



Dear Prospective Applicant,

Thank you for your interest in applying for an apartment at Kelly Ridge. Kelly Ridge provides housing for senior households where all household members are age 62 or older at time of application. Additionally, the total annual income of the household must fall under the maximum income limit for the community, as determined by HUD. All information requested in the application packet must be completed. Incomplete applications will not be considered. If the information requested does not apply to you, please indicate by using "N/A" for not applicable. This will tell us that you understand the requested information and you did not intentionally leave it blank. If you make a mistake or typo, please draw a single line through the error(s) and initial the change(s). Please do not use whiteout to correct the errors.

Please complete, sign and return the *Application for Housing* form and the *Applicant/Resident Emergency Information Sheet* attached.

Once the application is received, it will be determined whether you preliminarily qualify to be placed on the waiting list. If you do not qualify, you will be notified in writing. We update our waiting list once per year. Please remember to notify us, in writing, if your information changes (contact information, income information, etc.). We update our waiting list once per year. If you don't respond to us whether or not you still want your name to remain on the waiting list, you will be removed from our waiting list.

The apartments are offered as they become available. As your name reaches the top of the waiting list, you will be required to come in for an interview. At that time, you will be asked to sign the authorization forms which allows our staff to further verify your age, income, assets, allowances, criminal history, sex offender status, credit history and landlord references.

Should you require a reasonable accommodation based on a disability to afford you an equal opportunity to participate in this housing opportunity, please contact the management office at the address below or phone/TDD so that we can consider your request for reasonable accommodation.

Sincerely,

Kelly Ridge Community Management

Life. It's personal.

1447 HERBERT AVE. SOUTH LAKE TAHOE, CA 96150 T 530.542.1680 F 530.542.1699 TDD 1.800.545.1833, EXT. 478 HUMANGOOD.ORG



Kelly Ridge does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in its federally assisted programs and activities. Our Fair Housing Coordinator is designated to ensure compliance with the nondiscrimination requirements in Section 504 of the HUD Regulations and can be contacted at 6120 Stoneridge Mall Road Suite 100, Pleasanton, CA 94588; telephone 925.924.7294; TDD 800.545.1833 Ext. 478; NorCalsection504@humangood.org.

Kelly Ridge

a human good community

1447 Herbert Ave

South Lake Tahoe, CA 96150

Phone (530) 542-1680, Fax (530) 542-1699

TDD (800)545-1833 ext. 478

E-mail: KRG-Administrator@BeaconCommunities.org

Web: www.HumanGood.org

For Office Use Only

Date/Time Received:

Application #: _____

☐ Updated Application
(office use only)

APPLICATION FOR HOUSING

Part I. Applicant (Head of Household)/Co-applicant Information

APPLICANT (HEAD OF HOUSEHOLD)

First Name: _____ Middle Initial: _____ Last Name: _____

Present Address: _____ City: _____ State: _____ Zip Code: _____

Mailing Address (if different): _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____
() _____ () _____ () _____

Social Security #: _____ Date of Birth: _____

Email Address: _____

Sex: ☐ F ☐ M ☐ Prefer not to disclose

CO-APPLICANT

First Name: _____ Middle Initial: _____ Last Name: _____

Social Security #: _____ Date of Birth: _____ Cell Phone: _____

Relationship to Applicant: _____ Sex: ☐ F ☐ M ☐ Prefer not to disclose

OTHER APPLICANT

First Name: _____ Middle Initial: _____ Last Name: _____

Social Security #: _____ Date of Birth: _____ Cell Phone: _____

Relationship to Applicant: _____ Sex: ☐ F ☐ M ☐ Prefer not to disclose

OTHER APPLICANT

First Name: _____ Middle Initial: _____ Last Name: _____

Social Security #: _____ Date of Birth: _____ Cell Phone: _____

Relationship to Applicant: _____ Sex: ☐ F ☐ M ☐ Prefer not to disclose

Part II. General Questionnaire

1. Have you or any adult member of your household ever been evicted? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when? Explain.
2. Have you or any adult member of your household ever been convicted of a misdemeanor or felony? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when? Explain.
3. Do you or any adult member of your household currently use any illegal drug or other illegal controlled substance? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:
4. We maintain separate waiting lists for each apartment size. Which waitlist do you want to be placed on? Transfers are only permitted as reasonable accommodation. We will only contact you for vacancies that occur in the apartment size that you select. Please select all that apply. 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> First available <input type="checkbox"/>
5. Do you expect changes to your household size within the next 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide name.
6. Is there a live-in aide who will be residing with you in the unit? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide name.
7. How did you hear about this housing opportunity?
8. Do you have any animals? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list:
9. Do you own a car? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list:
10. Are you an U.S. military veteran? Yes <input type="checkbox"/> No <input type="checkbox"/> Which Branch? <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy

Part III Housing References – Please list current and previous landlords for the last five years

Address of Present Residence:				
Present Landlord Name:		Landlord Telephone:	Fax:	
		()	()	
Present Landlord Mailing Address:		City, State:	Zip Code:	
Monthly rent:	# of bedrooms:	Is your rent subsidized?	Rent	Own
\$	1 2 3 4 5	YES NO	<input type="checkbox"/>	<input type="checkbox"/>
How long have you lived at this address?		Reason for wanting to move?		
____ Years ____ Months				
Is there anyone living with you now that will not be moving with you to this property? YES NO If yes, who? And why?				
If you have lived at your current address less than five years, what was your previous address?				
Previous Address:				
Name of previous Landlord:		Landlord Telephone:	Fax:	
		()	()	
Previous Landlord Mailing Address:		City, State:	Zip Code:	
Monthly rent:	How long have you lived at this address?		Reason for moving?	
\$	____ Years ____ Months			

If you lived in the above two housing situations for less than 5 years, where did you live?

Previous Address:

Name of previous Landlord:	Landlord Telephone: ()	Fax: ()
Previous Landlord Mailing Address:	City, State:	Zip Code:
Monthly rent: \$	How long have you lived at this address? _____ Years _____ Months	Reason for moving?

List all states in which you and all adult household members have lived since the age of 18:

Part IV. Income/Asset Information

Current Income (Employment Sources)

List all full and/or part-time employment income for all household members.

(Include self-employment gross earnings and net taxable earnings)

Full Name	Occupation	Name/Address of Employer	Length of Employment	Gross Earnings BEFORE Taxes
1.		_____		Monthly: \$ _____
		_____		Hours per week: _____
		_____		Hourly rate: \$ _____
Full Name	Occupation	Name/Address of Employer	Length of Employment	Gross Earnings BEFORE Taxes
2.		_____		Monthly: \$ _____
		_____		Hours per week: _____
		_____		Hourly rate: \$ _____
Full Name	Occupation	Name/Address of Employer	Length of Employment	Gross Earnings BEFORE Taxes
3.		_____		Monthly: \$ _____
		_____		Hours per week: _____
		_____		Hourly rate: \$ _____
Full Name	Occupation	Name/Address of Employer	Length of Employment	Gross Earnings BEFORE Taxes
4.		_____		Monthly: \$ _____
		_____		Hours per week: _____
		_____		Hourly rate: \$ _____

Other Sources of Income

(examples: list all public assistance, social security, S.S.I., pension, retirement, disability compensation, unemployment compensation, veterans benefits, insurance policies, interest income, babysitting, care-taking allowance, alimony, child support, annuities, trusts, dividends, regular contributions, scholarships, grants, armed forces, and student financial aid.)

Full Name	Type of Income	Amount	
		\$	Per
Full Name	Type of Income	Amount	
		\$	Per
Full Name	Type of Income	Amount	
		\$	Per

Assets – include checking and savings accounts, equity in real property, stocks, bonds, and other forms of capital investment. Do not include automobiles or furniture. If you have no assets, write “none” in the space.

Checking Account – Name of Bank	Savings account – Name of Bank
Address:	Address:
Account Number:	Account Number:
Cash Value /Balance: \$	Cash Value /Balance: \$
Other Account – Name of Bank	Other Account – Name of Bank
Address:	Address:
Account Number:	Account Number:
Cash Value /Balance: \$	Cash Value /Balance: \$
Other Account – Name of Bank	Other Account – Name of Bank
Address:	Address:
Account Number:	Account Number:
Cash Value /Balance: \$	Cash Value /Balance: \$
401K/403B/IRA	Other Account – Name of Bank
Address:	Address:
Account Number:	Account Number:
Cash Value /Balance: \$	Cash Value /Balance: \$
Stocks and Bonds Value: \$	Savings Bond Value: \$

Do you own Real Estate or Real Property? Yes ☐ No ☐

If yes, where? What is the current value?

Have you ever owned Real Estate or Real Property? Yes ☐ No ☐

If yes, when? Where? When Sold? How Much?

Have you or any adult member of your household disposed of any assets within the last 2 years for less than fair market value? Yes ☐ No ☐ If yes, what was disposed and for how much?

Part V. Program Information

1. Are you or any member of your household disabled? Yes ☐ No ☐

2. Do you require a unit with accessible features for persons with disabilities? Yes ☐ No ☐ If yes, what features:

_____ Mobility Impairment _____ Visual Impairment _____ Hearing Impairment _____ Other

3. Do you require a reasonable accommodation due to a disability that requires changes to our rules, policies, procedure or physical modification(s) to the dwelling unit or common areas? Yes ☐ No ☐ If yes, please describe your needs:

4. Do you currently hold a Section 8 voucher? Yes ☐ No ☐ If so from what county?

Part VII. Student Status

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Does the household consist of all persons who are <u>full-time</u> students (Examples: K-12, College/ University, trade school, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the household consist of all persons who have been a <u>full-time</u> student 5 months in the current calendar year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your household anticipate becoming an all <u>full-time</u> student household in the next 12 month? |

If you answered YES to any of the previous three questions are you:

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Receiving assistance under Title IV of the Social Security Act (AFDC / TANF/ Cal Works – not SSA/SSI). |
| <input type="checkbox"/> | <input type="checkbox"/> | Enrolling in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program. |
| <input type="checkbox"/> | <input type="checkbox"/> | Married and filing (or are entitled to file) a joint tax return. |
| <input type="checkbox"/> | <input type="checkbox"/> | Single parent with a dependent child or children and neither you nor your child(ren) are dependent of another individual. |
| <input type="checkbox"/> | <input type="checkbox"/> | Previously enrolled in Foster Care program (currently age 18-24). |

I understand that Kelly Ridge is a Non-Smoking Community. I understand that smoking is only permitted in designated areas. Yes [☐] No [☐]

I/We certify the above information to be true and correct to the best of my/our knowledge. I/We authorize verification of age, income, assets, allowances, credit history, rental history, criminal background, registered sex offender status, eviction and landlord references. I/We understand that falsification of information found before or after acceptance of this property includes penalties that will result in cancellation of your application, also to include eviction, loss of assistance, if applicable. If this is a HUD subsidized property, the additional fines are imposed: fines of \$10,000.00 and five years imprisonment. **WARNING!: Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States:**

Head of Household Signature

Date

Other Applicant Signature

Date

Other Applicant Signature

Date

Other Applicant Signature

Date

THE FILING OF THIS APPLICATION IN NO WAY GUARANTEES YOU AN APARTMENT. A FINAL DETERMINATION OF ELIGIBILITY WILL NOT BE MADE UNTIL INFORMATION IS VERIFIED. INCOMPLETE OR UNSIGNED APPLICATIONS WILL BE RETURNED AND NOT ACCEPTED.



Return Application to the following address:

Kelly Ridge
1447 Hebert Avenue
South Lake Tahoe, CA 96150



EQUAL HOUSING OPPORTUNITY

Kelly Ridge does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in its federally assisted programs and activities. Our Fair Housing Coordinator is designated to ensure compliance with the nondiscrimination requirements in Section 504 of the HUD Regulations and can be contacted at 6120 Stoneridge Mall Road Suite 100, Pleasanton, CA 94588; telephone 925.924.7294; TDD 800.545.1833 Ext. 478; NorCalsection504@humangood.org.

APPLICANT / RESIDENT EMERGENCY INFORMATION SHEET

Instructions: Optional Contact Person or Organization: You have the right 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 / Resident Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Contact Person or Organization:	
Address of the Contact Person or Organization:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Name of Contact Person or Organization:	
Address of the Contact Person or Organization:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
The following are some of the reasons why we may contact the person you provided to us: emergency, unable to contact you, eviction from unit, late payment of rent, assisting with recertification process, or change in lease terms / house rules, etc.	
Commitment of Management Agency / 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.	

☐ Check this box if you choose not to provide the contact information.

Application / Resident Authorization:

I have provided the above information to the housing provider voluntarily. I grant full permission to the management agency / owner to release and use this information as they deem necessary and may be able to help in resolving any issues that may arise during my tenancy or to assist in providing any special care or services may require.

Signature of Applicant / Resident

Date



RACE/ ETHNIC and DISABILITY DATA REPORTING FORM

Head of Household: _____ Apt./ Application #: _____

Household Member Name: _____ Property Name: _____

THIS SECTION TO BE COMPLETED BY APPLICANT/RESIDENT

The Housing and Economic Recovery Act (HERA) of 2008, which requires all Low Income Housing Tax Credit (LIHTC) properties to collect and submit to the U.S. Department of Housing and Urban Development (HUD), certain demographic and economic information on applicants/tenants residing in LIHTC financed properties. Although LIHTC would appreciate receiving this information, you may choose not to furnish it. You will not be discriminated against on the basis of this information, or on whether or not you choose to furnish it. If you do not wish to furnish this information, please check the box at the bottom of the page and initial.

Enter Race, Ethnicity and Disability codes for each household member (see below for codes).

Race	Ethnicity	Disability

The Following Race Codes should be used:

- 1** – White – A person having origins in any of the original people of Europe, the Middle East or North Africa.
- 2** – Black/African American – A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” apply to this category.
- 3** – American Indian/Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- 4** – Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent:
- 4a – Asian India 4b – Chinese 4c – Filipino 4d – Japanese 4e – Korean 4f – Vietnamese 4g – Other Asian
- 5** – Native Hawaiian/Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands:
- 5a – Native Hawaiian 5b – Guamanian or Chamorro 5c – Samoan 5d – Other Pacific Islander
- 6** – Other

Note: Multiple racial categories may be indicated as such: 31 – American Indian/Alaska Native & White, 41 – Asian & White, etc.

The Following Ethnicity Codes should be used:

- 1** – Hispanic – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as “Latino” or “Spanish Origin” apply to this category.
- 2** – Not Hispanic – A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

The Following Disability Codes should be used:

- 1** – Yes
- If any member of the household is disabled according to Fair Housing Act definition for handicap (disability):
- A physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment or being regarded as having such an impairment. For a definition of “physical or mental impairment” and other terms used, please see 24 CFR 100.201, available at <http://fairhousing.com/legal-research/hud-regulations/24-cfr-100201-definitions>.
 - “Handicap” does not include current, illegal use of or addiction to a controlled substance.
 - An individual shall not be considered to have a handicap solely because that individual is a transgender.
- 2** – No

☐ **Resident/Applicant:** I _____ (initial) do not wish to furnish information regarding race, ethnicity and other household composition.

Signature of Applicant/Resident_____
Printed Name of Applicant/Resident_____
Date**PENALTIES FOR MISUSING THIS CONSENT:**

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.



