receipt from the qualifying agency may be used in place of the actual document, until you receive the document. Upon receipt of the document, it must be turned into Esplanade House for your application to be considered complete. You will NOT be placed on the waitlist until it is determined that you meet the criteria for entry into the Esplanade House Program AND all the mandatory documents are attached to your application. ***It is strongly advised that you also apply for low-income and other housing opportunities for which you may qualify.*** Thank you for your understanding and consideration. *Revised 07/30/26*

## Your Family Must Meet ALL of the Following Criteria to be Placed on the Waitlist

- ❑ Head of Household must meet the definition and be *verified* as homeless;
- ❑ Family must have children who are in their care, or will be returned to their care within 30-60 days, upon finding safe and supportive housing;
- ❑ Children must be under the age of eighteen;
- ❑ Dependents who will be turning 18 years old while in the Program must comply with the Program as an adult, or must exit the Program;
- ❑ Income Limit: Annual income less than 50% of the Area Median Income (AMI) *(Very Low Income);*

| # People | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|---|
| *50% AMI* | $34,000 | $38,850 | $43,700 | $48,550 | $52,450 | $56,350 | $60,250 |

- ❑ Adult(s) head of household must be at least 18 years old;
- ❑ If an applicant is pregnant and her unborn baby is her only child in custody, she cannot be accepted into the Program until she has reached her third trimester; must provide verification of pregnancy;
- ❑ Adult head of household must have **full legal custody** of child(ren) in the household;
- ❑ Have 6 family members or fewer in total;
- ❑ Must be clean and sober a minimum of 30 days **prior to program entry, not required at the time of applying**
- ❑ Have a social security card
- ❑ U.S. Citizen or legal resident with eligibility to work and/or attend school

*If it is determined that you are eligible for CAA Esplanade House Program services AND all mandatory documents have been attached to the application, you will be placed on the Waitlist.*

**Please call CAA Esplanade House no less than once per month**

**to check-in and update the Program on any new contact or other qualifying information.**

After 90 days without checking-in, the application will be purged from the Esplanade House Waitlist.

*CAA Esplanade House Applications are screened to determine eligibility.*

*Applications may be accepted in person, through the mail, by email, or by fax at (530) 895-1848.*

**Signature** _____ **Date** ___ / ___ / _____



181 E. Shasta Avenue, Chico, CA 95973 • Phone: (530) 712-2600 • Fax: (530) 895-1848

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## MANDATORY DOCUMENTS TO SUBMIT WITH APPLICATION

- ❑ Homeless Verification (A letter from a third party confirming you are homeless)
- ❑ Birth Certificates for all family members
- ❑ Social Security Cards for all family members
- ❑ State Issued Driver's License or Identification Card
- ❑ Proof of Income: Passport to Service (proof of Cash-Aid), SSI/SSA/SSDI award letter, tribal benefits, etc.

  ***If employed, you must provide three consecutive paystubs.***
- ❑ 1 Reference Letter (personal friend or provider you have been working with, such as Social Worker, Counselor, Drug Court, etc.)
- ❑ Proof of medical card - Partnership
- ❑ Proof of Pregnancy (*if applicable*)
- ❑ Proof of School Status – Adults Only (*School Schedule, if applicable*)
- ❑ Work Schedule – Adults Only (*if applicable*)
- ❑ Citizenship status (*if applicable*)
- ❑ Letter of reunification – From CSD or guardian stating extended visitation (with the goal of custody) will occur with your child(ren) 100% of the time within 30 to 60 days of entering the program.

**The following is required *after* you are accepted into the program:**

- ❑ TB Test Results – Adults Only
  - (If you need a test, please call Public Health at 530-879-3665; Medi-Cal Accepted.)

- ✓ **Please call ONCE PER MONTH to check on your application.**
- ✓ **Checking in more frequently than once per month WILL NOT result in speeding up the process of obtaining services.**
- ✓ **If you do not check in at least once every 90 days, you will be removed from wait list and you will have to reapply.**

To check on application, contact staff at (530) 712-2600 or EHouseGeneral@BUTTECAA.com.

**Signature** _____ **Date** ___ / ___ / _____



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# ESPLANADE HOUSE SUPPORTIVE HOUSING PROGRAM APPLICATION

**A SEPARATE APPLICATION MUST BE COMPLETED FOR EACH ADULT HOUSEHOLD MEMBER, INCLUDING INDIVIDUALS 17 YEARS OLD OR OLDER.**

Please complete the entire application. Completing this application does not guarantee that you will be accepted into the Esplanade House Program. If you do not have a current telephone number listed, we will be unable to contact you. It is **YOUR RESPONSIBILITY to alert us to any change in your contact information.** Applicants are reviewed for program eligibility requirements including; homelessness, family composition, and level of income. Person ('s) meeting our program eligibility requirements are not discriminated against based on race, religion, age, familial status, disability, national origin, sex, or any other arbitrary basis. Requests for reasonable accommodations can be made at any time. Please note we adhere to the following guidelines: two people per room, regardless of gender or age. Phase I Max Occupancy Guidelines: 1-2 persons –Studio, 3-4 persons – 2-room unit, 5-6 persons – 3 room unit. Phase II Max Occupancy Guidelines: 1-3 persons – 1 bedroom unit, 3-5 persons – 2 bedroom unit, 6-7 persons – 3 bedroom unit.

Thank you for your interest in the Esplanade House Transitional Shelter Program. We look forward to reviewing your application as soon as possible. Esplanade House has 24 Transitional Units, where families may stay and participate in the program for one year, with the possibility of a six-month extension. Depending on their needs and strengths, they may be invited to participate in the Phase II Program. Due to the length of the program, and the amount of homeless families in the area, the waitlist period can last six months or longer. **Esplanade House is a program. Families are required to participate** in all groups and workshops as scheduled in their Family Action Plan. Families **are required** to pay 30% of their income for Participation Fees and 20% towards savings for future housing while in Phase I. Staff conducts random drug testing on residents and their visitors, as Esplanade House has a no drugs or alcohol policy. There is also zero tolerance for violence or threats of violence towards anyone. It is important that all applicants understand these aspects of the program before applying.

- Do you understand that absolutely **NO DRUGS OR ALCOHOL** are allowed at Esplanade House? **❑Yes ❑No**
- Do you understand that authorized same-gender staff will be present to observe your drug testing as part of program requirements? **❑Yes ❑No**
- Do you understand that if you can't live within a structured setting, get along with others, and obey the rules and regulations, that you will be terminated from the Program? **❑Yes ❑No**
- Do you have the desire, ambition, and drive to want to change your life and better yourself? **❑Yes ❑No**

**ADMISSION STATUS**

You will only be contacted if you move forward in the intake process. If you are selected for an interview, you will receive a telephone call **when there is an appropriately-sized unit available.** You may check the status of your application **no more than once every other week and at least once every month.**

If you do not check-in for 90 days or more, staff will assume you are no longer interested in the program and your application will be removed from the waitlist. It is **YOUR RESPONSIBILITY to alert us to any change in your contact information.**

My signature below certifies that all information on this application is true and contains no willful falsifications or misrepresentations. All information provided is used by Community Action Agency of Butte County Inc., The Esplanade House, to determine eligibility and is kept confidential. By signing below, I authorize Esplanade House to contact those listed on my application in order to obtain information deemed appropriate to consider my application for the Esplanade House Program.

I hereby acknowledge that the information below is true and correct. I am aware that falsification of this application and/or withholding information may be grounds for non-acceptance into the program and /or program termination. This information is confidential and shall be used for determining program eligibility as well as to identify applicant goals. If I do not make contact for 90 days or more, I will be taken off of the waitlist for services without notice.

**Print Name**_____

**Signature** _____ **Date** ___/___/_____



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# Esplanade House

## Non-Discrimination Policy

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Community Action Agency of Butte County Inc. and Esplanade House follow Federal Fair Housing and Equal Opportunity Laws. We do not discriminate against any person on the basis of race, color, religion, age, familial status, disability, national origin, sex, or any other arbitrary basis.

Esplanade House Displays the Equal Opportunity logo and Fair Housing poster in an area that is accessible to the public. We also display these logos on housing information and marketing materials.

Applicants are reviewed for program eligibility requirements including; homelessness, family composition, and disability status. Persons meeting our program eligibility requirements are not discriminated against based on race, color, religion, age, familial status, disability, national origin, sex, or any other arbitrary basis. Applicants and referrals for our supportive housing program are acquired through targeted outreach with other social service agencies, community organizations, and religious organizations.



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## ESPLANADE HOUSE SUPPORTIVE HOUSING PROGRAM APPLICATION
## REQUEST FOR REASONABLE ACCOMMODATION

The Community Action Agency of Butte County, Inc. (CAABCI), inclusive of its Esplanade House Program, are committed to granting reasonable accommodations to its rules, policies, practices, or services when such accommodations may be necessary to afford people with disabilities the equal opportunity to use and enjoy their dwellings or common areas.

Date of Request: ___ /___ /_____

Name of Applicant/Resident: First Middle Last

Street Address City ST Zip Code

Phone Number: ___-___-____

***Name of the disabled household member*** who is requesting the accommodation:

First Middle Last

Describe the reasonable accommodation that you are requesting:

Please explain the reason you are requesting this accommodation and how it will provide you with equal opportunity to participate in Esplanade House programs:

We may need to ask you for further information to verify that your request is related to your disability and that a reasonable accommodation would provide you with equal opportunity to participate in Esplanade House programs. We may need to have your doctor or other qualified individual verify that your disability restricts you from participation in our Transitional Shelter or Housing Prevention and Rapid Re-Housing program.

If you need assistance with this form or have additional questions please contact your Esplanade House Case Manager.

Signature Date

Signature Date



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**ESPLANADE HOUSE SUPPORTIVE HOUSING PROGRAM APPLICATION**

# NARRATIVE

*Please take your time to complete this NARRATIVE and APPLICATION, as completely as possible. In order for your application to be considered complete,* ***all questions must be answered completely and honestly,*** *to the best of your ability.*

Please Describe in Detail:

**WHAT ISSUES LED TO YOUR HOMELESSNESS?**

Give specific details, such as who, what, when, where and how.
Please use additional sheets, if necessary.



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## ESPLANADE HOUSE SUPPORTIVE HOUSING PROGRAM APPLICATION

# Release of Authorization

Esplanade House, a program of Community Action Agency of Butte County, Inc., has my permission to discuss my case with the following agencies for the purpose of placement into the Esplanade House Transitional Shelter Program and for any needed services. ***Please initial all that apply and print and sign the form.***

| | | **Fill in Contact Names Below** | | |
|---|---|---|---|---|
| _____ | Attorney's Name | _____ | Phone | _____ |
| _____ | Better Babies | _____ | Phone | _____ |
| _____ | Butte County Behavioral Health Counselor | _____ | Phone | _____ |
| _____ | Butte County Children's Services Division | _____ | Phone | _____ |
| _____ | Cal-Works/Eligibility Worker | _____ | Phone | _____ |
| _____ | Catalyst | _____ | Phone | _____ |
| _____ | Children ('s) School | _____ | Phone | _____ |
| _____ | Counseling Solutions | _____ | Phone | _____ |
| _____ | Doctor ('s) | _____ | Phone | _____ |
| _____ | Drug Court/Prop 36 | _____ | Phone | _____ |
| _____ | Early Head Start/Head Start/Caregiver | _____ | Phone | _____ |
| _____ | Employer | _____ | Phone | _____ |
| _____ | Hospital ('s) | _____ | Phone | _____ |
| _____ | Northern Valley Catholic Social Services | _____ | Phone | _____ |
| _____ | Probation/Parole Officer | _____ | Phone | _____ |
| _____ | Sabbath House | _____ | Phone | _____ |
| _____ | Salvation Army | _____ | Phone | _____ |
| _____ | Sarah Home/The Well | _____ | Phone | _____ |
| _____ | Skyway House | _____ | Phone | _____ |
| _____ | Torres Shelter | _____ | Phone | _____ |
| _____ | Stepping Stones | _____ | Phone | _____ |
| _____ | Tri-Counties Treatment | _____ | Phone | _____ |
| _____ | VECTORS | _____ | Phone | _____ |
| _____ | Other (Please Specify): _____ | _____ | Phone | _____ |
| _____ | Other (Please Specify): _____ | _____ | Phone | _____ |

_____

PRINTED NAME

_____ _____

SIGNATURE DATE



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# ESPLANADE HOUSE SUPPORTIVE HOUSING PROGRAM APPLICATION

## HEAD OF HOUSEHOLD ADULT 1 *(Please also complete for children 17 years old or older)*

Last Name: _____ First Name: _____ Middle Name: _____

**Title:** ❑ None ❑ Sr. ❑ Jr. ❑ I ❑ II ❑ III ❑ Do not Know

**Social Security #:** ___ ___ ___ - ___ ___ - ___ ___ ___ ___ : ❑ Do not know SS#

**Date of Birth:** ___ / ___ / _____ : ❑ Do not Know DOB

**Cell Ph #:** (___) ___ - ____ Landline Ph #: (___) ___ - ____ Message Ph #: (___) ___ - ____

May we leave a message at the phone numbers listed above? ❑ Yes ❑ No

**STREET ADDRESS OR P.O. BOX** **CITY** **ST** **ZIP**

**Email Address:** _____@_____.____

Which cell phone service do you use? ❑ Metro ❑ Boost Mobile ❑ Verizon ❑ AT&T ❑ Other: _____

May we contact you using the email/text addresses written above? ❑ Yes ❑ No

**GENDER:**

❑ Female ❑ Male

**RACE:**

❑ White ❑ Black or African-American ❑ Asian ❑ American-Indian or Alaskan Native

❑ Native Hawaiian or Other Pacific Islander ❑ Other ❑ Do not Know

**ETHNICITY:**

❑ Non-Hispanic/Non-Latino ❑ Hispanic/Latino ❑ Do not Know

**VETERAN STATUS:** ❑ Yes ❑ No ❑ Do not Know

❑ Veteran (Non-Disabled) ❑ Veteran (Disabled) ❑ Currently on Active Duty/Pending Discharge

## HEAD OF HOUSEHOLD ADULT 2 *(Please also complete for children 17 years old or older)*

Last Name: _____ First Name: _____ Middle Name: _____

**Title:** ❑ None ❑ Sr. ❑ Jr. ❑ I ❑ II ❑ III ❑ Do not Know

**Social Security #:** ___ ___ ___ - ___ ___ - ___ ___ ___ ___ : ❑ Do not know SS#

**Date of Birth:** ___ / ___ / _____ : ❑ Do not Know DOB

**Cell Ph #:** (___) ___ - ____ Landline Ph #: (___) ___ - ____ Message Ph #: (___) ___ - ____

May we leave a message at the phone numbers listed above? ❑ Yes ❑ No

**STREET ADDRESS OR P.O. BOX** **CITY** **ST** **ZIP**

**Email Address:** _____@_____.____

Which cell phone service do you use? ❑ Metro ❑ Boost Mobile ❑ Verizon ❑ AT&T ❑ Other: _____

May we contact you using the email/text addresses written above? ❑ Yes ❑ No

**GENDER:**

❑ Female ❑ Male

**RACE:**

❑ White ❑ Black or African-American ❑ Asian ❑ American-Indian or Alaskan Native

❑ Native Hawaiian or Other Pacific Islander ❑ Other ❑ Do not Know

**ETHNICITY:**

❑ Non-Hispanic/Non-Latino ❑ Hispanic/Latino ❑ Do not Know

**VETERAN STATUS:** ❑ Yes ❑ No ❑ Do not Know

❑ Veteran (Non-Disabled) ❑ Veteran (Disabled) ❑ Currently on Active Duty/Pending Discharge



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## ESPLANADE HOUSE SUPPORTIVE HOUSING PROGRAM APPLICATION

**CHILD 1** *(Please include unborn child and due date)*

Last Name: _____ First Name: _____ Middle Name: _____
**Title**: ❑ None ❑ Sr. ❑ Jr. ❑ I ❑ II ❑ III ❑ Do not Know
**Social Security #**: _ _ _ - _ _ - _ _ _ _ : ❑ Do not know SS#
**Date of Birth**: ___ / ___ / _____ **AGE**: ___ ❑ Years ___ ❑ Months ❑ Do not Know

**Please select the appropriate response**:
❑ Child is currently in my custody ❑ Child is in placement elsewhere and I expect to reunify with my child
❑ Child is an adult OR lives elsewhere and **WILL NOT** live with me

**GENDER**:
❑ Female ❑ Male

**RACE**:
❑ White ❑ Black or African-American ❑ Asian ❑ American-Indian or Alaskan Native
❑ Native Hawaiian or Other Pacific Islander ❑ Other ❑ Do not Know

**ETHNICITY**:
❑ Non-Hispanic/Non-Latino ❑ Hispanic/Latino ❑ Do not Know

**CHILD 2** *(Please include unborn child and due date)*

Last Name: _____ First Name: _____ Middle Name: _____
**Title**: ❑ None ❑ Sr. ❑ Jr. ❑ I ❑ II ❑ III ❑ Do not Know
**Social Security #**: _ _ _ - _ _ - _ _ _ _ : ❑ Do not know SS#
**Date of Birth**: ___ / ___ / _____ **AGE**: ___ ❑ Years ___ ❑ Months ❑ Do not Know

**Please select the appropriate response**:
❑ Child is currently in my custody ❑ Child is in placement elsewhere and I expect to reunify with my child
❑ Child is an adult OR lives elsewhere and **WILL NOT** live with me

**GENDER**:
❑ Female ❑ Male

**RACE**:
❑ White ❑ Black or African-American ❑ Asian ❑ American-Indian or Alaskan Native
❑ Native Hawaiian or Other Pacific Islander ❑ Other ❑ Do not Know

**ETHNICITY**:
❑ Non-Hispanic/Non-Latino ❑ Hispanic/Latino ❑ Do not Know



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## ESPLANADE HOUSE SUPPORTIVE HOUSING PROGRAM APPLICATION

**CHILD 3** *(Please include unborn child and due date)*

Last Name: _____ First Name: _____ Middle Name: _____
**Title:** ❑ None ❑ Sr. ❑ Jr. ❑ I ❑ II ❑ III ❑ Do not Know
**Social Security #:** _ _ _ - _ _ - _ _ _ _ : ❑ Do not know SS#
**Date of Birth:** ___ / ___ / _____ **AGE:** ___ ❑ Years ___ ❑ Months ❑ Do not Know

**Please select the appropriate response**:
❑ Child is currently in my custody ❑ Child is in placement elsewhere and I expect to reunify with my child
❑ Child is an adult OR lives elsewhere and **WILL NOT** live with me

**GENDER**:
❑ Female ❑ Male

**RACE**:
❑ White ❑ Black or African-American ❑ Asian ❑ American-Indian or Alaskan Native
❑ Native Hawaiian or Other Pacific Islander ❑ Other ❑ Do not Know

**ETHNICITY**:
❑ Non-Hispanic/Non-Latino ❑ Hispanic/Latino ❑ Do not Know

**CHILD 4** *(Please include unborn child and due date)*

Last Name: _____ First Name: _____ Middle Name: _____
**Title:** ❑ None ❑ Sr. ❑ Jr. ❑ I ❑ II ❑ III ❑ Do not Know
**Social Security #:** _ _ _ - _ _ - _ _ _ _ : ❑ Do not know SS#
**Date of Birth:** ___ / ___ / _____ **AGE:** ___ ❑ Years ___ ❑ Months ❑ Do not Know

**Please select the appropriate response**:
❑ Child is currently in my custody ❑ Child is in placement elsewhere and I expect to reunify with my child
❑ Child is an adult OR lives elsewhere and **WILL NOT** live with me

**GENDER**:
❑ Female ❑ Male

**RACE**:
❑ White ❑ Black or African-American ❑ Asian ❑ American-Indian or Alaskan Native
❑ Native Hawaiian or Other Pacific Islander ❑ Other ❑ Do not Know

**ETHNICITY**:
❑ Non-Hispanic/Non-Latino ❑ Hispanic/Latino ❑ Do not Know



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## ESPLANADE HOUSE SUPPORTIVE HOUSING PROGRAM APPLICATION

**CHILD 5** *(Please include unborn child and due date)*

Last Name: _____ First Name: _____ Middle Name: _____
**Title**: ❑ None ❑ Sr. ❑ Jr. ❑ I ❑ II ❑ III ❑ Do not Know
**Social Security #**: _ _ _ - _ _ - _ _ _ _ : ❑ Do not know SS#
**Date of Birth**: ___ / ___ / _____ **AGE**: ___ ❑ Years ___ ❑ Months ❑ Do not Know

**Please select the appropriate response**:
❑ Child is currently in my custody ❑ Child is in placement elsewhere and I expect to reunify with my child
❑ Child is an adult OR lives elsewhere and **WILL NOT** live with me

**GENDER**:
❑ Female ❑ Male

**RACE**:
❑ White ❑ Black or African-American ❑ Asian ❑ American-Indian or Alaskan Native
❑ Native Hawaiian or Other Pacific Islander ❑ Other ❑ Do not Know

**ETHNICITY**:
❑ Non-Hispanic/Non-Latino ❑ Hispanic/Latino ❑ Do not Know

**CHILD 6** *(Please include unborn child and due date)*

Last Name: _____ First Name: _____ Middle Name: _____
**Title**: ❑ None ❑ Sr. ❑ Jr. ❑ I ❑ II ❑ III ❑ Do not Know
**Social Security #**: _ _ _ - _ _ - _ _ _ _ : ❑ Do not know SS#
**Date of Birth**: ___ / ___ / _____ **AGE**: ___ ❑ Years ___ ❑ Months ❑ Do not Know

**Please select the appropriate response**:
❑ Child is currently in my custody ❑ Child is in placement elsewhere and I expect to reunify with my child
❑ Child is an adult OR lives elsewhere and **WILL NOT** live with me

**GENDER**:
❑ Female ❑ Male

**RACE**:
❑ White ❑ Black or African-American ❑ Asian ❑ American-Indian or Alaskan Native
❑ Native Hawaiian or Other Pacific Islander ❑ Other ❑ Do not Know

**ETHNICITY**:
❑ Non-Hispanic/Non-Latino ❑ Hispanic/Latino ❑ Do not Know

***Esplanade House can only accommodate up to 6 family members in Phase I and up to 7 family members in Phase II.*



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# ESPLANADE HOUSE SUPPORTIVE HOUSING PROGRAM APPLICATION

## DEMOGRAPHIC INFORMATION

1. Have you ever used another name (an alias) to receive services? ❑ Yes ❑ No
   a. ***If yes***, what name have you used, including first, middle and last names: _____
2. Who referred you to the Esplanade House?
   ❑ An agency (Specify): _____ ❑ Other (Specify) _____
3. Have you previously applied to Esplanade House? ❑ Yes ❑ No If yes, when? ___/_____
4. Do you know anyone who has been involved with Esplanade House? ❑ Yes ❑ No
   ***If yes***, who? _____
5. Do you have a driver's license? ❑ Yes ❑ No CDL#: _____ State: ___ Exp. Date: __/__/__
6. Do you have a state issued I.D.? ❑ Yes ❑ No I.D. #: _____ State: ___ Exp. Date: __/__/__
7. For how long have you lived in Butte County? _____
8. What is the date and address of your last place of residence?
   Date: ___/___ to ___/___ Address: _____ Zip Code: _ _ _ _ _
9. How many people are in your family? Please check the appropriate box.
   ❑ 1-2 family members ❑ 3-4 family members ❑ 5-6 family members

## HOMELESSNESS

10. Did you reside in an institutional care facility (jail, substance abuse, mental health treatment facility, or other facility) for less than 90 days before becoming homeless? ❑ Yes ❑ No
11. Where are you living now?
    ❑ Place not meant for habitation ❑ Emergency Shelter, including a hotel/motel paid with voucher
    ❑ Safe Haven ❑ Interim Housing ❑ Hospital or other residential non-psychiatric medical facility
    ❑ Foster Care Home or Foster Care Group Home ❑ Jail, prison or juvenile detention center
    ❑ Long-term care facility or nursing home
    ❑ Psychiatric hospital or other psychiatric facility ❑ Substance abuse treatment or detox center
    ❑ Hotel or motel paid for without emergency shelter voucher
    ❑ Residential project or half-way house with no homeless criteria
    ❑ Staying or living in a family member's room, apartment or house (not living in a bedroom-couch surfing)
    ❑ Staying or living in a friend's room, apartment or house (not living in a bedroom-couch surfing)
    ❑ Transitional housing for homeless persons ❑ Other (Please Specify): _____

## HEALTH & WELLNESS

12. Do you use tobacco? ❑ Yes ❑ No ***If yes***, how often? _____
13. Are you a victim of domestic violence? ❑ Yes ❑ No
    ***If yes***, are you currently experiencing domestic or partner violence? ❑ Yes ❑ No
    ***If yes***, would you like a referral for domestic violence services? ❑ Yes ❑ No
14. Do you have health insurance? ❑ Yes ❑ No ***If yes***, which type of health insurance do you have?
    ❑ MEDICAL ❑ MEDICARE ❑ SCHIP ❑ VA Medical Services ❑ Employer Provided
    ❑ Obtained through COBRA ❑ Private Pay Health Insurance ❑ Indian Health Services Program
    ❑ State Health Insurance for Adults ❑ State Children's Health Insurance
    ❑ Other Health Insurance: _____



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## ESPLANADE HOUSE SUPPORTIVE HOUSING PROGRAM APPLICATION

### FINANCES & DEBTS

15. Do you have income from any of the sources listed below? ❑ Yes ❑ No

**Please indicate ☒ if you are receiving any of the following type of income and how much:**

| | | |
|---|---|---|
| ❑ No Financial Resources | $ | per month |
| ❑ Employment Income | $ | per month |
| ❑ Unemployment Income (UI) | $ | per month |
| ❑ Worker's Compensation | $ | per month |
| ❑ Private Disability Insurance | $ | per month |
| ❑ VA Service-Connected Disability Compensation | $ | per month |
| ❑ VA Non-Service Connected Disability Pension | | |
| ❑ Veteran's Pension | $ | per month |
| ❑ Social Security Disability Income (SSDI) | $ | per month |
| ❑ Supplemental Security Income (SSI) | $ | per month |
| ❑ Social Security Retirement | $ | per month |
| ❑ Employment Pension | $ | per month |
| ❑ TANF (Temp Asst for Needy Fam) | $ | per month |
| ❑ CalWORKs ❑ CalLEARN | $ | per month |
| ❑ Tribal Benefits | $ | per month |
| ❑ General Assistance (GA) | $ | per month |
| ❑ Spousal Support (Alimony) | $ | per month |
| ❑ Child Support | $ | per month |
| ❑ Other Cash Income (Describe): | $ | per month |
| ❑ Lottery Winnings | $ | per month |
| ❑ Family, Friends, etc. | $ | per month |
| TOTAL EARNED/UNEARNED INCOME | $ | per month |

16. **Please indicate ☒ if you are receiving any of the following benefits and how much:**

| | | |
|---|---|---|
| ❑ SNAP (CalFRESH) | $ | per month |
| ❑ WIC | $ | per month |
| ❑ TANF/CalWORKs **Childcare** Services | $ | per month |
| ❑ TANF/CalWORKs **Transportation** Services<br>❑ Monthly bus pass ❑ Mileage Reimbursement<br>$_____ per month | $ | per month |
| ❑ Other TANF/CalWORKs Benefit<br>(Specify):_____ | $ | per month |
| ❑ Section 8, Public Housing, Rental Assistance | $ | per month |
| ❑ Temporary Rental Assistance | $ | per month |
| ❑ Other Non-Cash Benefit (Specify):_____ | $ | per month |

17. **What other financial debt do you owe and to whom?** *(Please use another page, if needed)*

| DEBT DESCRIPTION | TO WHOM DEBT IS OWED | AMOUNT $ OWED |
|---|---|---|
| | | |
| | | |
| | | |
| | | |



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## ESPLANADE HOUSE SUPPORTIVE HOUSING PROGRAM APPLICATION

18. Do you have any outstanding PG&E bills? ❑ Yes ❑ No
    ***If yes***, what is the approximate amount of outstanding bill? $_____

19. Do you need credit counseling? ❑ Yes ❑ No What is your credit score? _____
    ***If yes***, what credit issues are you experiencing? _____

### CHILDREN

20. Do you currently have an open Children Services (CSD) case? ❑ Yes ❑ No ❑ Do not Know

21. If yes, who is your case worker? _____ Phone Number: (___) ___-____

22. Do you have legal custody of your children? ❑ Yes ❑ No
    *Legal custody means you have been to court and have paperwork. As proof, you will need to bring your court paperwork to your interview with Esplanade House.*

23. Do you have child care in place? ❑ Yes ❑ No
    ***If no***, what is your plan for childcare (*Please Explain*): _____

24. Do you have Valley Oak Child Care Services? ❑ Yes ❑ No
    ***If no***, have you ever had Valley Oak Childcare Services? ❑ Yes ❑ No
    ***If yes***, when? ___/___ to ___/___

25. Is/Are your child(ren) immunized? ❑ Yes ❑ No

26. Is/Are your child(ren) enrolled in school? ❑Yes ❑ No
    ***If yes***, where are they enrolled? _____

27. If your child(ren) is/are not enrolled in school, when was the last date of enrollment?
    ❑ N/A ❑ Last Date of Enrollment: ___/___/_____

### CalWORKs/CalLEARN

28. Are you currently participating in the CalWORKs/CalLEARN Program? ❑ Yes ❑ No
    ***If yes***, who is your CalWORK/CalLEARN case manager? _____
    Phone #: (___) ___-____
    ***If no***, have you ever participated in the CalWORKs/CalLEARN program? ❑ Yes ❑ No
    ***If yes***, when? ___/___ to ___/___

29. Have you used CalWORKs homeless funds? ❑ Yes ❑ No ***If yes***, when? ___/___ to ___/___

### HOUSING

30. Do you have any previous evictions? ❑ Yes ❑ No *(please use back of sheet if necessary)*
    ***If yes**, date and address:*
    *Date:* ___/___ to ___/___ Address (City, ST, Zip):
    _____
    *Date:* ___/___ to ___/___ Address (City, ST, Zip):
    _____

31. Have you applied with other low-income/subsidized housing agencies? ❑ Yes ❑ No
    ***If yes,** for which services have you applied?*
    - ❑ Housing Authority, County of Butte (Public Housing) ***If yes***, when? ___/___/_____
    - ❑ Housing Authority, Butte (Section 8) ***If yes***, when? ___/___/_____
    - ❑ Community Housing Improvement Program (CHIP) ***If yes***, when? ___/___/_____
    - ❑ Other (Please list): _____ ***If yes***, when? ___/___/_____



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# ESPLANADE HOUSE SUPPORTIVE HOUSING PROGRAM APPLICATION

## LEGAL

32. Have you ever been convicted of a crime? ❑ Yes ❑ No
    ***If yes***, please explain: i.e. jail time, rehabilitation program, etc.
    _____
    _____
    _____

33. Are you currently on probation or parole? ❑ Yes ❑ No
    ***If yes***, for what charge? _____
    ***If yes***, who is your probation or parole officer? _____
    Phone Number: (___) ___-____

## EDUCATION & EMPLOYMENT

34. Do you have a high school diploma? ❑ Yes ❑ No

35. Do you have a GED? ❑ Yes ❑ No

36. What is the highest grade-level completed in school? ❑ 9th ❑ 10th ❑ 11th ❑ Some 12th
    ❑ H.S. Diploma ❑ Some College ❑ Certificate (Specify): _____ ❑ A.A./A.S. (Specify): _____
    ❑ B.A./B.S. (Specify): _____ ❑ M.A./M.S. _____ ❑ Other (Specify): _____

37. Are you currently employed? ❑ Yes ❑ No
    ***If unemployed***, are you currently seeking employment? ❑ Yes ❑ No
    ***If yes***, who is your employer?
    _____
    ***If yes***, how long have you been employed? ___/___ to ___/___
    ***If yes***, how many hours did you work ***last week***? _____ hours
    ***If yes***, what type of work is this? ❑ Full-Time ❑ Part-Time
    ***If yes***, what type of job is this? ❑ Permanent ❑ Temporary ❑ Seasonal

38. List your last 3 places of employment and your employment dates:

| NAME OF EMPLOYER | Date From / To: |
|---|---|
| _____ | ___/___ to ___/___ |
| _____ | ___/___ to ___/___ |
| _____ | ___/___ to ___/___ |

39. List 3 references who are **NOT** related to you who we can contact:

| | NAME | ADDRESS | RELATIONSHIP | TELEPHONE # |
|---|---|---|---|---|
| 1) | _____ | _____ | _____ | (___) ___-____ |
| 2) | _____ | _____ | _____ | (___) ___-____ |
| 3) | _____ | _____ | _____ | (___) ___-____ |



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Community Action Agency of Butte County, Inc.

*Helping People. Changing Lives.*

# ESPLANADE HOUSE SUPPORTIVE HOUSING PROGRAM APPLICATION

## Grievance Procedure for Program Participants

At Esplanade House, we are committed to providing fair and equitable services to all our participants. If you believe you have been treated unfairly, terminated without just cause, denied a reasonable accommodation, or have not received services you are entitled to, you have the right to file a grievance.

The following steps outline the grievance procedure:

1. **Disability-Related Grievances:**
   If your grievance is related to a disability, please contact the Section 504 Coordinator, **Thomas Dearmore**, at **(530) 712-2680**.
2. **Submit a Written Grievance:**
   - Please submit your grievance in writing, clearly stating the issue and including any relevant details and dates.
   - Provide your written grievance to your **Case Manager**. They will schedule a meeting with you to review the facts and discuss the issue.
3. **Escalation to Program Manager:**
   If a resolution is not reached within **3 business days**, you may escalate your grievance by providing your written grievance to the **Program Supervisor**, **Brooke Thompson**, at **(530) 712-2844**. The Program Supervisor will review your grievance and work to find a resolution.
4. **Escalation to Director:**
   If a resolution is still not reached within **5 business days** of contacting the Program Supervisor, you may escalate your grievance to the **Director of Community Services**, **Hilary Crosby**, at **(530) 712-2840**.

**Legal Assistance:**

If no resolution is achieved through the steps above, and you believe your grievance is legitimate, you may contact **Legal Services of Northern California** for further assistance:

- **Address**: 541 Normal Ave, Chico, CA 95928
- **Phone**: **(530) 345-9491**

For TDD Users, please call CA Relay Service TD Access Number: (866) 660-4288

_____ _____

Resident Signature Date

_____ _____

Resident Signature Date

_____ _____

Staff Witness Date



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# ESPLANADE HOUSE SUPPORTIVE HOUSING PROGRAM APPLICATION

Client Name: Client DOB:

## Butte Countywide HMIS Client Informed Consent

### PERMISSION TO SHARE PROTECTED IDENTIFYING INFORMATION (PII) TO SECURE NECESSARY SERVICES

***Please read the following notice and authorization (or ask to have it read to you) before signing.***

CAABCI – Esplanade is a Partner Agency in the Butte Countywide Homeless Management Information System (HMIS). HMIS is a shared housing and homeless services database. HMIS operates over the Internet, and uses many security protections to keep your information private and secure.

**HOW YOU WILL BENEFIT FROM PROVIDING YOUR CONSENT TO SHARE YOUR PERSONAL INFORMATION:**

The information collected in the HMIS is for the purpose of finding out what kind of services you and your family are in need of. The personal information contained in the HMIS database may be shared with Partner Agencies to find and set up the most effective services and resources within the community for you and your family. As you receive services, information will be collected about you, the services provided to you, and the outcomes these services help you to achieve. The information shared may consist of the following Protected Identifying Information (PII):

| | |
|---|---|
| • Name<br>• Date of Birth<br>• Social Security Number<br>• Gender<br>• Ethnicity & Race<br>• Residence Prior to project entry<br>• Current & historical housed and unhoused status<br>• Family composition<br>• Alcohol & Drug history*<br>• Information about services provided by HMIS participating agencies (including: date, duration, type of service and other similar service information) | • Legal history<br>• Domestic Violence**<br>• Income & Non-Cash benefit information<br>• VI-SPDAT<br>• Photo<br>• Veteran Status<br>• Employment Status<br>• Disabling condition (physical and/or mental health) |

*Alcohol and Drug history information will not prevent you receiving homeless services and/or housing assistance.
**Domestic Violence information is provided by you during your assessment to be on the list for available housing. Your information will not be shared with any agencies outside of the Butte Countywide HMIS, unless we are required to do so by law.

**Right to Decline or Revoke:** I understand that I have the right to not share my information or to stop sharing my information at any time by writing to: Housing and Homeless Branch, 78 Table Mountain Blvd, Oroville, CA 95965 or emailing ButteCoC@buttecounty.net. May also call 530-552-6200 and select option 1 to speak with Housing Navigator or you can inform the agency you are working with and they will email the Housing and Homeless Branch of Butte County Department of Employment and Social Services.

**Expiration/Renewal:** I understand this Consent is good for 3 years from the date of my signature below OR until I cancel my consent. I understand that if I cancel my Consent, all information about me already in the database will remain, but will become invisible to all of the participating agencies.

**Other Rights:** I understand that sharing my information is voluntary and I can refuse to sign this consent form. I understand if I refuse to sign this Consent, I will still receive services, but they may be limited or delayed. I understand I have the right to see the client confidentiality policies used by the HMIS Partner Agencies. The Continuum of Care (CoC) and its partner agencies must follow all fair housing and civil rights laws. If you feel you've Butte Countywide HMIS Client Informed



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## ESPLANADE HOUSE SUPPORTIVE HOUSING PROGRAM APPLICATION

Consent been treated unfairly or denied services due to discrimination related to fair housing or civil rights laws, you have options for seeking assistance. You can contact Legal Services of Northern California at 530-345-9491 during business hours, or reach their evening intake line at (866) 815-5990 anytime.

**Right to a Copy of My Information:** I understand that I may have a copy of the information collected in HMIS by Partner Agencies.

**Right to a Copy of this Consent:** I have right to receive a copy this Consent form. Authorized Participating Agencies: The current list of Butte Countywide HMIS Participating Agencies is available on the Butte Countywide CoC Website www.buttehomelesscoc.com

**List all Dependent children under 18 in household, if any (first and last):**

1._____ 2._____

3._____ 4._____

5._____ 6._____

**If you are experiencing domestic violence, dating violence, sexual assault, stalking, or human trafficking, you may be eligible for an Emergency Lease Transfer. Please contact Catalyst at 800.895.8476 or Legal Services of Northern California at 800.345.9491**

**Please initial ONE of the following levels of consent:**

_____ I give consent for my/our basic and relevant information to be entered into HMIS and shared with Partner Agencies in the Butte Countywide HMIS. I understand that I may have a copy of the information shared between Partner Agencies.

**OR**

_____ I give consent for my/our basic and relevant information to be entered into HMIS, but **not** shared with Partner Agencies in the Butte Countywide HMIS. The information gathered and prepared by this Agency can be included in the HMIS database.

_____ _____

Client's Signature Date

☐ Verbal Consent obtained by phone (Agency Staff Initials): _____ Date: _____

_____ _____ _____

Agency Personnel Name (print) Agency Personnel Signature Date

**Note: A separate HIPAA-compliant authorization is required for disclosure of any patient health information, including mental health and drug and alcohol information protected by any State or Federal privacy law including, but not limited to, Health Insurance Portability and Accountability Act ("HIPAA"), 45 C.F.R. parts 160 and 164, California Confidentiality of Medical Information Act ("CMIA"), Civil Codes sections 56-56.16, Welfare and Institutions Code section 5328, or 42 C.F.R. part 2.1 et se**



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ACRANET
EMPLOYMENT SCREENING

# EXHIBIT A-4

## NOTICE FOR APPLICANT/EMPLOYEE

**Notice of Intent and Authorization to Obtain an Investigative Consumer Report for Employment Purposes**

The undersigned applicant/employee is hereby notified Community Action Agency of Butte County (Employer) may obtain an investigative consumer report for employment purposes through ACRAnet. Such report may include information as to character, general reputation, history of criminal convictions, employment, education, professional license, credit and/or driver's record history. Applicant/employee acknowledges that he/she is herein informed of his/her right to request within a reasonable period of time after receiving this notice, a complete and accurate disclosure of the nature and scope of the investigation requested. Such disclosure will be mailed or otherwise delivered to applicant within five days from the date of the applicant/employee's request for disclosure or such report was first requested by employer, whichever is the later.

Applicant/employee further authorizes the above named company to obtain an investigative consumer report through ACRAnet CBS Branch for employment purposes at this time or anytime during the applicant or employee's tenure with the employer.

I, _____ authorize the above company to obtain an employment screening report (as defined and outlined in the above paragraph), which may contain information including my credit history and criminal background information.

Print Full Name: _____

Mother's Maiden Name (personal identifier):_____

Address: _____

Prev. Address: _____

*Social Security Number: _____-_____-_____ *Date of Birth: _____/_____/_____

*In order for factual information to be obtained & reported, your date of birth and social security number are requested. This information is used solely for verification purposes in compliance with the Fair Credit Reporting Act.

Driver's License # (if applicable): _____ State of Issue: _____

Signature: _____ Date: _____

521 W. Maxwell Ave. Spokane, WA 99201
Main Phone: 509.324.1249 • 1.800.304.1249
Customer Service Direct: 509.324.1345
Fax: 509.324.1240
Email: ESP@ACRAnet.com

*Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

  In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer

reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address form the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

**You have a right to place a "security freeze" on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization.** The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is

placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

| TYPE OF BUSINESS: | CONTACT: |
|---|---|
| 1.a. Banks, savings associations, and credit unions with total assets of over $10 billion and their affiliates<br><br>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB: | a. Consumer Financial Protection Bureau<br>1700 G Street, N.W.<br>Washington, DC 20552<br><br>b. Federal Trade Commission<br>Consumer Response Center<br>600 Pennsylvania Avenue, N.W.<br>Washington, DC 20580<br>(877) 382-4357 |
| 2. To the extent not included in item 1 above:<br>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks<br><br>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.<br><br>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations<br><br>d. Federal Credit Unions | a. Office of the Comptroller of the Currency<br>Customer Assistance Group<br>1301 McKinney Street, Suite 3450<br>Houston, TX 77010-9050<br><br>b. Federal Reserve Consumer Help Center<br>P.O. Box 1200<br>Minneapolis, MN 55480<br><br>c. FDIC Consumer Response Center<br>1100 Walnut Street, Box #11<br>Kansas City, MO 64106<br><br>d. National Credit Union Administration<br>Office of Consumer Financial Protection (OCFP)<br>Division of Consumer Compliance Policy and Outreach<br>1775 Duke Street<br>Alexandria, VA 22314 |
| 3. Air carriers | Asst. General Counsel for Aviation Enforcement & Proceedings<br>Aviation Consumer Protection Division<br>Department of Transportation<br>1200 New Jersey Avenue, S.E.<br>Washington, DC 20590 |
| 4. Creditors Subject to the Surface Transportation Board | Office of Proceedings, Surface Transportation Board<br>Department of Transportation<br>395 E Street, S.W.<br>Washington, DC 20423 |
| 5. Creditors Subject to the Packers and Stockyards Act, 1921 | Nearest Packers and Stockyards Administration area supervisor |
| 6. Small Business Investment Companies | Associate Deputy Administrator for Capital Access<br>United States Small Business Administration<br>409 Third Street, S.W., Suite 8200<br>Washington, DC 20416 |
| 7. Brokers and Dealers | Securities and Exchange Commission<br>100 F Street, N.E.<br>Washington, DC 20549 |
| 8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations | Farm Credit Administration<br>1501 Farm Credit Drive<br>McLean, VA 22102-5090 |
| 9. Retailers, Finance Companies, and All Other Creditors Not Listed Above | Federal Trade Commission<br>Consumer Response Center<br>600 Pennsylvania Avenue, N.W.<br>Washington, DC 20580<br>(877) 382-4357 |



Please keep this page for your records