



Apartments: Garfield Heights

Jennings Apartments are ideal for individuals who seek an independent lifestyle with the convenience of activities and supportive services available to them.

Jennings offers independent service-enriched apartment living as a residential choice on a vibrant continuum of care campus. Bringing together the traditions of neighborhood and home, Jennings offers you the opportunity to enjoy the everyday elements of community life while living an independent lifestyle. Comfortable private apartments are move-in ready, complete with appliances. Each individual adds a personal touch by bringing his/her own furniture and home furnishings.

With more than 80 years of experience, we care for the mind, body and spirit of seniors with a focus on holistic wellness. Peace of mind is being a part of a full continuum of care. If the need should arise, additional supportive choices are available within the same familiar vibrant community.

Campus Services

Jennings' philosophy is to help adults remain as independent as possible for as long as possible. Jennings Campus Services support individuals in their apartments by accommodating small short-term requests or long-term assistance for a nominal fee. An on-site Wellness Center offers primary and specialty physicians and services, providing excellent health care on

the campus without the worry about transportation issues.

With a range of convenient and supportive services, Jennings offers you the opportunity to enjoy the everyday elements of community life while providing the extra support that may be needed. Services include housekeeping, laundry, personal care, errands, home health care, home handyman, congregate meals, transportation and social services, as well as physical, occupational and speech therapy.

The Wellness Center is a campus resource for primary and specialty physician appointments. It helps individuals and their families avoid disruptive and costly trips to multiple health care providers. In addition to the ability to select a primary care physician, specialty physicians and services are available. This added convenience enables a more consistent doctor/patient routine for you.

Mission-based Community

A balance of privacy and social activity enables residents to make their own individualized choices. Individuals are welcome to enjoy the life enriching activities on the campus. From volunteer opportunities to intergenerational programs to off-campus trips, Jennings is committed to life-enriching programs and services to support the celebration of life and discovery of potential.

Adult Day Services

Alzheimer's/
Memory Care

Apartments with Services
Garfield Heights
Shaker Heights

Assisted Living

Child and Infant Care

Community Programs

Home Care

Hospice

Lifelong Learning

Long-term Care

Respite Care

Short-term Skilled
Nursing & Rehabilitation

Spiritual Services

Villa Homes

Volunteer Opportunities

10204 Granger Road
Garfield Heights, Ohio 44125

www.jenningsohio.org

216-581-2900

We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.



Services and Amenities

Key Features of All Apartments

- Apartment choices for individuals 55 and older
- Rent includes all utilities except phone, cable and Internet
- Campus cable and Internet available for small monthly fee
- Some unit layouts support mobility impairment
- Smoke-free campus
- Key-entry at front door and apartment; guests ring individual apartment for entry
- Public family rooms for gathering or games with neighbors
- Small domestic pets allowed (additional security deposit and policy apply)



Jennings Manor

Jennings Manor is a beautiful 61-unit building with one-bedroom apartments. Opened in 1998, this building offers subsidies from the Department of Housing and Urban Development (HUD) for seniors whose income qualifies within the low income guidelines. Tenants pay a rent that is a percentage of their adjusted gross income.



St. Agnes Terrace

St. Agnes Terrace is a stunning 42-unit building, with two-bedroom/one-bath and three-bedroom/one and 1/2 bath layouts. Opened in May 2003, this apartment offers 13 market rate apartments and 29 rate controlled apartments (for those who qualify based on their income level). Most master bedrooms feature large walk-in closets for added storage convenience.



St. Rita

St. Rita Senior Apartments opened in January 2010. This remarkable construction includes 63 apartments, with a mix of one-bedroom and two-bedroom floor plans. The apartments are rate-controlled with three levels, depending on the income range in which an individual's income and percentage of assets qualifies.

Campus Highlights

- Beauty shop/barber shop
- Snack and Gift Shop
- Daily Mass and Rosary at campus chapel
- On-site Wellness Center for seeing physicians and specialists close to home
- Campus Services for support of each individual's independence (see back panel of this fact sheet)
- Activities such as outings, exercise and special events
- Socialization programs and group shopping trips
- Volunteer opportunities

Individual Apartment Highlights

	Jennings Manor	St. Agnes Terrace	St. Rita
Financing			
Age requirement of tenant(s)	62 years	62 years	55 years
HUD 202 subsidy for very-low income	✓		
Rate controlled rents for low-income		✓	✓
Market rate rents		✓	
Apartment layouts			
One-bedroom	✓		✓
Two-bedroom		✓	✓
Three-bedroom		✓	
Apartment amenities			
Thermal windows with blinds	✓	✓	✓
Wall to wall carpeting	✓	✓	✓
Stove/range	electric	gas	electric
Refrigerator	✓	✓	✓
Dishwasher		✓	✓
Tenant Services			
Service coordinator on staff	✓	✓	✓
Campus services available	✓	✓	✓
Lunch service (small fee)*	✓	✓	✓
On-campus transportation	✓	✓	✓
Scheduled group transportation	✓	✓	✓
Monthly tenant meetings	✓	✓	✓
Building amenities			
Elevator	1	2	2
Coin-operated laundry room	1 room per floor	1 room per floor	2 rooms per floor
Trash disposal	1 room per floor	1 room per floor	1 room per floor
Community room (with kitchen)	✓	✓	✓
Outdoor gardens and patio	✓	✓	✓
Private mailbox	✓	✓	✓
Ample outdoor parking	✓	✓	✓

Supportive Campus Services

Choices and support are the keys to successful aging. Quality services can assist individuals in remaining as independent as possible in their campus homes.

Jennings recognizes the importance of quality support, respecting each individual's preferred lifestyle. Jennings' service coordinators offer free support to overcome daily challenges. In addition, Jennings supports apartment living with a variety of campus services to help individuals enjoy the everyday elements of community life while providing the extra support that may be needed.

Examples of campus services:

- Physician and specialty services in the campus Wellness Center
- Home health care and personal care
- Housekeeping and laundry
- Handyman services
- Lifestyle services
- Transportation
- Congregate meals

Campus services are available to anyone who resides on the Jennings campus. There is a fee for those services that are not covered by insurance.

No matter what type of question or support you might need, one call will connect you to the right person. The coordinator who answers your call will ask a few questions to help us deliver the services that will meet your short-term or ongoing needs.

About Jennings

For more than 80 years, Jennings has nurtured the body, mind and spirit of adults over 55. Jennings is a vibrant, non-profit organization, rooted in its Catholic foundation and serving people of all faiths. The campus offers residential and community-based choices to meet individuals' changing needs. Our convenient location at I-480 and I-77 is easily accessible.

Our Mission

Rooted in Catholic values, Jennings celebrates and nurtures individuals as they age, through exceptional choices and continuous innovation.

In fulfilling our mission we commit ourselves to these values:
Respect | Compassion | Community
Discovery of Potential | Celebration of Life



Apartment Rate Sheet

10204 Granger Road · Garfield Heights, Ohio 44125 · 216-581-2900 · www.jenningsohio.org

JENNINGS MANOR

Jennings Manor is a HUD 202 building, which offers subsidies from the Department of Housing and Urban Development (HUD) for seniors whose income qualifies within the very low income guidelines as defined by HUD. Each tenant pays a rent that is 30% of his or her adjusted gross income. The rent includes all utilities except phone and cable. To qualify for this apartment's rent structure, the tenant's gross annual income + .06% of total assets must be within the income levels designated below (based on the applicable income limits and rent restrictions).

# people in household	Minimum Income	Maximum Income
1	no minimum	\$24,750
2	no minimum	\$28,300

ST. AGNES TERRACE

St. Agnes Terrace offers 29 rate restricted apartments and 13 market rate apartments. A rate-restricted rent means that rents are maintained below market value because of the individual's eligibility based on his/her income. In order to determine the rent for which you qualify, find your eligibility based on the income levels shown here (based on the applicable income limits and rent restrictions). Maximum income is equal to **annual gross income** + the higher of: a) .06% of total assets OR b) annual income from total assets. Rent includes all utilities except phone and cable.

Rate-Restricted Apartments

Apartment Type	Number of This Type of Apartment	Minimum Income*	Maximum Income (1-person)	Maximum Income (2-person)	Monthly Rent
2 Bedroom	8	\$16,300	\$34,800	\$39,800	\$1,010
2 Bedroom	20	\$17,800	\$41,760	\$47,760	\$1,010
3 Bedroom	1	\$17,100	\$34,800	\$39,800	\$1,140

Market Rate Apartments

Apartment Type	Number of This Type Apartment	Minimum Income*	Maximum Income (1-person)	Maximum Income (2-person)	Monthly Rent
2 Bedroom	11	\$29,700	No maximum	No maximum	\$1,603
3 Bedroom	2	\$32,265	No maximum	No maximum	\$1,731



Apartment Rate Sheet



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ST. RITA

St. Rita Apartments offers 63 rate restricted apartments. A rate-restricted rent means that rents are maintained below market value because of the individual's eligibility based on his/her income. In order to determine the rent for which you qualify, find your eligibility based on the income levels shown here (based on the applicable income limits and rent restrictions). Rent includes all utilities except phone and cable.

There are a number of apartments allotted to each income level, because a person living in that apartment must qualify as having **less than the maximum annual gross income**. Maximum income is equal to annual income + the higher of: a) .06% of total assets OR b) annual income from total assets.

**SPECIAL NOTE: If the household income does not meet the minimum income requirements, the household's assets can be considered in the equation.*

One-Bedroom Apartment

	Number of This Type of Apartment	Minimum Income*	Maximum Income (1-person)	Maximum Income (2-person)	Monthly Rent
Tier A	1	\$11,500	\$24,360	\$27,860	\$589
Tier B	2	\$14,400	\$34,800	\$39,800	\$841
Tier C	2	\$15,350	\$41,760	\$47,760	\$923

Two-Bedroom Apartment

	Number of This Type of Apartment	Minimum Income*	Maximum Income (1-person)	Maximum Income (2-person)	Monthly Rent
Tier A	6	\$12,900	\$24,360	\$27,860	\$707
Tier B	29	\$16,300	\$34,800	\$39,800	\$1,011
Tier C	23	\$17,700	\$41,760	\$47,760	\$1,131



Jennings Apartments

Thank you for inquiring about apartments at Jennings. **Applicants must be 55 years of age or older at St. Rita Apartment. Applicants must be 62 years of age or older at St. Agnes Terrace and Jennings Manor. Please note that Jennings is a smoke-free campus.**

Due to the nature of the apartment funding, the application must be complete before we can process it. In order to help meet your independent living needs in the best way, **please read all of the information carefully before completing an application.**

APPLICATION PROCESS

Step 1: Complete the application.

PLEASE NOTE: There are three apartments on the Jennings campus. On your application, you may check which building you prefer. Please also indicate if you prefer a certain number of bedrooms.

- **Be sure to complete all of the necessary forms in the packet.** We can only process applications that are complete. If your form is not complete, we will return your application and we will not be able to place you on the waiting list.
- Please remember the following:
 - One application must be complete for each household. Include the names of all household members that will occupy the apartment.
 - EACH household member must complete the form "Sworn Income and Asset Statement."
 - Answer ALL questions on the application form and the "Income and Asset Statement." If there is a question that does not apply to you, enter "none" or "N/A."
 - Be sure to sign and date ALL forms.



- If you have specific questions about the application or your personal situation, you may call 216-581-2902, ext. 2607.

Step 2: Include the application fee.

- **There is a \$25 application fee to apply for St. Rita or St. Agnes Terrace Apartments** (no application fee for Jennings Manor), which must be included with the complete application packet in order to be processed. The fee can be paid by either a personal check or a money order made out to "Jennings." The canceled check or money order stub will serve as a receipt; Jennings does not offer an additional receipt. *We are **not** able to accept cash.*

Step 3: Return the completed application packet (including the fee).

Complete application packets will be accepted in person or by mail to:
Jennings Senior Apartments
10204 Granger Road
Garfield Heights, OH 44125

Application Packet Checklist

When the application packet is returned it must include:

- **Initial Tenant Application** (*1 per household*): Complete one application and include all household members.
- **Income and Asset Statement** (*1 for each household member*): Each applicant must complete one of these forms
- **St. Rita and St. Agnes Application Fee:** \$25 check or money order made out to Jennings.

What happens next?

1. Once Jennings has received the application, the Senior Housing staff will pre-qualify each application to see that applicants qualify for the type of apartment chosen on the application. Each applicant in a household will be pre-qualified independently regarding landlord references and credit and criminal background screening. The household will be pre-qualified as a whole with regard to income limits.

An application **may be rejected** for any reason including, but not limited to the following:

- a. Negative landlord response
 - b. Failure to meet past financial obligations
 - c. Negative credit report
 - d. Conviction of any felony
 - e. Previous criminal history
 - f. Income does not meet the eligibility guidelines
 - g. Total number in the household does not meet occupancy guidelines
 - h. Giving false information on the application
 - i. Returned application fee check
2. Jennings staff will contact each household by phone or US mail. Staff will inform each household of any questions we have or additional information we need, or to schedule a personal interview.

Other Notes and Policies

- Management will not discriminate because of race, color, sex, religion, handicap, disability, familial status, or national origin. Management will seek to identify and eliminate situations or procedures, which create a barrier to an equal housing opportunity for all. Management will make reasonable accommodation for applicants or tenants with handicaps and/or disabilities. It is the policy of management to guard the privacy of



individuals and to ensure the protection of such individual's records maintained by the Management.

- It is Management's policy to accept and process applications in accordance with applicable program handbooks and regulations and company policies. **All qualified completed applications** are accepted for consideration to Jennings Apartments. Failure to respond to management requests or letters may result in stopping the application from further processing and removal from the waiting list.
- **Consideration of an application does not guarantee that the applicant will qualify for an apartment.** Decisions to accept or reject applicants may be made after review of the initial application or after any or all verifications have been received. Management will notify the applicant by mail if his/her completed application packet has been denied. The applicant will have the opportunity to appeal the rejection prior to being removed from the waiting list. Management will make a determination of eligibility based on the program requirements and management policies. Management will be the final judge of what constitutes adequate and credible documentation. Any information provided by the applicant that proves to be untrue may be used to disqualify the applicant for admission.



APARTMENT APPLICATION



10204 Granger Road · Garfield Heights, Ohio 44125 · 216-581-2900 · www.jenningscenter.org

Today's Date: _____

Date you will be ready to accept an open apartment: _____

FOR OFFICE USE ONLY

Date rec. _____

Time rec. _____

Which apartment(s) are you applying for residence? (please check all that apply):

St. Agnes Terrace: two-bedroom three-bedroom 1st available

St. Rita: one-bedroom two-bedroom 1st available

Jennings Manor: one-bedroom

APPLICATION FEE: There is a non-refundable fee to apply (checks payable to Jennings):

\$25 for St. Agnes Terrace; \$25 for St. Rita. No fee to apply for Jennings Manor.

(If applying for 2 apartments, only submit total of \$25.)

DIRECTIONS TO APPLICANT: Answer all questions on this application. Enter "None" or "N/A" for those questions which do not apply to you. Include all members who you anticipate will occupy the unit at least 50% of the time during the next 12 months. **All adults must sign/date the application.**

PART I. HOUSEHOLD COMPOSITION

Name <u>ALL</u> People to Occupy Apartment			*Social Security	Date of Birth	Relation to Head	Sex
LAST NAME	FIRST	MI				
1.					HEAD of Household	
2.						
3.						

*If benefits are drawn under a different Social Security #, please provide: _____

Do you expect a change in family size in the future? Yes No

If yes, explain change and provide expected date of change. _____

Are there any temporarily absent family members? Yes No

If yes, provide name and date of return: _____

Current Marital Status: Married Widowed Never Married
 Divorced Separated

Would you or any members of your household benefit from a handicapped-accessible unit? Yes No If yes, explain: _____



Jennings Apartment Application

10204 Granger Road • Garfield Heights, Ohio 44125

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PART II. CURRENT PLACE OF RESIDENCY

Head of Household

Current Address: _____
Street Address City State Zip

Current Phone #: _____ Email _____
Home Cell

Other Household Member

Current Address: _____
Street Address City State Zip

Current Phone #: _____ Email _____
Home Cell

PART III. EMERGENCY CONTACT

Emergency Contact Name: _____ Relationship _____

Address: _____
Street Address City State Zip

Telephone #: _____
Home Work Cell

PART IV. GENERAL INFORMATION

a. Have you, or any member of your household, ever been evicted from a rental apartment/home? Yes No
If yes, explain: _____

b. Have you, or any member of your household, ever been convicted of a felony?
 Yes No If yes, explain: _____

c. Have you, or any member of your household, ever filed for bankruptcy? Yes No
If yes, explain: _____

d. Have you, or any member of your household, ever received rental assistance?
 Yes No If yes, explain: _____

If yes, has the rental assistance ever been terminated for fraud, non-payment of rent or failure to recertify? Yes No If yes, explain: _____

e. Will this be your only place of residence? Yes No If no, explain: _____



Jennings Apartment Application

10204 Granger Road ▪ Garfield Heights, Ohio 44125

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- f. Do you, or any member of your household, live or have you ever lived in subsidized housing? Yes No
If yes, where? _____ when? _____
- f. Are you, or any member of your household, on a lifetime sexual offenders list? Yes No
- g. Have you, or any member of your household, ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason? Yes No
If yes, explain: _____
- h. Have you, or any member of your household, been convicted of the illegal distribution or manufacture of an illegal drug or other illegal controlled substance? Yes No
If yes, explain: _____
- i. Do you have any pets? Yes No
- j. Please list all states you have lived in: _____

I/We, the undersigned, state that I/we have read and answered fully and truthfully each of the preceding questions for all members of the Household who are to occupy the unit in Jennings Apartments for which application is made, all of whom are listed above. I/We understand that providing false information or making false statements may be grounds for denial of my/our application. I/We further understand that as part of the application process my/our credit report and criminal background report may be obtained without further authorization and that I/we will be required to authorize verification of my/our income and assets. I/We understand that all of the above information must be obtained in order to establish my/our eligibility for occupancy at Jennings Apartments.

I/We also understand that Jennings Apartments, in addition to all Jennings' grounds and buildings, are a smoke free environment. I/We agree to follow the campus-wide "No Smoking" policy. (INITIALS) _____

WARNING: Section 1001 of Title 18 U.S. code makes it a criminal offense to make willful, false statements or misrepresentation of any material fact involving the use of or obtaining federal funds.

Applicant Signature (Head) Date

Applicant Signature (Co-Head) Date

Applicant Signature Date

On the next pages, please document your income and assets.

Each household member is required to complete a separate income statement.



NOTE: All household members 18 years of age or older are required to complete a separate income and asset statement. All applicable questions must be completed in their entirety.

Name: _____

S.S.# (Last four digits): _____

Date: _____

Document YES answers with third party verification.

Income

Income Sources	I have or receive the following: (Check YES or NO)	Monthly Amount	Notes
Job 1	<input type="radio"/> Yes <input type="radio"/> No		
Job 2	<input type="radio"/> Yes <input type="radio"/> No		
Self-Employment <i>Includes sources such as and others: App Based Driving Services (e.g. Uber, DoorDash); Sales with E-commerce (e.g. Shopify, Ebay, Etsy); Video platforms (e.g. YouTube)</i>	<input type="radio"/> Yes <input type="radio"/> No		
Social Security	<input type="radio"/> Yes <input type="radio"/> No		
Supplemental Security Income (SSI)	<input type="radio"/> Yes <input type="radio"/> No		
Pension / Veteran's Administration	<input type="radio"/> Yes <input type="radio"/> No		
TANF/ AFDC	<input type="radio"/> Yes <input type="radio"/> No		
Trusts, Annuities, Inheritance, Pensions, Insurance Policies or similar Periodic Payments, or Disbursements? <i>If yes, list sources: _____</i>	<input type="radio"/> Yes <input type="radio"/> No		
Recurring, even if sporadic, non-monetary in-kind donations from outside the household	<input type="radio"/> Yes <input type="radio"/> No		
Child Support	<input type="radio"/> Yes <input type="radio"/> No		
Alimony	<input type="radio"/> Yes <input type="radio"/> No		
Unemployment Benefits	<input type="radio"/> Yes <input type="radio"/> No		
Educational Financial Assistance	<input type="radio"/> Yes <input type="radio"/> No		
Do you receive recurring payments from persons not living in the unit? <i>Holder/Provider: _____</i>	<input type="radio"/> Yes <input type="radio"/> No		





Income Sources	I have or receive the following: (Check YES or NO)	Monthly Amount	Notes
Peer-to-Peer Payment Systems (e.g. PayPal, Venmo, Blockchain, Square, etc.) Holder/Provider: _____	<input type="radio"/> Yes <input type="radio"/> No		
Other:	<input type="radio"/> Yes <input type="radio"/> No		

Do you currently receive, or are applying for, Assistance with your housing payment? Yes No
 If yes; Agency Name? _____

Are you a student (either full or part-time) enrolled in an institution of higher learning? Yes No

Are any of the above-listed income sources ending this coming year and will not repeat? Yes No *If yes, list sources:*

Asset Sources

Non-Necessary Personal Property			
YES	NO		
<input type="radio"/>	<input type="radio"/>	Do you have a Checking Account?	Current Balance: Interest Rate:
<input type="radio"/>	<input type="radio"/>	Do you have a Savings/Holiday Account?	Current Balance: Interest Rate:
<input type="radio"/>	<input type="radio"/>	Do you have a Certificates of Deposit (CD)?	Cash Value: Interest Rate:
<input type="radio"/>	<input type="radio"/>	Do you have a Direct Express® Card? (or any card where benefits or pay are deposited)	Balance:
<input type="radio"/>	<input type="radio"/>	Do you have Cash on Hand?	Amount:
<input type="radio"/>	<input type="radio"/>	Do you have Cryptocurrency? (e.g. Bitcoin)	Cash Value: Annual Earnings:
<input type="radio"/>	<input type="radio"/>	Do you have Internet Based Funding? (e.g. GoFundMe)	Cash Value: Annual Earnings:
<input type="radio"/>	<input type="radio"/>	Do you have Stocks, Bonds, Revocable Trusts or Annuities?	Cash Value: Annual Earnings:
<input type="radio"/>	<input type="radio"/>	Do you have Money Market or Mutual Funds?	Cash Value: Annual Earnings:
<input type="radio"/>	<input type="radio"/>	Do you have Treasury Bills?	Cash Value: Annual Earnings:
<input type="radio"/>	<input type="radio"/>	Do you have a Safe Deposit Box? What is held in the Box?	Cash Value:





Non-Necessary Personal Property

YES NO

I have other non-necessary personal property, including but not limited to, recreational vehicles or boats not needed for day-to-day transportation, expensive jewelry without religious or cultural value or which does not hold family significance, collectibles such as coins or stamps, equipment or machinery that is not used to generate income for a business, or items such as gems/precious metals, antiques, artwork etc.

Do not include necessary personal property such as, but not necessarily limited to, vehicles relied on for transportation, furniture, carpets, linens, kitchenware, common appliances, common electronics, clothing, personal effects that are not luxury items such as toys or books, wedding and engagement rings, jewelry used in religious/cultural ceremonies, medical equipment and supplies, health care-related supplies, musical instruments used by the family, personal computers or tablets, phones, professional tools of trade, educational materials, equipment to accommodate persons with disabilities, or exercise equipment.

If yes, list type below:

- 1. _____
2. _____
3. _____
4. _____
5. _____

- 1. Cash Value: _____
2. Cash Value: _____
3. Cash Value: _____
4. Cash Value: _____
5. Cash Value: _____

Have you received any Lump Sum Amounts (e.g. inheritances, capital gains, lottery winnings, insurance settlements)?

Source:

Date:

Amount:

Do you have Whole Life Insurance or Universal Life Insurance?

Cash Value:

Annual Earnings:

Other:

Have you received a federal tax refund for refundable tax credit in the past 12 months?

If yes, amount received:

Do you own Real Property, e.g. a Home, Rental Property or other Capital Investments?

(Market Value less unpaid balance and selling costs = Cash Value)

Cash Value:

Current Status/Intention: Keeping Selling Renting Being Foreclosed Giving Away

Notes:

Have you disposed of any assets for more than \$1,000 below their Fair Market Value (FMV), given away or otherwise transferred ownership of assets within the last two years? Do not include separation, divorce, bankruptcy, or foreclosure.

If yes, list items:

Date:





Total Value of Non-Necessary Personal Property: \$_____ (Value of items declared on page 3.)

Total of Net Assets: \$_____ (Total Value of Assets Listed Above)

The information provided on this form will be used to determine maximum income eligibility.

Applicant/Tenant Signature

Date

Printed Name

Owner/Owner Agent Signature

Date

Printed Name

Under penalty of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud. False, misleading or incomplete information may result in the termination of the application or lease agreement.





NOTE: All household members 18 years of age or older are required to complete a separate income and asset statement. All applicable questions must be completed in their entirety.

Name: _____

S.S.# (Last four digits): _____

Date: _____

Document YES answers with third party verification.

Income

Income Sources	I have or receive the following: (Check YES or NO)	Monthly Amount	Notes
Job 1	<input type="radio"/> Yes <input type="radio"/> No		
Job 2	<input type="radio"/> Yes <input type="radio"/> No		
Self-Employment <i>Includes sources such as and others: App Based Driving Services (e.g. Uber, DoorDash); Sales with E-commerce (e.g. Shopify, Ebay, Etsy); Video platforms (e.g. YouTube)</i>	<input type="radio"/> Yes <input type="radio"/> No		
Social Security	<input type="radio"/> Yes <input type="radio"/> No		
Supplemental Security Income (SSI)	<input type="radio"/> Yes <input type="radio"/> No		
Pension / Veteran's Administration	<input type="radio"/> Yes <input type="radio"/> No		
TANF/ AFDC	<input type="radio"/> Yes <input type="radio"/> No		
Trusts, Annuities, Inheritance, Pensions, Insurance Policies or similar Periodic Payments, or Disbursements? <i>If yes, list sources: _____</i>	<input type="radio"/> Yes <input type="radio"/> No		
Recurring, even if sporadic, non-monetary in-kind donations from outside the household	<input type="radio"/> Yes <input type="radio"/> No		
Child Support	<input type="radio"/> Yes <input type="radio"/> No		
Alimony	<input type="radio"/> Yes <input type="radio"/> No		
Unemployment Benefits	<input type="radio"/> Yes <input type="radio"/> No		
Educational Financial Assistance	<input type="radio"/> Yes <input type="radio"/> No		
Do you receive recurring payments from persons not living in the unit? <i>Holder/Provider: _____</i>	<input type="radio"/> Yes <input type="radio"/> No		





Income Sources	I have or receive the following: (Check YES or NO)	Monthly Amount	Notes
Peer-to-Peer Payment Systems (e.g. PayPal, Venmo, Blockchain, Square, etc.) Holder/Provider: _____	<input type="radio"/> Yes <input type="radio"/> No		
Other:	<input type="radio"/> Yes <input type="radio"/> No		

Do you currently receive, or are applying for, Assistance with your housing payment? Yes No
 If yes; Agency Name? _____

Are you a student (either full or part-time) enrolled in an institution of higher learning? Yes No

Are any of the above-listed income sources ending this coming year and will not repeat? Yes No *If yes, list sources:*

Asset Sources

Non-Necessary Personal Property			
YES	NO		
<input type="radio"/>	<input type="radio"/>	Do you have a Checking Account?	Current Balance: Interest Rate:
<input type="radio"/>	<input type="radio"/>	Do you have a Savings/Holiday Account?	Current Balance: Interest Rate:
<input type="radio"/>	<input type="radio"/>	Do you have a Certificates of Deposit (CD)?	Cash Value: Interest Rate:
<input type="radio"/>	<input type="radio"/>	Do you have a Direct Express® Card? (or any card where benefits or pay are deposited)	Balance:
<input type="radio"/>	<input type="radio"/>	Do you have Cash on Hand?	Amount:
<input type="radio"/>	<input type="radio"/>	Do you have Cryptocurrency? (e.g. Bitcoin)	Cash Value: Annual Earnings:
<input type="radio"/>	<input type="radio"/>	Do you have Internet Based Funding? (e.g. GoFundMe)	Cash Value: Annual Earnings:
<input type="radio"/>	<input type="radio"/>	Do you have Stocks, Bonds, Revocable Trusts or Annuities?	Cash Value: Annual Earnings:
<input type="radio"/>	<input type="radio"/>	Do you have Money Market or Mutual Funds?	Cash Value: Annual Earnings:
<input type="radio"/>	<input type="radio"/>	Do you have Treasury Bills?	Cash Value: Annual Earnings:
<input type="radio"/>	<input type="radio"/>	Do you have a Safe Deposit Box? What is held in the Box?	Cash Value:





Non-Necessary Personal Property

YES NO

I have other non-necessary personal property, including but not limited to, recreational vehicles or boats not needed for day-to-day transportation, expensive jewelry without religious or cultural value or which does not hold family significance, collectibles such as coins or stamps, equipment or machinery that is not used to generate income for a business, or items such as gems/precious metals, antiques, artwork etc.

Do not include necessary personal property such as, but not necessarily limited to, vehicles relied on for transportation, furniture, carpets, linens, kitchenware, common appliances, common electronics, clothing, personal effects that are not luxury items such as toys or books, wedding and engagement rings, jewelry used in religious/cultural ceremonies, medical equipment and supplies, health care-related supplies, musical instruments used by the family, personal computers or tablets, phones, professional tools of trade, educational materials, equipment to accommodate persons with disabilities, or exercise equipment.

If yes, list type below:

- 1. _____
2. _____
3. _____
4. _____
5. _____

- 1. Cash Value: _____
2. Cash Value: _____
3. Cash Value: _____
4. Cash Value: _____
5. Cash Value: _____

Have you received any Lump Sum Amounts (e.g. inheritances, capital gains, lottery winnings, insurance settlements)?

Source:

Date:

Amount:

Do you have Whole Life Insurance or Universal Life Insurance?

Cash Value:

Annual Earnings:

Other:

Have you received a federal tax refund for refundable tax credit in the past 12 months?

If yes, amount received:

Do you own Real Property, e.g. a Home, Rental Property or other Capital Investments?

(Market Value less unpaid balance and selling costs = Cash Value)

Cash Value:

Current Status/Intention: Keeping Selling Renting Being Foreclosed Giving Away

Notes:

Have you disposed of any assets for more than \$1,000 below their Fair Market Value (FMV), given away or otherwise transferred ownership of assets within the last two years? Do not include separation, divorce, bankruptcy, or foreclosure.

If yes, list items:

Date:





Total Value of Non-Necessary Personal Property: \$_____ (Value of items declared on page 3.)

Total of Net Assets: \$_____ (Total Value of Assets Listed Above)

The information provided on this form will be used to determine maximum income eligibility.

Applicant/Tenant Signature

Date

Printed Name

Owner/Owner Agent Signature

Date

Printed Name

Under penalty of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud. False, misleading or incomplete information may result in the termination of the application or lease agreement.



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.

