

Maple Park 2

9915 Maple Park Dr
Live Oak, Ca 95953

SELECTION CRITERIA

All individuals applying for an apartment must meet the following criteria to be accepted as a resident of Maple Park 2 Senior Apartments. This criterion contains but is not limited to the following:

1. One member of the household **must** be 55 years of age at the time of submitting the application, being disabled does not qualify you under the Tax Credit Program. Spouses, cohabitants and live in care providers are permitted and need not meet the age requirement. Children or Grandchildren of the qualifying Senior are permitted only if they are a person with disabilities and need to live with the Senior because of a disabling condition. If 55 year old Senior vacates the unit the rest of the household will be ineligible and have to vacate if they were not part of the original household and age qualified.
2. Applicant must qualify by **not** being over current income limit, as set forth by California TCAC.
3. Applicant must furnish a Social Security card if one is issued to you and valid photo I.D. (ex: driver's license or state issued I.D.).
4. Applicant must accept the first unit offered.
5. Applicant must have positive landlord endorsement. Negative endorsement defined: Three (3) or more late payments in any twelve (12) month period; Outstanding debt to any previous landlord; Eviction; Repeated Behavior Problems; Lease or Rental Agreement Violation; Willful misconduct; Drug Activity; Excessive Uncleaness.
6. Any attempt to defraud Maple Park Apartments 2 is grounds for application denial, including but not limited to: Non-disclosure of income; falsifying any documentation; Falsification or non-disclosure of residences.
7. Applicant must disclose income sources including, but not limited to: Unemployment; Employment; Social Security; Supplemental Social Security; Pension; Disability; Alimony; Child support; Welfare and other Public Assistance; Regular Support from Family or Friends; Savings Accounts (including Christmas clubs, CD's, IRA and Keogh Accounts), Checking Accounts; Real Estate; Stocks, Bonds; Trusts and other investments; Educational Grants and Scholarships; Any assets sold below market value in the last two (2) years.
8. Applicants must agree to sign all necessary forms pertaining to income and information verification.

Falsification of any information is grounds for immediate application denial. Applications are processed according to guidelines that comply with the articles set forth by the Department of Housing and Urban Development.

By signing you are giving Maple Park 2 Apartments permission to perform a standard background check including, but not limited to, verification of all information presented by you in this form.

WAITING LISTS

Maple Park 2 Apartments maintains waiting lists under HUD guidelines contained in the HUD handbook 4350.3.

Approved applicants are put on the waiting list according to date and time application is received into the business office. When units become available, offers of the units are made according to date and time on the application. It is your responsibility to contact the office, in writing, to notify of address and phone number changes. If this office attempts to contact you, and is not successful because you have moved, your application will be withdrawn.

Restrictions and regulations governing in-house transfers are uniformly enforced. The respective circumstances and dated applicant submissions are subject to certain regulatory statutes that allow for priorities such as unit over utilization. Other restrictions may govern some or all portions of transfers. The in-house waiting list is consulted first when a unit is available. Subsequently, any approved applicant is given preference for wheelchair accessible units if they require it.

By signing this form, you certify that you have read and understand the sections of the application titled: *Selection Criteria* and *Waiting Lists*.

Applicant Signature

Date





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Maple Park 2 Project Based Voucher Program and Tax Credit Application

Please note: This application is **NOT** for the Housing Choice Voucher-HCV (Section 8) program. The HCV Program IS NOT accepting applications at this time. This application IS for Maple Park 2 Senior Apartments-Project Based Voucher Program (PBV-MP2/Tax credit). PBV-MP2 is a form of housing in which you will live in a unit that has rental assistance provided by the Housing Authority and Tax Credits.

Please check this box if you are a person with a disability and need help reading or filling out this form. You have the right to ask the Housing Authority to make a reasonable accommodation of any sort to make RHASNC and CHIP programs accessible for you. To make such a request, please contact the Housing Authority at (530) 671-0220 or TTY (866) 735-2929 or 711. This document is available in alternative formats. Jeni Bobadilla Section 504 Accessibility Coordinator-(530) 671-0220 x 125

The Occupancy Standard for Maple Park 2 Senior Community

1 BR ----- 1-2 People 2 BR ----- 2-4 People

This is our normal occupancy standard. Exceptions to the above standard can be made as a reasonable accommodation for a disabled family member.

I WISH TO APPLY FOR THE FOLLOWING

1 Bedroom 2 Bedroom

APPLICANT NAME (HEAD OF HOUSEHOLD)

LAST NAME _____ FIRST _____ MI _____

MAILING ADDRESS _____

SOCIAL SECURITY NUMBER _____ - _____ - _____ DATE OF BIRTH ____/____/____ AGE _____

PHONE NUMBER: _____ SEX : MALE FEMALE

SPOUSE/CO-HEAD

LAST NAME _____ FIRST _____ MI _____

SOCIAL SECURITY NUMBER _____ - _____ - _____ DATE OF BIRTH ____/____/____

SEX : MALE FEMALE



The Housing Authority and CHIP are equal opportunity employers and housing providers.



FAMILY ATTRIBUTES:

NUMBER OF PEOPLE IN HOUSEHOLD _____ Household ANNUAL INCOME \$ _____

NUMBER OF BEDROOMS REQUESTED _____ Do you anticipate adding any additional members to your household in the next 12 months? Yes _____ NO _____

HOUSEHOLD COMPOSITION

List everyone, including yourself, foster children/adult, and live-in attendants who are necessary for the care of a family member. Remember to list everyone who will be living in the home. If you need more space, continue on the back side of this form. You (the applicant/head of household) are to be in the 1st line.

	Last Name	First	MI	Social Security Number	Relation to Head of HH	Sex (M/F)	Date of Birth	Age	F/T Student (Y/N)
1					Head				
2									
3									
4									
5									
6									
7									
8									
9									

List below all sources of income received. (Sources may include Employment, Pensions, SSI, Soc Sec., Unemployment, TANF, Child Support, etc...)

Household Member	Source(s) of income:	Monthly Amount	Total(s)
_____	_____	\$ _____ x12 =	\$ _____
_____	_____	\$ _____ x12 =	\$ _____
_____	_____	\$ _____ x12 =	\$ _____
_____	_____	\$ _____ x12 =	\$ _____
		Total Yearly Income	\$ _____



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Name and Address of Employer(s) if employer

Household Member	Name of Employer	Complete address and Ph # of Employer
_____	_____	_____
_____	_____	_____

Assets: List below all assets of each member of the household. (Sources may include Checking, Savings, Cash on Hand, Whole life insurance, etc.) Write none if you have no assets. **(Do not include your vehicles)**

Checking Acct #: _____ Balance: \$ _____ Interest Rate: _____ % Institution: _____

Checking Acct #: _____ Balance: \$ _____ Interest Rate: _____ % Institution: _____

Savings Acct #: _____ Balance: \$ _____ Interest Rate: _____ % Institution: _____

Other Acct #: _____ Balance: \$ _____ Interest Rate: _____ % Institution: _____

Please give your housing History for the Past 5 Years Beginning with the most current. (No P.O. Boxes)

Current Residence: Street _____
City: _____ State: _____ Zip: _____

Monthly Rent: \$ _____ From: (month) _____ (year) _____ To: (month) _____ (year) _____

Name of Landlord/Property: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Reason for Leaving: _____

Previous Residence : Street _____
City: _____ State: _____ Zip: _____

Monthly Rent: \$ _____ From: (month) _____ (year) _____ To: (month) _____ (year) _____

Name of Landlord/Property: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Reason for Leaving: _____



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Previous Residence: Street _____
City: _____ State: _____ Zip: _____

Monthly Rent: \$ _____ From: (month) _____ (year) _____ To: (month) _____ (year) _____

Name of Landlord/Property: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Reason for Leaving: _____

Have you been Evicted during the past seven (7) years Yes _____ No _____

Please give a personal reference (Do not use relatives)

Name: _____ Address: _____ City: _____
Date: _____ Zip: _____ Ph #:(____) _____ Relationship: _____ Years known: _____

In case of Emergency please contact:

Name: _____ Address: _____ City: _____
Date: _____ Zip: _____ Ph #:(____) _____ Relationship: _____

HOUSING LIST DATA COLLECTION (This information is for HUD statistical purposes only)

THE HEAD OR SPOUSE CO/HEAD (Mark any that are applicable)

- NEAR ELDERLY (DEFINED AS AT LEAST 50 YEARS OLD, BUT BELOW 62 YEARS OLD)
- ELDERLY (DEFINED AS AT LEAST 62 YEARS OLD)
- DISABLED

YOUR FAMILY (Mark any that are applicable)

- DISPLACED (DEFINED AS A FAMILY IN WHICH EACH MEMBER IS A PERSON DISPLACED BY A GOVERNMENTAL ACTION OR A PERSON WHOSE DWELLING HAS BEEN EXTENSIVELY DAMAGED OR DESTROYED AS A RESULT OF A DISASTER.
- HOMELESS (DEFINED AS A FAMILY WHO LACKS A FIXED, REGULAR AND ADEQUATE NIGHTTIME RESIDENCE, MEANING THERE: HAS A NIGHTTIME RESIDENCE THAT IS A PUBLIC OR PRIVATE PLACE NOT MEANT FOR HUMAN HABITATION, OR IS LIVING IN A SHELTER)

RACE/ETHNICITY: This information is confidential and is only used for government reporting purposes to monitor compliance with equal opportunity laws. Please note that self-identification of race/ethnicity is voluntary.

Ethnic Categories (Please select only one): Hispanic or Latino Not Hispanic or Latino

Race (Please select one or more):

- American Indian or Alaska Native Asian Black or African American
- Native Hawaiian or Other Pacific Islander White Other

ACCESSIBILITY

Do you or any member of your family require any accessibility features? (Please select one or more.)

- Yes, Hearing Access Yes, Mobility Access
- Yes, Sight Access No, I/We do not require any accessibility features.



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ETHICS STATEMENT

HUD requires all prospective tenants and employees to provide the following information:

Do you have a business or personal relationship with any current (or past) employee or board member of the Regional Housing Authority of Sutter and Nevada Counties? No Yes-If Yes, please explain:

APPLICANT CERTIFICATION

I/We certify that the statements made on this Application are true to the best of my/our knowledge and belief and understand that for verification purposes inquiries must be made by the Housing Authority.

WARNING 18 U.S.C. 1001 provides that whoever knowingly and willingly makes or uses a document or writing containing false, fictitious, or fraudulent statement or entry in any manner within the jurisdiction of any department or agency of the United States shall be fined or imprisoned for not more than 5 years, or both.

ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW

Signature _____ Date _____ Signature _____ Date _____

Signature _____ Date _____ Signature _____ Date _____

Please return signed completed applications to:

RHASNC

1455 Butte House Road, Yuba City, CA 95993
Phone: (530) 671-0220, Toll Free: (888) 671-0220
TTY: (866) 735-2929, Fax: (530) 673-0775



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