



Heritage Commons Apartments



Application Instructions

Dear Applicant(s),

Thank you for your interest in applying for housing at Heritage Commons Apartments, an Affordable Housing Community for Seniors, age 55 and older. Please complete the attached application and return to us by regular US mail only at the following address:

**Heritage Commons Apartments
c/o The John Stewart Company
1455 Response Road, Suite # 140
Sacramento Calif. 95815**

There is an application fee of \$20.00 per each adult. Please attach a money order to your application in the amount of \$20.00 per adult household member, made out to Heritage Commons Apartments. Applications will be placed on the application list for processing in the order that they are received. Applications that are incomplete or are not accompanied by the application fee will not be added to the application list until they are complete and the application fee is paid. This fee is to cover part of the cost of processing the application only.

1 Bedrooms (30% AMI) \$416 Rent		1 Bedrooms (40% AMI) \$571 Rent		1 Bedrooms (50% AMI) \$726 Rent	
Minimum Income = \$ 832 per month		Minimum Income = \$1,142 per month		Minimum Income = \$1,452 per month	
# Persons In Household	Maximum Income	# Persons In Household	Maximum Income	# Persons In Household	Maximum Income
1	\$17,370 annually	1	\$23,160 annually	1	\$28,950 annually
2	\$19,830 annually	2	\$26,440 annually	2	\$33,050 annually
3	\$22,320 annually	3	\$29,760 annually	3	\$37,200 annually

Applications will be reviewed for income eligibility. Applications that do not meet the minimum income qualifications will not be accepted. Each household may only submit one application.

Households must meet the following eligibility criteria:

(Minimum income requirements do not apply to Section 8 Voucher Holders. Income and Rents subject to change.)

All Applicants are subject to the Resident Selection Policy including credit and criminal background checks and third party income and asset verification to determine the household's combined annual income in accordance with the Housing Tax Credit Program.

Thank you again for your interest in Heritage Commons Apartments and we look forward to receiving your application.

Sincerely,
THE JOHN STEWART COMPANY

TDD Telephone device for the deaf only (800) 735-2929 or California Relay Service (711)



DO NOT DUPLICATE
ONE APPLICATION PER HOUSEHOLD ONLY
Heritage Commons Apartments
c/o The John Stewart Company
1455 Response Road, Suite #140
Sacramento Ca. 95815



APPLICATION FOR ADMISSION

Heritage Commons Apartments will comply with the provisions of any federal, state or local law prohibiting discrimination in housing on the basis of race, color, creed, ancestry, national origin, sex, sexual orientation, familial status, source of income, age, disability, AIDS, or AIDS relation condition.
 TDD Telephone device for the deaf only (800) 735-2929 or California Relay Service (711).

Please fill in all blanks. Incomplete applications will not be processed.

APPLICANT NAME: _____

DATE OF BIRTH: _____ **SOCIAL SECURITY #:** _____

CURRENT ADDRESS: _____ **APT. #:** _____

CITY, STATE, ZIP CODE: _____

PREVIOUS ADDRESS: _____ **APT. #:** _____

CITY, STATE, ZIP CODE: _____

HOME PHONE #: _____ **WORK #:** _____ **OTHER WORK #:** _____

CELL PHONE #: _____ **OTHER#:** _____

FAX #: _____

E-MAIL: _____

INDICATE TWO PEOPLE WHO GENERALLY KNOW HOW TO CONTACT YOU:

1. **NAME:** _____ 2. **NAME:** _____

ADDRESS: _____ **ADDRESS:** _____

PHONE #: _____ **PHONE #:** _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

LIST ALL HOUSEHOLD MEMBERS WHO WILL BE LIVING IN THE RESIDENCE. GIVE THE RELATIONSHIP OF EACH FAMILY MEMBER TO THE HEAD OF HOUSEHOLD.

LAST NAME	FIRST NAME	BIRTHDATE (MM/DD/YYYY)	SOC. SEC. #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____

DO YOU OWN A CAR? _____ WOULD YOU REQUIRE A PARKING SPACE? _____

CURRENT HOUSING STATUS

How many people live in your home now? _____ How many bedrooms do you have? _____

Have you or anyone you plan to have living with you had your residency/tenancy terminated for fraud, non-payment of rent or failure to comply with lease provisions? ____ YES ____ NO. If "YES", please explain _____

Do you plan to have anyone living with you in the future who is not listed above?

____ YES ____ NO. IF YES, PLEASE EXPLAIN: _____

If you have listed a child or children above, do you have full custody of your child(ren) listed above? ____ YES ____ NO. Explanation of custody arrangements: _____

Have you or anyone you plan to have living with you been convicted of a felony?

____ YES ____ NO. If "YES", please list the disposition behind each incident involving all members of the proposed household: _____

Do you have any family members or friends who currently work at this property?

YES. ____ If "YES", name of employee: _____ NO. ____

Do you have a section 8 voucher or certificate? ____ Expiration Date: _____
Yes No

Please list at least two (2) years of rental history below.

1. **CURRENT LANDLORD:** _____
PHONE #: _____ FAX #: _____
WHAT IS YOUR CURRENT RENT? _____
LANDLORD'S ADDRESS: _____
DATE OF MOVE-IN: _____
YOUR ADDRESS/APT. #: _____

2. **PREVIOUS LANDLORD:** _____
PHONE #: _____ FAX #: _____
RENT AMOUNT: \$ _____
LANDLORD'S ADDRESS: _____
DATE OF MOVE-IN: _____ DATE OF MOVE-OUT: _____
YOUR ADDRESS/APT. #: _____

INCOME INFORMATION

Does any family member now receive or expect to receive income from any of the following sources? For each "YES" answer, provide the details in the chart below:

<u>Income</u>		<u>Monthly Gross Income</u>
<input type="checkbox"/>	<input type="checkbox"/>	I/we am self-employed. (List nature of self employment and Family Member)
YES	NO	_____
		(use <u>net</u> income from business)
		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you:
YES	NO	Name of Employer _____ / _____ Family Member
		1) _____
		2) _____
		3) _____
		\$ _____
		\$ _____
		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me.
YES	NO	
		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive unemployment benefits.
YES	NO	
		\$ _____
		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.
YES	NO	
		\$ _____
		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive periodic social security payments.
YES	NO	Family Member
		1) _____
		2) _____
		\$ _____
		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).
YES	NO	
		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive Supplemental Security Income (SSI).
YES	NO	Family Member
		1) _____
		2) _____
		\$ _____
		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive disability or death benefits other than Social Security.
YES	NO	Family Member
		1) _____
		2) _____
		\$ _____
		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive Public Assistance Income (examples: TANF, AFDC)
YES	NO	
		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we am entitled to receive child support payments.
YES	NO	
		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we am currently receiving child support payments.
YES	NO	
		\$ _____

<input type="checkbox"/>	<input type="checkbox"/>	I/we receive alimony/spousal support payments	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. If yes, list sources _____ and _____ Family Member	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive income from real or personal property.	(use <u>net</u> earned income) \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive student financial aid (public or private, not including student loans). Family Member	\$ _____ \$ _____
		TOTAL HOUSEHOLD MONTHLY INCOME	\$ _____
		TOTAL HOUSEHOLD ANNUAL INCOME (TOTAL MONTHLY INCOME x 12)	\$ _____

Asset Information

			Interest Rate	Cash Value
<input type="checkbox"/>	<input type="checkbox"/>	I/we have a checking account(s). If yes, list bank(s) _____ and _____ Family Member	_____% _____% _____%	\$ _____ \$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have a savings account(s) If yes, list bank(s) _____ and _____ Family Member	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have a revocable trust(s) If yes, list bank(s) 1) _____	_____%	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we own real estate. If yes, provide description: _____		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we own stocks, bonds, or Treasury Bills If yes, list sources/bank names		

	1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we have Certificates of Deposit (CD) or Money Market Account(s). If yes, list sources/bank names and Family Member 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank(s) and Family Member 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we have a whole life insurance policy. If yes, how many policies _____		\$ _____

<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we have cash on hand.		\$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we have disposed of assets (i.e. gave away money/assets) for less than the fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____		\$ _____ \$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we have income from assets or sources other than those listed above. If yes, list type below: 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____

Student Status

Yes No

<input type="checkbox"/> <input type="checkbox"/>	Does the household consist of persons who are all <u>full-time</u> students (Examples: College/University, trade school, etc.)?
<input type="checkbox"/> <input type="checkbox"/>	Does your household anticipate becoming a full-time student household in the next 12 months?

PLEASE CONSIDER COMPLETING THIS OPTIONAL SECTION:

Do you require special unit design features for mobility impairment? Yes _____ No _____

Do you require special unit design features for visual impairment? Yes _____ No _____

Do you require special unit design features for hearing impairment? Yes _____ No _____

APPLICANT CERTIFICATIONS

1. I/we certify that if selected to move into this project, the unit I/we occupy will be my/our primary residence.
2. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief.
3. I/we understand that false statements or information are punishable under federal law and cause for immediate denial of housing.
4. I/we understand we must provide written notification of any changes to the information on this form, especially address and telephone number.
5. I/we understand that the above information is being collected to determine my/our eligibility for an apartment. I/we authorize the owner to verify all information provided on this application and to contact previous or current landlords, employers, 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.
6. I/we agree to allow management to perform a consumer credit check and criminal background check including sex offender registry on all adult household members. (I/we may request copies of these documents.) This will be required prior to an application being processed.
7. Housing is subject to availability.

HEAD OF HOUSEHOLD (PLEASE PRINT): _____

SIGNATURE OF HEAD: _____ DATE: _____

SIGNATURE ADULT APPLICANT #2: _____ DATE: _____

SIGNATURE ADULT APPLICANT #3: _____ DATE: _____

*How did you hear about our apartment community?

___ Newspaper ___ Flyer ___ Word of mouth

___ Other (please state) _____

Thank you.