



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

Dear Prospective Resident:

Thank you for your interest in **PEP Housing**. Enclosed please find the requested pre-application for 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 carpet, vinyl, window blinds and a full kitchen with refrigerator and electric stove. Amenities include laundry facilities, raised garden beds, property wide WIFI and professionally landscaped common areas. Residents enjoy the use of community rooms with full kitchens at our larger properties. Residents will not be allowed to smoke anywhere on property except at Vallejo Street Apartments in the designated smoking area.

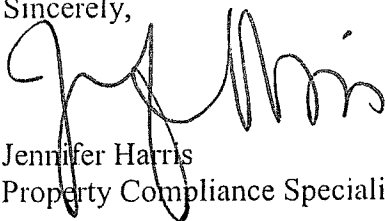
Please provide us with the following items:

- **Pre-Application for Occupancy** ~ complete entire pre-application, do not leave any areas blank, use 'N/A' where necessary. 5 years of residential history is required on the pre-application ~ incomplete pre-applications will be returned.
- **Personal Identification** ~ Please provide a copy of your **current driver's license** (or other current picture ID)
 - We cannot process your application without this information
- **Application Fee** ~ a **\$35.00 non-refundable fee** is required for *each household member* (with the exception of HUD property applicants)
 - **see the signature page of the application for more information*
- Please make your check or money order payable to **PEP Housing**.
 - No cash payments please.

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 the waiting list you've selected per our Resident Selection Policy and Criteria, and is available upon request. A confirmation letter will be mailed to you upon acceptance to the waitlist.

If you have any questions, or need further assistance, please feel free to contact me at (707) 762-2336 ext. 112. I look forward to receiving your application.

Sincerely,



Jennifer Harris
 Property Compliance Specialist

Tax ID # 94-2565270

PEP Housing is a non-profit corporation dedicated to providing limited-income seniors access to quality affordable housing with supportive services and advocacy.

...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 94952

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 Cleveland Lane
 Ukiah, CA 95482





ELIGIBILITY CRITERIA & CURRENT RENTS
(January 2019)

MAXIMUM ANNUAL INCOME LEVEL

PEP Properties

1 person ~ \$34,400
2 persons ~ \$39,300

Mountain View

1 person ~ \$34,400 Low
2 persons ~ \$39,300 Low
1 person ~ \$55,000 High
2 persons ~ \$62,850 High

1405 Caulfield Lane

1 person ~ \$34,400
2 persons ~ \$39,300

Edith Street, Lieb & Casa Grande

1 person ~ \$34,400
2 persons ~ \$39,300

575 Vallejo Street

1 person ~ \$27,520 Low
2 persons ~ \$31,440 Low
1 person ~ \$34,400 High
2 persons ~ \$39,300 High

579 Vallejo Street

1 person ~ \$27,520
2 persons ~ \$31,440

Duplex & Lindberg

1 person ~ \$55,000
2 persons ~ \$62,850

Orange Tree- Oroville

1 person ~ \$21,200
2 persons ~ \$24,200

Acacia Lane- Santa Rosa

1 person ~ \$20,640 Low
2 persons ~ \$23,580 Low
1 person ~ \$34,400 High
2 persons ~ \$39,300 High

Kellgren

1 person ~ \$34,400
2 persons ~ \$39,300

Sun House- Ukiah

1 person ~ \$21,250 Low
2 persons ~ \$24,250 Low
1 person ~ \$25,500 High
2 persons ~ \$29,100 High

CURRENT RENTS FOR 2019

154 Wilson Street (6 units) & 231 Wilson Street (10 units)	35% of resident's income~ Min Rent of \$487.00
1275 Lindberg Lane (16 units)	\$735.00
Duplex- 1400 Caulfield / 739 S. McDowell (2 units)	\$771.00/ \$827.00

Mountain View Ave. Senior Apartments

306 Mountain View Ave. (24 units)	\$487.00, \$521.00 or \$771.00
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Caulfield Lane Senior Apartments

1405 Caulfield Lane (22 units)	\$487.00
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Vallejo Street Senior Apartments

579 Vallejo Street (40 units)	\$487.00
575 Vallejo Street (44 units)	\$487.00 or \$593.00

Edith Street Senior Apartments

167 Edith Street (23 units)	30% of resident's income
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Richard S. Lieb Senior Apartments

210 Douglas Street (23 units)	30% of resident's income
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Casa Grande Senior Apartments

400 Casa Grande Road (45 HUD units)	30% of resident's income
(13 Tax Credit Units)	\$695.00

Acacia Lane Senior Apartments- Santa Rosa

657 Acacia Lane (38 HUD units)	30% of resident's income
(6 Tax Credit Units)	\$725.00

Kellgren Senior Apartments

855 Wood Sorrel Dr. (42 HUD units)	30% of resident's income
(7 Tax Credit Units)	\$681.00

Orange Tree Senior Apartments- Oroville

1511 Robinson St, Oroville (50 units)	30% of resident's income
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Sun House Senior Apartments- Ukiah

170 Cleveland Ln, Ukiah (42 units)	\$509.00 or \$622.00 1bd
	\$605.00 or \$740.00 2bd



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.

***A non-refundable consumer credit processing fee of \$35.00 is required for each applicant member (with the exception of HUD property applicants) in order to complete this application. Adverse credit reports and/or misrepresentation of information will disqualify an applicant*

Head of Household must be 62 years of age or older

Copy of Photo ID Required for Processing

PART I APPLICANT INFORMATION

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

Household members including yourself: List all persons who will reside in the unit.

Name	Social Security #	Date of Birth	Age

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

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

Describe any pets you may own or service animal. (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.

<u>Household Member</u>	<u>Income Source(s)</u> (I.e. Social Security)	<u>Annual Amount(s)</u>
_____	_____	\$ _____
(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 CASH VALUE. Use additional pages if necessary.

<u>Household Member</u>	<u>Description of Assets</u> (EBT, Checking, Savings, Real Estate, 401K)	<u>Current Value/Balance</u>
_____	_____	\$ _____
(Name)	_____	\$ _____
_____	_____	\$ _____
(Name)	_____	\$ _____
	TOTAL	\$ _____

4. Have you ever been convicted of a crime? _____ Yes _____ No
If yes, please explain _____

5. Are you or any member of your household subject to state lifetime sex offender registration, in any state? _____ Yes _____ No



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 I/we must provide written notification of any changes to the information on this form, especially address and contact information.

Initial Acknowledgment _____

YES NO

Is there any member of this household disabled?

YES NO

Does this person use a wheel chair?

YES NO

Does this person receive attendant care?

Subsidy: Do you have a Section 8 Voucher? _____ Yes _____ No

How did you hear about PEP Housing? _____



PEP HOUSING — PRE-APPLICATION FOR OCCUPANCY



Please check all that apply: Pre-Application will be returned if not completely filled out.

Rent for HUD properties: Rent is 30% of the family's monthly adjusted income.

The properties below DO NOT accept Section 8 Vouchers. **DO NOT send \$35.00** for these specific properties.

- Edith Street Apts. (HUD202) (22 units)
- Richard S. Lieb Apts. (HUD202) (22 units)
- Casa Grande Apts. (HUD202) (44 HUD units)
- Kellgren Senior Apts. (HUD202) (42 HUD units)
- Acacia Lane Senior Apts. Santa Rosa (HUD202) (38 HUD units)

PEP Properties (Petaluma) Rents: January 2019

The Properties below **DO ACCEPT Vouchers**. Please send **\$35.00** for Credit & Background Check.

- | | |
|--|--|
| <input type="checkbox"/> 231 Wilson Street | Rent: \$487.00/ - or 35% of resident's income whichever is greater |
| <input type="checkbox"/> 154 Wilson Street | Rent: \$487.00/ - or 35% of resident's income whichever is greater |
| <input type="checkbox"/> 1275 Lindberg Lane | Rent: \$735.00 |
| <input type="checkbox"/> Duplex-1400 Caulfield Lane/739 So.McDowell | Rent: \$771.00/\$827.00 |
| <input type="checkbox"/> 575 Vallejo Street | Rent: \$487.00/\$593.00 |
| <input type="checkbox"/> 579 Vallejo Street | Rent: \$487.00 |
| <input type="checkbox"/> 1405 Caulfield Lane | Rent: \$487.00 |
| <input type="checkbox"/> 306 Mt. View Avenue | Rent: \$487.00/521.00/771.00 |
| <input type="checkbox"/> Kellgren Senior Apts. (Tax Credit) (7 units) | Rent: \$681.00 |
| <input type="checkbox"/> Casa Grande Senior Apts. (Tax Credit) (13 units) | Rent: \$695.00 |
| <input type="checkbox"/> Acacia Lane Senior Apts. Santa Rosa
(Tax Credit) (6 units) | Rent: \$725.00 |

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

Resident Selection Policy and Criteria available by request.

APPLICANT: _____ DATE: _____

CO-APPLICANT: _____ DATE: _____

****Copy of Current Photo ID Required for Processing****

**PEP HOUSING
951 Petaluma Blvd. South
Petaluma, CA 94952
Phone: (707) 762-2336
Fax: (707) 762-4657**

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)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
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.

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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.

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.

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 in compliance 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 provided 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 not require any special protection.

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: _____

1. Do you, or does any family member have a condition that requires:

- A separate bedroom A unit for the vision-impaired
 A barrier-free apartment A unit for the hearing-impaired
 Physical modifications to a typical apartment

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: _____