

Laurel Glen Apartments
555 Leila Ave
Redding CA 96002
530-221-6809
LaurelGlenApts@NVCSS.org

Brief Criteria for Laurel Glen Apartments:

No Criminal and/or civil background check with negative information.

No History of chronic non-payment or late payment of rent

No Prior evictions within 5 years, all balances owed must be paid to \$0 balance before consideration

No Adverse history of violence and /or harassment of neighbors and/or management

No History of care to apartment that will create health, safety and/or sanitation hazards

Must be able to verify ALL income or assets at move in and yearly

Must be able to verify majority child custody with tax returns or court order

Occupancy Standards for the **one bedroom** is a minimum age of 62 and no more than two seniors per apt.

Occupancy Standards for our **two bedrooms** are a minimum of one adult and one dependent with a maximum occupancy of 5 persons.

Occupancy Standards for our **three bedrooms** are a minimum of at least one adult and two dependents with a maximum occupancy of 7 persons.

Our two and three bedroom units are townhome style with bedrooms upstairs. In order to qualify for our community with no dependents you would need a paid, live in aide prescribed by the leaseholder's primary care physician.

Ensure application is completed in its entirety with all applicable information completed

Waitlist etiquette:

Applicant must check in/ update application once every 6 months to remain on the waitlist. Please call the office to update, or complete new application and drop in mail slot on site to remain on the active waitlist.

LAUREL GLEN APARTMENTS
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Received

Dear Applicant,

Thank you for your interest in Laurel Glen. We are an Equal Opportunity housing facility, designed to provide low-cost housing under a Federally sponsored program. Supportive services for residents are provided in collaboration with Northern Valley Catholic Social Service.

Laurel Glen has a waiting list. Your application can be considered for placement on the waiting list if you do the following:

1. Complete and return the attached Application Questionnaire.
 2. **COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE THAT YOU WILL RECEIVE HOUSING.**
 3. If your application is found to have met eligibility requirements, your application will be placed on the waiting list.
- The following procedures must be followed to stay on the waiting list:

- a. *You must notify us when your address or other pertinent information has changed.*
- b. *You must notify us of any changes that may affect your eligibility status.*
- c. *You are required to contact us every six months in order to remain on the list.*

Sincerely,

Lacey Foster
Laurel Glen Resident Manager

INSTRUCTIONS

PLEASE READ CAREFULLY. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.
PLEASE PRINT / USE BLUE INK

1. **COMPLETE ALL AREAS.** If an item does not apply to you, answer "NO" on that question or mark with a "0" if it is a dollar amount line or section.
 - a. All sources of earned income must be reported for all household members 18 years and older.
 - b. All unearned income and assets must be reported for all household members, including minors.
2. **SIGNATURES** are required by all adult applicants 18 years and older
3. **COPIES OF SOCIAL SECURITY CARDS** are required for EVERYONE on the application at time of selection.
4. **RETURN YOUR APPLICATION TO THE DROP BOX AT:**

LAUREL GLEN APARTMENTS
555 LEILA AVENUE
REDDING, CA 96002

NOTE: Pets are only allowed for persons with disabilities who require a service animal or companion pet (documentation is required)

YOUR APPLICATION IS BEING RETURNED BECAUSE:

_____ You did not complete all areas _____ You did not sign the application.

Please return your application along with the information that was missing to be considered for housing.

Please include the following information with your packet if they apply to you or your family.

- Passport to Services-*Obtain from Health and Human Services*
- Social Security Award Letter for current year/ most recent- *for each adult over the age of 18*
- Three months current, consecutive Checking/bank statements- *for each adult over the age of 18.*
- Three months current, consecutive savings statements, retirement account funds- *for each adult over the age of 18.*
- Proof of Child Support and Amounts- go to Health and Human Services (*including seniors- building is located near San Francisco Deli*)
- EDD- Unemployment Award Letter. Reflecting weekly/ monthly allotments & Start and End dates.
- If you get EBT and/or Cash Assistance, please bring in the most recent receipt with balance of benefits on it.
- Employment Verification & Three Months of Pay Stubs- for each adult.
- Proof of pension funds. Current statement and monthly allotments.

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HOUSING TAX CREDIT PROGRAM

APPLICANT QUESTIONNAIRE

HOUSEHOLD INFORMATION

Starting with Head of Household, list all household members that are applying to live in this apartment with you.

FULL NAME First, Middle, Last	Full-Time Student Y/N	Relationship to Head of Household	M/F	Social Security Number	Birth Date MM/DD/YYYY

Current Address _____ City _____ State _____ Zip _____

Daytime Phone _____ Evening Phone _____

What size apartment are you applying for? ___ 1 BR ___ 2 BR ___ 3 BR Do you receive Section 8? ___

YES **NO**

- ___ ___ 1. Do you, or any member of your household request handicap accessible unit?
- ___ ___ 2. Do you expect any addition to the household within the next twelve months?
 Name & Relationship: _____
 Explanation: _____
- ___ ___ 3. Is there anyone living with you now who won't be living with you at this property?
 Name & Relationship: _____
 Explanation: _____
- ___ ___ 4. Do you have full custody of your child(ren)? (If no, obtain proof of amount of time child(ren) will be living with you).
 Explanation: _____
- ___ ___ 5. Are there any absent household members who under normal conditions would live with you? (For example, a spouse in the military).
 Explanation: _____
- ___ ___ 6. Does your household have or anticipate having any pets other than those used as service animals?
 Explanation: _____
- ___ ___ 7. Have you or anyone else named on this application filed for bankruptcy?
 Explanation: _____
- ___ ___ 8. Have you or anyone else named on this application been convicted of a felony?
 Explanation: _____
- ___ ___ 9. Have you or anyone else named on this application been convicted for dealing or manufacturing illegal drugs?
 Explanation: _____
- ___ ___ 10. Have you or anyone else named on this application been convicted of property damage?
 Explanation: _____
- ___ ___ 11. Have you or anyone else named on this application been evicted from a rental unit of any type?
 Explanation: _____

HOUSING REFERENCES

List the past THREE years of housing references (if additional space is required, use a separate sheet of paper)

CURRENT LANDLORD'S ADDRESS	YOUR ADDRESS	OWN/RENT	DATES
----------------------------	--------------	----------	-------

_____	_____	_____	From _____
_____	_____	_____	To _____
Landlord's Name _____		Landlord's Phone # _____	

PREVIOUS LANDLORD'S ADDRESS	YOUR ADDRESS	OWN/RENT	DATES
-----------------------------	--------------	----------	-------

_____	_____	_____	From _____
_____	_____	_____	To _____
Landlord's Name _____		Landlord's Phone # _____	

PREVIOUS LANDLORD'S ADDRESS	YOUR ADDRESS	OWN/RENT	DATES
-----------------------------	--------------	----------	-------

_____	_____	_____	From _____
_____	_____	_____	To _____
Landlord's Name _____		Landlord's Phone # _____	

I HEREBY AUTHORIZE THE ABOVE LANDLORDS TO RELEASE THE REQUESTED INFORMATION REGARDING MY PRIOR/PRESENT TENANCY.

Applicant Signature _____ Date _____

VEHICLE IDENTIFICATION

List vehicle information for all vehicles that are owned or operated by any household member.

Tag/License Plate #	State Issued	Make/Model/Year
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Vehicle #1 _____	_____	_____
Vehicle #2 _____	_____	_____

EMERGENCY CONTACT

List someone in the area that is not already on the application.

Name: _____ Relationship: _____ Years Known: _____
 Address: _____ Phone #: _____

INCOME INFORMATION

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned such as a grant or benefit, it is counted for all household members including minors (such as SSI). **Include all income anticipated for the next 12 months. Do YOU or ANYONE in your household receive OR expect to receive income from:**

YES NO

12. Employment wages or salaries? (Include overtime, tips, bonuses, commissions and payment received in cash).

Household Member	Name of Company	GROSS Amount per month
_____	_____	_____
_____	_____	_____

13. Self-employment? (include overtime, tips, bonuses, commissions and payments received in cash).

Household Member	Type of Business	Amount
_____	_____	_____

14. Regular pay as a member of the Armed Forces/Military?

Household Member	Base Name & Branch	Amount
_____	_____	_____

YES NO

15. Unemployment benefits or workman's compensation?

Household Member Case Worker Amount

16. Public Assistance, General Relief, AFDC or Temporary Assistance for Needy Families (TANF)?

Household Member Case Worker Amount

17a. Child Support or Alimony? (We must count court-ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered, but received directly from payer).

Household Member Case Worker Amount

17b. How is the support received? (Check all that apply)

Child Support Enforcement Agency Name of Agency: _____
 Court of Law Name of Court: _____
 Directly from Individual Name of Person: _____
 Other Explain: _____

17c. If support/alimony is court-ordered but not actually received, are you taking legal action to remedy?

Explanation: _____

18. Social Security, SSI, or any other payments from Social Security Administration?

Household Member SSA Office Amount

19. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?

Household Member Source of Benefit Amount

20. Regular payment from a severance package?

Household Member Source of Benefit Amount

21. Regular payments from any type of settlement? (for example, insurance settlements)

Household Member Source of Benefit Amount

22. Regular payments or gifts or payments from anyone outside of household? (this includes anyone supplementing your income or paying any of your bills)

Household Member Source of Benefit Amount

23. Regular payment from lottery winnings or inheritances?

Household Member Source of Benefit Amount

24. Regular payments from rental property or other types of real estate transactions?

Household Member Source of Benefit Amount

YES NO

25. Any other sources of income not listed?

Household Member	Source of Benefit	Amount
_____	_____	_____

26. Do you or any other household members expect any changes to your income in the next 12 months?

Explanation: _____

EXPENSE INFORMATION

YES NO

A. Elderly, Handicapped and Disabled households only

Medical Insurance _____

Doctors Insurance _____

Medications, etc. _____

B. Childcare Expenses

Working _____

Looking for work _____

School _____

ASSET INFORMATION

Include all assets held and the income derived from the asset. **INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMEBERS.**
Do YOU or ANYONE in your household have:

YES NO

27. Checking or Savings Accounts?

Household Member	Financial Institute	Amount
_____	_____	_____

28. CDs, money market accounts, or treasury bills?

Household Member	Financial Institute	Amount
_____	_____	_____

29. Stocks, bonds or securities? Trust Funds? Pensions, IRAs, Keogh or other retirement accounts?

Household Member	Financial Institute	Amount
_____	_____	_____

30. Whole life insurance policy?

Household Member	Financial Institute	Amount
_____	_____	_____

31. Real estate, rental property, land contracts/contract for deeds or other real estate holdings? (this includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property)

Household Member	Financial Institute	Amount
_____	_____	_____

32. Personal property held as an investment? (this includes paintings, coin/stamp collections, artwork, collector or show cars and antiques. This does not include your personal belongings such as your car, furniture, or clothing)

Household Member	Financial Institute	Amount
_____	_____	_____

33. Safety deposit box?

Household Member	Financial Institute	Amount
_____	_____	_____

34. Have you or any other household member disposed of or given away any asset (s) for LESS than fair market value within the past 2 years?

Household Member	Financial Institute	Amount
_____	_____	_____

APPLICANT STATUS

The following questions pertain to specific eligibility requirements of the Housing Credit Program.

YES NO

37. Are you or any other ADULT household members claiming zero income?

Household member: _____

Explanation: _____

38. Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?

If you answered YES, complete the following:

Are any full time student(s) married and filing a joint tax return?	YES _____	NO _____
Are any student(s) enrolled in a job-training program Receiving assistance under the Job Training Partnership Act?	YES _____	NO _____
Are any full-time student(s) a Title IV (AFDC/TANF) recipient?	YES _____	NO _____
Are any full time students(s) a single parent living with his/her minor child who is not a dependent on another's tax return?	YES _____	NO _____

YES _____ NO _____

35. Will you or any other ADULT household members require a live-in care attendant to live independently?

Household member: _____

Relationship: _____

36. Will your household be receiving Section 8 rental assistance at time of move-in?

Name of Agency: _____

Contact Person: _____

37. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?

Name of Agency: _____

Contact Person: _____

Expected Date: _____

38. Will your house hold be eligible for any preference for housing listed below?

____ Natural disaster displacement ____ Public action displacement ____ Displacement by domestic violence

SIGNATURE CLAUSE

I understand that management is relying on this information to prove my household's eligibility for the Housing Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting the management's residence selection criteria and the Housing Credit Program requirements.

ALL ADULT household members must sign below:

Signature of Head of Household

Date

Signature of other household member 18 years or older

Date

Signature of other household member 18 years or older

Date

*****FOR OFFICE USE ONLY*****

Date

Laurel Glen Manager

LAUREL GLEN APARTMENTS

555 Leila Avenue – Redding, CA 96002

530-221-6809

AUTHORIZATION OF RELEASE OF INFORMATION

I, _____, authorize Hartnell Glen Management to obtain the attached requested information in order to calculate my rent in accordance with Federal Government regulations. This authorization release will be used only for the purpose of determining my household rent.

Signature

Social Security Number

LAUREL GLEN APARTMENTS

555 Leila Avenue, Redding, CA 96002 530-221-6809

LAUREL GLEN, A CALIFORNIA LIMITED PARTNERSHIP

First, Middle and Last Name: _____

Social Security Number: _____

Drivers License Number: _____

Date of Birth: _____

Current Address: _____

Previous Address: _____

Phone Number: _____

RELEASE OF INFORMATION

I authorize the following company/agency to release to NVCSS Laurel Glen any information regarding my credit, payment of credit obligations, current credit obligations, current credit balance information, and any other pertinent information.

I understand that this information will be provided to the Department of Housing and Urban Development in order to satisfy their application requirement to receive funding for affordable housing. NVCSS Laurel Glen pledges to preserve confidentiality concerning me and will neither give nor seek information except as specified above.

Company/Agency: Real ID, Inc.

Signature _____ Date: _____

CRIMINAL BACKGROUND RELEASE FORM

I understand that the owner/owner's agent will deny my application if I or any household member has been convicted of a felony crime. By signing this form, I consent to the release of my criminal record to the owner/owner's agent and I agree that I will not file any claim for lawsuit relating to the use of my criminal record for screening purposes.

Signature _____ Date: _____

FOR OFFICE USE ONLY:

Report Ran by: _____ Date: _____

Program to Charge: _____

**Race and Ethnic Data
Reporting Form**

U.S. Department of Housing
and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 3/31/2014)

Name of Property	Project No.	Address of Property
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	<input type="checkbox"/>
Not-Hispanic or Latino	<input type="checkbox"/>
Racial Categories*	One or More
American Indian or Alaska Native	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>
White	<input type="checkbox"/>
Other	<input type="checkbox"/>

***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 format 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 provided 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 may mark one or more.

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.