



PEP HOUSING — PRE-APPLICATION FOR OCCUPANCY



Sun House Senior Apartments
170 Cleveland Lane, Ukiah, CA 95482
(707) 467-9975

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 household member once your name reaches the top of our wait list. Adverse credit reports and/or misrepresentation of information will disqualify an applicant. **

At least one household member MUST be 62 years of age or older
Copy of Photo ID Required for Processing

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

Household members including yourself:

Table with 4 columns: Name, Social Security #, Date of Birth, Age. Two empty rows for data entry.

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. (cat, dog, bird, etc.) _____
(Please note: a maximum of one pet per apartment is allowed. Weight may not exceed 35 pounds.)



EQUAL HOUSING OPPORTUNITY PROVIDER FOR THE ELDERLY AND PERSONS WITH DISABILITIES





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 VALUE. Use additional pages if necessary.

<u>Household Member</u>	<u>Description of Assets</u> (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

6. Please list other states where you, and members of your household, have resided:



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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.

Initial Acknowledgment: _____

- | | | | | |
|-----|--------------------------|----|--------------------------|--|
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Is there any member of this household disabled? |
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Does this person use a wheel chair? |
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Does this person receive attendant care? |

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

How did you hear about PEP Housing? _____

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

**PEP Housing
625 Acacia Lane
Santa Rosa, CA 95409**

APPLICANT: _____ DATE: _____

CO-APPLICANT: _____ DATE: _____

PEP HOUSING - PRE-APPLICATION FOR OCCUPANCY
SUN HOUSE SENIOR APARTMENTS

Please check all that apply:

One Bedroom

<input type="checkbox"/>	<u>Income Limits 50% AMI</u>	<u>Rent</u>
	1 Person \$24,500 / 2 Person \$28,000	\$509

<input type="checkbox"/>	<u>Income Limits 60% AMI</u>	<u>Rent</u>
	1 Person \$29,400 / 2 Person \$33,600	\$622

Two Bedroom

<input type="checkbox"/>	<u>Income Limits 50% AMI</u>	<u>Rent</u>
	1 Person \$24,500 / 2 Person \$28,000	\$605

<input type="checkbox"/>	<u>Income Limits 60% AMI</u>	<u>Rent</u>
	1 Person \$29,400 / 2 Person \$33,600	\$740

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.

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: _____