



**APPLICATION FOR ADMISSION
AND RENTAL ASSISTANCE**



MOUNTAIN VIEW VILLAGE
2130 Smith Lane, FORTUNA, CA 95540
Mailing address: 2130 Smith Lane #24, Fortuna, CA 95540
Phone (707) 725-5923 Fax (707) 725-3438
www.lhahc.com
TTY: 1-202-708-1455 HUD Rental Assistance Program

DATE _____ DATE/TIME RECEIVED IN OFFICE _____

APPLICANT FULL NAME _____

Other name(s) if different than current: _____

MAILING ADDRESS _____

CITY, STATE, ZIP CODE _____ Currently Homeless? ___ Yes ___ No

HOME/CELL PHONE () _____ MESSAGE/CONTACT () _____

ALL SECTIONS AND BOXES MUST BE FILLED OUT COMPLETELY TO BE CONSIDERED

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List the Head of Household and all other members who will be living in the unit. Give the relations of each family member to the Head of Household.

| Last Name | First Name & Initial | Sex | Relationship (head of house, spouse, etc) | Birthdate 00/00/0000 | Age | Driver's License/ID & state of issue | Social Security # | Annual Income amount |
|-----------|----------------------|-----|---|----------------------|-----|--------------------------------------|-------------------|----------------------|
| | | | | | | | | |
| | | | | | | | | |

- 2) **Race of Head of Household:** Check one (For statistical purposes only)
- American Indian/Alaskan Native Asian/Pacific Islander
 Black or African American Native Hawaiian or other Pacific Island
 White Other

- 3) **Ethnicity of Head of Household:** Check one (For statistical purposes only)
- Hispanic or Latino Not Hispanic or Latino

(The preceding information is requested by the apartment owner to assure the Federal Government, acting through its Rural Development Administration, that that this institution complies with the laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, marital status, and disability. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However if you choose not to furnish it the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.)

- 4) **Does anyone live with you now who are not listed?** Yes No
- 5) **Do you expect a change in your household composition?** Yes No
Explain if you answered yes to either question:

6) **Is the head of the household or spouse disabled?** (For program and unit eligibility purposes only)

(Definition of Disability: Federal laws define a person with a disability as "Any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such an impairment." In general, a physical or mental impairment includes hearing, mobility and visual impairments, chronic alcoholism, chronic mental illness, AIDS, AIDS Related Complex, and mental obstruction that substantially limits one or more major life activities. Major life activities include walking, talking, hearing, seeing, breathing, learning, performing manual tasks, and caring for oneself.)

Do you have a physical or mental impairment? Yes No
Does your Spouse? Yes No
(If you answered yes for physical or mental disabilities, they will need to be verified by a Licensed Physician)

Are you physically able to climb stairs for an upstairs apartment? Yes No

7) **Will Accept:** One Bedroom Apartment Upstairs Unit
 How many to live in Apartment? _____

8) **Do you require a handicap accessible unit?** Yes No

Please identify any other special housing needs your household may need:

9) **Are you currently living in a subsidized housing unit?** Yes No
If the answer was no, skip questions 10 thru 14

10) Name of Complex: _____

11) Name of Manager: _____

12) Manager's telephone number: () _____

13) How long have you lived there? _____

14) Reason for leaving: _____

INCOME AND ASSET INFORMATION Please answer each of the following questions.
 For each "yes" provide details in the charts on the next page.

Does any member of your household:

- 1) Work full-time, part-time or seasonally? Yes No
- 2) Expect to work for any period during the next year? Yes No
- 3) Work for someone who pays you cash? Yes No
- 4) Now receive or expect to receive public assistance (TANF)? Yes No

- 5) Now receive or expect to receive Social Security or disability benefits? ___ Yes ___ No
- 6) Now receive or expect to receive income from a pension or annuity? ___ Yes ___ No
- 7) Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit? ___ Yes ___ No
- 8) Receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks, or bonds, or rental property income? ___ Yes ___ No
- 9) Own real estate or any assets for which you receive no income (checking account, cash)? ___ Yes ___ No
- 10) Have you sold or given away real property or other assets (car, house, or including cash) in the past two years? ___ Yes ___ No

TYPE OF INCOME INCLUDES:

| <u>Source of Income</u> | <u>Type</u> (pension etc.) | <u>Annual Income</u> |
|-------------------------|----------------------------|----------------------|
| | | |
| | | |
| | | |
| | | |

(Copies of supporting documents will be required when apartment is available, e.g.: letter of verification of value from broker, assessed value from property, tax bills, etc.)

ASSETS

| Bank Name | Type of Account | Balance | |
|-----------|-----------------|---------|--|
| | | | |
| | | | |
| | | | |

- 1) List all checking and savings accounts (including IRAs, Keogh accounts, and Certificates of Deposit) of all household members. We require six months of the most recent bank statements when requested by management.
- 2) List all stocks, bonds, trusts, pensions, or other assets and their current value which are owned by any household member:
- 3) List any assets disposed of for less than their fair market value during two years. These would include such things as: Checking Account, Savings Account, Stocks and Bonds, Home, Vehicle etc.

Do you have Medicare? Yes No

If yes what is your monthly premium? \$ _____

Do you have any other kind of medical insurance? Yes No

If yes provide name of carrier and monthly premium amount:

Do you have a pet? Yes No

If so, Describe: _____

One animal may be permitted if it qualifies by weight/size (under 25 lbs.); a pet security deposit will be required.

Please tell us how you heard about this property: Circle one listed below

Internet Radio Ad Newspaper Ad Social Services Friend/Relative Other

1) Have you ever been evicted? Yes No

Have you been evicted in the last 3 years from federally assisted housing for drug-related criminal activity? Yes No

(Note: Do not answer "yes" or provide any information regarding convictions that have been sealed, expunged, dismissed or otherwise eradicated by statute or court order, or any conviction for a marijuana offence if the conviction is two or more years old. Also do not answer "yes" or provide any information pertaining to referral to and/or participation in any pre-trial or post-trial diversion program)

2) Do you have a felony or misdemeanor conviction? Yes No

If you answered "yes" to either question above, please explain on back of application or on a separate sheet of paper.

2) Are you or any member of your household subject to a lifetime state sex offender registration program in any state? **Note: Failure to respond to this question may jeopardize the approval of the application.**

Yes No

TENANT HISTORY

Please provide the names, telephone numbers or addresses of previous landlords for past seven years (if any). List any State beside California that you have resided in, with appropriate information. *(If you need additional space use back page of application)*

=====
(1) Name: _____
Phone# _____
Mailing address: _____
Residence Address: _____
Length of time: _____
=====

=====
(2) Name: _____
Phone _____
Mailing address: _____
Residence Address: _____
Length of time: _____
=====

=====
(3)Name: _____
Phone# _____
Mailing address: _____
Residence Address: _____
Length of time: _____
=====

=====
(4)Name: _____
Phone# _____
Mailing address: _____
Residence Address: _____
Length of time: _____
=====

APPLICANT CERTIFICATION

- I/We certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence.
- I/we understand that the above information is being collected to determine my/our eligibility.
- I/we authorize the owner/manager/PHA to verify all information provided on this application and to contact previous or current landlords for verification information that may be released to appropriate Federal, State, or local agencies. Current and former landlords will be contacted on a confidential basis. If a negative reference is received, management will share the nature of the negative reference but not its source.
- I/we authorize the owner/manager/PHA to conduct a credit history check, a sex offender status check, and a criminal history check on any information that may be released to appropriate Federal, State, or local agencies.
- I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief.
- I/we understand that false statements or information are punishable under Federal law.

Signature of Head: _____ Date: _____

Signature of Spouse/Co-Head: _____ Date: _____

Signature of other Adult Occupant: _____ Date: _____

Area for Additional information -

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.

| | |
|--|--|
| | |
|--|--|

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.

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)

| | | | |
|-------------------------------------|--|---|------------------------------------|
| Mountain View Village | | 01-05 HAP Contract: CA39R000019 | 2130 Smith Lane, Fortuna, CA 95540 |
| Name of Property | | Project No. | Address of Property |
| Lutheran Home for the Aging | | | USDA Section 515, HUD Section 8 |
| 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 form 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 provide 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.

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.

LUTHERAN HOME FOR THE AGING

2130 SMITH LANE #24 - Office
FORTUNA, CA 95540

www.lhahc.com

(707) 725-5923

FAX: (707) 725-3438

Lutheran Home for the Aging of Humboldt County, Inc. manages two U.S. Department of Housing and Urban Development (HUD) subsidized apartment facilities. Both facilities are **UNASSISTED**, active living environments for the Elderly (defined as age 62 or older by HUD) and the disabled who require the accessibility features of our facility. (Those features include wheelchair access in the bathroom, grab bars, and first floor accessibility.)

Mountain View Village is a 48-unit facility made up of 10 4-plex buildings (each includes 1 upstairs unit) and 4 duplex buildings. These buildings are arranged in 3-4 building groupings surrounding an open area. All apartments have 1 bedroom, kitchen with separate dining area, living room, and bathroom. The standard apartment is approximately 696 square feet in size. The handicap-equipped apartments are approximately 767 square feet to accommodate the additional space necessary for wheelchair access.

Newburg Retirement Center is a 30-unit facility housed in a 2-story building with central hallways. The exterior doors remain locked during the night for additional security. An elevator is available except in an emergency. Therefore, those living on the second floor must be able to negotiate 20 stairs in case of emergency. There are 22 1-bedroom apartments which measure approximately 540 square feet each and 8 studio apartments measuring approximately 414 square feet each. Both sizes contain kitchen with dining area, living room, and bathroom. The studio has a sleeping alcove off the living area rather than the separate bedroom.

We hope this additional information is helpful to you during your decision-making process. All are welcome at either facility. Lutheran Home for the Aging does not discriminate based on race, color, religion, gender, national origin, age, familial status, or disability.

If you choose to return your application(s) to us for consideration, please indicate you have read our property description by signing and dating this page and returning it to us with your completed application.

Signature

Date

