



General Information & Pre-Application Instructions

Thank you for your application to rent an apartment at STONEY PINE VILLA, a subsidized rental housing development for developmentally disabled adults and their families. **One adult household member must be developmentally disabled. Persons with developmental disabilities will be required to submit a third party medical verification of disability. Applicants with developmental disabilities will be pre-screened by Community Options or San Andreas Regional Center, who will refer them for final approval.** As you go through the application process, please note that you bear the responsibility of providing any and all information required to determine eligibility.

This document is not intended to take the place of the Tenant Selection Plan. Please reference the Tenant Selection Plan for details on the information below. The Tenant Selection Plan will be available for review at your request and will be furnished at the time of a housing interview.

WHEN AND HOW DO YOU APPLY FOR AN APARTMENT?

Application:

All pre-applications must be complete to be considered. Use blue or black ink only. Incomplete applications will not be accepted. Do NOT use white-out, cross mistakes with one line, initial and write corrected information next to it.

How to submit an application:

Pre-application will be available at the management office or online at www.charitieshousing.org starting May 18, 2016 through June 8, 2016. Pick up pre-application in person at the location below between the hours of 9:00 am and 4:00 pm., **on Wednesdays only.**

Stoney Pine Villa Leasing Office, 267 W. California Ave., Sunnyvale CA 94086

All completed pre-applications must be returned in person or via U.S. Mail to the management office by June 8, 2016. If sending by U.S. Mail, the pre-application must be postmarked by June 8, 2016. Stoney Pine Villa is not responsible for lost or delayed mail. Even if postmarked by June 8, if not received via U.S. Mail by June 15, the pre-application will not be in the lottery. In person applications will not be accepted after June 8, 2016. **Faxed or emailed applications will not be accepted.**

What to submit

- Completed pre-application form including signature of each adult applicant
- HUD Form 92006

Note: A random lottery will be conducted and the top 25 applications will make up the waiting list. Applicants will complete an official application when they are called for a housing interview. All applicants will be screen for credit, background, unlawful detainer before proceeding with the housing eligibility interview.

Waiting List: A maximum of 25 pre-application will be entered into the waiting list from the lottery. All applicants on the Waiting List are required to check in with the Onsite Manager every 180 days (or sooner if there is a change of address or telephone number). **An applicant's failure to check in with the Onsite Manager may result in their name being removed from the Waiting List.**

267 W. California Street, Sunnyvale CA 94086

Only the first 25 pre-applications will be accepted for the waiting list. Pre-applications must be submitted in person or via U.S. mail. Submit original documents only! No photo copies will be accepted. **ONE application per household ONLY – no exceptions.**

The property's Tenant Selection Criteria is available in the rental office for review or online at www.charitieshousing.org

Applicable Income table (before deductions) cannot be more than the amounts listed below:

Maximum Income Limits	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person
30% of Median Income (Extremely Low)	\$23,450	\$26,800	\$30,150	\$33,500	\$36,200	\$38,900	\$41,550
50% of Median Income	\$39,100	\$44,650	\$50,250	\$55,800	\$60,300	\$64,750	\$69,200

Minimum Income Limits: There are no minimum income limits.

Occupancy Standards:

One Bedroom Unit:	1-3 persons
Two Bedroom Unit:	2-5 persons
Three Bedroom Unit:	4-7 persons

**PLEASE WRITE CLEARLY and COMPLETE THE FORM IN INK.
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

Is one household member a developmentally disabled adult? Yes [] No []

[illegible]

Head of Household Social Security Number										Date of Birth						Primary Language Spoken	

[illegible]

City												State		Zip Code			

Mailing Address (if different)																												
City														State		Zip Code												

Home Phone										Cell/ Message Phone																						
()					-						()					-					

Message Contact Person or Case Worker we may contact regarding your entry form.

Last Name <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	First Name <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Phone <div style="border: 1px solid black; padding: 2px;"> () - </div>	

1. Do you need a reasonable accommodation for Application process? ☐ Yes ☐ No
2. Please indicate assistance needed: ☐ Mobility ☐ Hearing ☐ Sight/Vision ☐ Other
3. Is at least one member of Household a U.S. citizen or eligible immigrant? ☐ Yes ☐ No
4. **Total Number** of persons in your household? _____



5. Please list the people that are included in this application as members of your household in addition to yourself; **do not list yourself**. Check the appropriate box to identify the relationship to the head of household:

Household Member No.	Name	Person 18 or older (Other)	Person under 18 (Dependent)	Live-in Aide
1				
2				
3				
4				
5				
6				
7				

6. What is your best estimate of your household's **total** gross monthly income? This is your income before taxes or any other amounts are deducted. You must count the income of every person who will live with you (not including live-in aide unless they are a member of your household).

W-Wage	\$	T-TANF	\$
WP-Self employed	\$	G-General Assistance	\$
S-SSI	\$	C-Child Support	\$
SS-Social Security	\$	U-Unemployment	\$
P-Pension	\$	N-Other Non-Wage Sources	\$

7. **Gross monthly income of Household:** \$ _____ **Gross Annual Income of Household?** \$ _____
8. Are you now living in a federally subsidized housing unit? ☐ Yes ☐ No
9. Have you been displaced because of government action or a presidentially declared disaster?
☐ Yes ☐ No If yes, please explain: _____

PLEASE READ AND SIGN

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a CRIMINAL OFFENSE to make willful, false statements or misrepresentations to any department or agency of the U.S. as to any matter within its jurisdiction.

I hereby certify and affirm, under penalties of perjury, that the above statements are true and correct.

I have no objections to inquiries being made for the purpose of verifying the statements herein.

I have no objections to a tenant screening for purposes of eligibility determinations.

Head of Household/Applicant _____
Signature Date

Drop off in person or mail your completed and signed entry to: **Stoney Pine Villa**
267 W. California Street
Sunnyvale, CA 94086

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Note: Applicants will complete an official application when they are called for a housing interview. All applicants will be screen for credit, background, unlawful detainer before proceeding with the housing eligibility interview. The property's Tenant Selection Plan is available in the rental office or online at www.charitieshousing.org.

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) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </div> </div>	
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.