PEP Housing
Building community from the heart

Corporate Office
951 Petaluma Boulevard South • Petaluma, CA 94952
Phone: (707) 762-2336 • Fax: (707) 762-4657
Email: pep@pephousing.org • www.pephousing.org

....providing affordable housing to seniors in Northern California

210 Douglas Street
Petaluma, CA 94952

167 Edith Street
Petaluma, CA 94952

575 Vallejo Street
Petaluma, CA 94952

579 Vallejo Street
Petaluma, CA 945952

1405 Caulfield Lane
Petaluma, CA 94954

306 Mountain View
Petaluma, CA 94952

1275 Lindberg Lane
Petaluma, CA 94954

154-231 Wilson Street
Petaluma, CA 94952

700-709 Daniel Drive
Petaluma, CA 94954

739 South McDowell/
1400 Caulfield Lane
Petaluma, CA 94954

400 Casa Grande Road
Petaluma, CA 94954

10 Toussin Avenue
Kentfield, CA 94904

657 Acacia Lane
Santa Rosa, CA 95409

1511 Robinson Street
Oroville, CA 95965

855 Wood Sorrel Drive
Petaluma, CA 94954

170 Cleveleand Lane
Ukiah, CA 95482

Dear Prospective Resident:

Thank you for your interest in **Orange Tree Senior Apartments, Oroville, California,** provided to you by **PEP Housing**. Enclosed please find the requested application for pre-occupancy. Our apartments are designed for seniors, **62 years of age** and older. We offer one-bedroom, one-bathroom apartments, approximately 620 square feet. All apartments have carpets, window blinds and a full kitchen with refrigerator and electric stove. Amenities include laundry facilities, raised garden beds and professionally landscaped common areas. Residents will enjoy the use of a community room with a full kitchen.

Orange Tree Senior Apartments is a NON-Smoking campus.

***Please provide us with the following items*:**

- **Application for Pre-Occupancy** ~ complete entire application, do not leave any areas blank, use 'N/A' where necessary. **5** years of rental history is required on application ~ *Incomplete applications will be returned.*

- **Personal Identification** ~ please provide a copy of your **driver's license** (or other picture ID) **and birth certificate** (or passport) ~ *we cannot process your application with out this information!*

Your completed application does *not* guarantee residency at one of our properties. If your credit and background information meets our minimum criteria, your name will be added to our waiting list. A confirmation letter will be mailed to you with the approximate waiting time for an available apartment.

If you have any questions, or need further assistance, please feel free to contact me at (530) 534-1853. I look forward to receiving your application.

Sincerely,

Jennifer Knox
Property Manager

PEP HOUSING — PRE-APPLICATION FOR OCCUPANCY

Orange Tree Senior Apartments (HUD)
1511 Robinson Street, Oroville CA 95965

TO THE APPLICANT: **In order to maintain your eligibility for reduced rents you must provide the following information. The information will be kept confidential, except as necessary to comply with government regulations. Read each item carefully, and provide the information requested truthfully and fully. Please complete in ink and print clearly.**

Income Limit for One Person is (50% AMI) **$21,950**
Income Limit for Two People is (50% AMI) **$25,050**

Adverse credit reports and/or misrepresentation of information will disqualify an applicant

****All Applicants must be 62 years of age or older ****
*****Copy of Photo ID Required*****

PART I APPLICANT INFORMATION

1. Name:_____

Current Address: _____
street city state zip

Mailing Address_____ Home Phone: _____

Cell Phone: _____ Rent ☐ Own ☐ Current rent: $_____

How long at current address: _____ Name of Current Landlord: _____

Landlord's Address: _____ Phone Number: _____
Street City State Zip

Previous address: _____

How long?_____ Rented ☐ Owned ☐

Landlord's Address: _____ Phone Number: _____
Street City State Zip

5. Household members ***including yourself***:

Name	Social Security #	Date of Birth	Age

6. PEP Housing has several specially adapted apartments designated for persons with a disability that renders them immobile. Do you require this type of accommodation? _____Yes _____No

7. Emergency Contact: _____
Name Phone (Including Area Code) Relationship

8. Describe any pets you may own. (cat, dog, bird, etc.) _____

(Please note: a maximum of one pet per apartment is allowed. Weight may not exceed 35 pounds.)

PART II HOUSEHOLD INCOME, ASSETS and SUBSIDIES

1. **Income**: List below total combined income, gross income received from all sources by all members of the household. Sources may include social security, employment, SSI, pensions, interest and dividends, and alimony. Show amount on annual (yearly) basis.

Household Member	Income Source(s) (i.e. Social Security)	Annual Amount(s)
_____ (Name)	_____	$_____
	_____	$_____
_____ (Name)	_____	$_____
	_____	$_____
	TOTAL (Annual Income)	**$**_____

2. Are you self-employed or do you own a business? YES☐ NO☐
   If yes, please indicate your NET income per year: $_____ (Please include this amount above)
   Please provide a copy of your past two years tax returns.

3. **Assets:** List below all net household assets for all members of the household.
   DO NOT include automobiles or furniture. Briefly describe the assets and show the TOTAL ESTIMATED VALUE. Use additional pages if necessary.

Household Member	Description of Assets (Checking, Savings, Real Estate, 401K)	Current Value/Balance
_____ (Name)	_____	$_____
	_____	$_____
	_____	$_____
_____ (Name)	_____	$_____
	_____	$_____
	TOTAL	**$**_____

4. **Subsidy:** Do you have a Section 8 Voucher? _____Yes _____No

5. **Have you ever been convicted of a crime?** _____Yes _____No
   If yes, please list date and circumstances below.

PEP HOUSING — PRE-APPLICATION FOR OCCUPANCY

PART III CERTIFICATION

1. To the best of my/our knowledge and belief, I/we certify that the foregoing information is true, complete and correct.
2. I/we certify that if selected to move into this property, the unit I/we occupy will be my/our only residence.
3. I/we understand that the above information is being collected to determine my/our eligibility for an apartment with rent below market rate. I/we authorize the owner to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information which may be released by appropriate federal, state, local agencies, or private persons to the owner/management.
4. I/we understand that adverse credit reports will disqualify my/our application for occupancy.
5. I/we understand that false statements or information are punishable under federal law.
6. I/we understand we must provide written notification of any changes to the information on this form, especially address.

YES ☐ NO ☐ **Is any member of this household disabled?**

YES ☐ NO ☐ **Does this person use a wheel chair?**

YES ☐ NO ☐ **Does this person receive attendant care?**

How did you hear about PEP Housing? _____

APPLICANT: _____ DATE: _____

CO-APPLICANT: _____ DATE: _____

PLEASE REVIEW THE APPLICATION TO INSURE ALL ITEMS HAVE BEEN FILLED OUT CORRECTLY. SIGN AND DATE AND RETURN COMPLETED APPLICATION TO:

Orange Tree Senior Apartments
1511 Robinson Street
Oroville, CA 95965
530-534-1853

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Orange Tree Senior Apartments will be a NON-Smoking campus.

***Please provide us with the following items*:**

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Your completed application does *not* guarantee residency at one of our properties. If your credit and background information meets our minimum criteria, your name will be added to our waiting list. A confirmation letter will be mailed to you with the approximate waiting time for an available apartment.

If you have any questions, or need further assistance, please feel free to contact me at (530) 534-1853. I look forward to receiving your application.

Sincerely,

Jennifer Knox
Property Manager

Race and Ethnic Data Reporting Form

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

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Name of Property | **Project No.** | **Address of Property**

Name of Owner/Managing Agent | **Type of Assistance or Program Title:**

Name of Head of Household | **Name of Household Member**

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	**Select All that Apply**
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

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

Signature | **Date**

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be incompliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. 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. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.

Instructions for the Race and Ethnic Data Reporting (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.

Owner 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. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled 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.

PEP HOUSING

Special Unit Requirement(s) Questionnaire

This questionnaire is administered to every applicant to PEP Housing managed or owned housing to determine whether a family needs special features in their housing unit. The need for special adaptations must be verified in order to assure that the limited number of units with special features go to families that actually need the features. A family waives the right to privacy concerning this need to the extent necessary for such verification. Title 18, Sect 1001 of the US Code states that a person is guilty of a felony for knowingly & willingly making false or fraudulent statements to any department of the United States government.

Applicant Name: _____ Apt. #_____

Date: _____ ☐ I choose not to complete this form.

Applicant's Signature: _____

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1. Do you, or does any family member have a condition that requires:
   - ☐ A separate bedroom
   - ☐ A barrier-free apartment
   - ☐ Physical modifications to a typical apartment
   - ☐ A unit for the vision-impaired
   - ☐ A unit for the hearing-impaired
2. If you checked any of the above, please explain exactly what you need to accommodate your situation: _____

   _____
3. Can you and all your family members go up and down stairs unassisted?

   ☐ Yes ☐ No

   If No, please indicate how we could accommodate your family: _____

   _____
4. Will you or any of your family members require a live-in aide for assistance?

   ☐ Yes ☐ No

   If Yes, please explain: _____

   _____
5. What is the name of the family member requiring these features? _____
6. Who may we contact to verify the need for these features?

   Name: _____ Telephone _____

   Address: _____

OMB Control # 2502-0581
Exp. (02/28/2019)

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	**Cell Phone No:**
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	**Cell Phone No:**
E-Mail Address (if applicable):	
Relationship to Applicant:	

Reason for Contact: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

☐ Check this box if you choose not to provide the contact information.

Signature of Applicant	**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.