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) **$21,200**
Income Limit for Two People is (50% AMI) **$24,200**

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.

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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