

APPLICATION WAITLIST QUESTIONNAIRE

Site Name: _____
Leasing Office Address: _____
 Mark if Temporary
Leasing Office Ph#: _____
Leasing Office Fax#: _____
Leasing Office Email: _____

For Office Use Only		
Date Rcvd:	_____	
Time Rcvd:	_____	
Rcvd by:	_____	
<input type="checkbox"/> Original	<input type="checkbox"/> Updated	<input type="checkbox"/> Add-on
If updated, use original date and time stamps.		
HoH Name:	_____	
<i>Use to link multiple apps due to addt'l adults</i>		

COMPLETED FORMS CAN BE SUBMITTED VIA FAX OR DROPPED OFF DURING BUSINESS HOURS:

This document is used to register households on the waitlist. Please complete one per HOUSEHOLD.

ADDITIONAL PROTECTION FOR INDIVIDUALS WITH LIMITED ENGLISH PROFICIENCY

Executive Order 13166 requires all recipients of federal funds to take reasonable steps to ensure that persons with limited English proficiency (LEP persons) have meaningful access to federal programs and activities. In response to this executive order, this community has created a Language Access Plan which details the steps taken to ensure meaningful access including but not limited to providing for oral translation services for applicants who need language assistance. Copies of the Language Access Plan are available for review in our leasing office.

Please note- if this box is checked, then the community is non-smoking.

1. Head of Household Legal/Birth Name: _____
2. Head of Household Preferred Name (if applicable): _____
3. HoH's Current Address: _____
4. HoH's Phone #(s): _____
5. HoH's Email Address(es): _____
6. How many people will reside in the unit? _____
7. What unit size are you requesting? _____
8. Does your household have animals/pets? None; Cat(s), # of ____; Dog(s), # of ____; Other, # of _____ and Type of _____
9. This community may have leasing preferences for certain groups. Any leasing preference will be outlined in the Resident Selection Criteria. Please indicate below, to which of these groups your household may belong. Definitions for each of these groups may be provided upon request.
 55+ Senior 62+ Elderly- all HHMBRs 62+elderly- head, cohead or spouse Families
 Veteran Disabled Mental illness Developmentally disabled Homeless
 Chronically homeless Agricultural or farmworker

Mercy Housing Management Group is an equal opportunity housing provider abiding by the Federal Fair Housing Ordinance. We do not discriminate based on race, color, religion, creed, national origin, sex, age, familial status, AIDS/HIV status, ancestry, gender identity, height, weight, pregnancy status, source of income, sexual orientation or disability.



APPLICATION WAITLIST QUESTIONNAIRE

10. **Household Composition:** Tell us a little bit about the people who will live with you - include yourself as the first household member. Add more pages if you need to list more people

HHMBR Name	Relationship to you	Gender*	Married? (Y/N)	Birthdate	Student? (Y/N)	**Social Security #
	MYSELF					
Total number of people:						

11. Please record your household’s approximate MONTHLY income. Please include all potential sources of income- EXCEPT, Food Stamps which are not considered income.

HHMBR Name	Wages/ Employment	Retirement	Public/General Assistance	SSA/SSI	Other
Total Monthly Household Income:					

12. When the value of all of your household’s assets are added up, do they total more or less than \$50,000? (This would not include everyday items like cars or wedding rings.)

13. VOLUNTARY: Would you or a household member like to request a disability related special accommodation or need accessible features in your unit? Yes No

a. If yes, what accommodations do you need, or would you like us to make?

ADDITIONAL PROTECTION FOR INDIVIDUALS WITH LIMITED ENGLISH PROFICIENCY

Executive Order 13166 requires all recipients of federal funds to take reasonable steps to ensure that persons with limited English proficiency (LEP persons) have meaningful access to federal programs and activities. In response to this executive order, this community has created a Language Access Plan which details the steps taken to ensure meaningful access including but not limited to providing for oral translation services for applicants who need language assistance. Copies of the Language Access Plan are available for review in our leasing office.



APPLICATION WAITLIST QUESTIONNAIRE

GENERAL DISCLOSURES:

The information you provide on this application will be treated as confidential. This application gives no lease or rental rights. It includes both information necessary for determining your eligibility for housing and information required for statistical purposes. If you and your household appear to be eligible, you will need to submit additional information to complete the processing of this application. All information you provide will be verified by Mercy Housing Management Group. Incomplete and/or falsified information will cause the application to be denied and not processed.

Discrimination Prohibited: The landlord will not discriminate based upon race, color, religion, creed, national origin, sex, age, familial status, or disability. In addition, our housing programs are open to all eligible persons regardless of sexual orientation, gender identity, marital status, and ancestry. Owners shall accommodate persons with disabilities who, as a result of their disabilities, cannot utilize the owner's preferred application process by providing alternative methods of taking applications.

Any general information included as part of an individual household member's records will be made accessible between departments. Other information not routinely in a household's records may be shared between professional staff on a need-to-know basis at the discretion of the department or site head staff person. Information, which involves criminal acts, including use of physical force, offenses against other persons, child abuse and neglect, etc., will be automatically reported to appropriate authorities as required by law.

Any changes to your income, assets, household composition or student status from the date you signed your application up to your move in date, must be reported to Mercy Housing Management. Failure to do so could result in denial of your move in. If after move in we discover that changes were not reported, Mercy Housing Management may be required to take steps that could result in eviction.

ADDITIONAL DOCUMENTATION PROVIDED TO APPLICANT HOUSEHOLD:

- | | |
|--|--|
| <input type="checkbox"/> Notice of Occupancy Rights Under VAWA | <input type="checkbox"/> Resident Selection Criteria/ RSC/TSP addendum |
| <input type="checkbox"/> Notice of Reasonable Accommodation Modification | <input type="checkbox"/> Grievance Policy |
| <input type="checkbox"/> Pricing Sheet/Welcome Letter | <input type="checkbox"/> Demographics worksheet- VOLUNTARY |

I/We am/are applying for housing and state that all information provided herein is true, accurate, and complete to the best of my knowledge and belief.

Applicant/Resident Head of Household Signature

Applicant/Resident HoH Printed Name

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. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the ****Social Security Act at 208 (a) (6), (7) and (8)**. Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8)**. 6/29/2007



NOTICE OF RIGHT TO REASONABLE ACCOMMODATION/MODIFICATION

If you have a disability and as a result of your disability you need . . .

- a change in the rules or policies or how we do things that would give you an equal opportunity to use and enjoy the housing and facilities at this housing development or take part in programs on site,
- a change or repair in your apartment or a special type of apartment that would give you an equal opportunity to use and enjoy the housing and facilities at this housing development or take part in programs on site,
- a change or repair to some other part of the housing site that would give you an equal opportunity to use and enjoy the housing and facilities at this housing development or take part in programs on site.

If you can show that you have a disability and if your request is reasonable (***does not pose “an undue financial or administrative burden”**), we will try to make the changes you request.

We will give you an answer in 10 working days unless there is a need for verification of the request. In that case, the response time is 15 working days unless there is a problem getting the information we need or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reasons and you can give us more information if you think that will help.

If you need help filling out a REASONABLE ACCOMMODATION/MODIFICATION REQUEST FORM or if you want to give us your request in some other way, we will help you.

You can get a REASONABLE ACCOMMODATION/MODIFICATION REQUEST FORM at the Property office or by emailing:

504 Coordinator
Mercy Housing Management Group, Inc.
504adacoordinator@mercyhousing.org
Fax: 877-245-7121
303-830-3300
TTY: 1-800-877-8973 or 711

NOTE: All information you provide will be kept confidential and be used only to help you have an equal opportunity to use and enjoy your housing and the common areas.

** This legal phrase means if it is not too expensive and too difficult to arrange.*



CUESTIONARIO DE LISTA DE ESPERA DE SOLICITUDES

Nombre del sitio: Beverly Terrace

Oficina de arrendamiento Dirección: 5903 Lowe Avenue

Teléfono #: 530 742-7463

Oficina de arrendamiento Fax#: 530 742-1530

Oficina de arrendamiento Correo electrónico: beverlyterrace@mercyhousing.org

LOS FORMULARIOS COMPLETOS SE PUEDEN ENVIAR POR FAX O DEJAR DURANTE EL

HORARIO COMERCIAL: Monday - Friday 8:30 - 5:30

Este documento se utiliza para registrar hogares en la lista de espera. Complete uno por HOGAR.

PROTECCIÓN ADICIONAL PARA PERSONAS CON DOMINIO LIMITADO DEL INGLÉS

La Orden Ejecutiva 13166 requiere que todos los beneficiarios de fondos federales tomen medidas razonables para garantizar que las personas con dominio limitado del inglés (personas LEP) tengan acceso significativo a los programas y actividades federales. En respuesta a esta orden ejecutiva, esta comunidad ha creado un Plan de Acceso Lingüístico que detalla los pasos tomados para garantizar un acceso significativo, que incluye, entre otros, proporcionar servicios de traducción oral para los solicitantes que necesitan asistencia lingüística. Las copias del Plan de Acceso Lingüístico están disponibles para su revisión en nuestra oficina de arrendamiento.

✓ Tenga en cuenta que si esta casilla está marcada, entonces la comunidad es para no fumadores.

1. Nombre legal / de nacimiento del jefe de familia:

2. Nombre preferido del jefe de familia (si corresponde):

3. Dirección actual de HoH:

4. #(s) de teléfono de HoH:

5. Dirección(es) de correo electrónico de HoH:

6. ¿Cuántas personas residirán en la unidad?

7. ¿Qué tamaño de unidad está solicitando?

8. ¿Su hogar tiene animales / mascotas? Ninguno; Gato(s), # de ____; Perro(s), # de ____; Otro, # de _____ y Tipo de _____

9. Esta comunidad puede tener preferencias de arrendamiento para ciertos grupos. Cualquier preferencia de arrendamiento se describirá en los Criterios de selección de residentes. Indique a continuación a cuál de estos grupos puede pertenecer su hogar. Las definiciones para cada uno de estos grupos pueden proporcionarse a pedido.

55+ Personas mayores jefe, codirector o cónyuge

mental Discapacidad agrícola o agrícola

62+ Personas mayores: todos los HHMBR Familias Veterano

del desarrollo Sin hogar

62+ personas mayores: Discapacitado Enfermedad

Personas sin hogar crónicas Trabajador

APPLICATION WAITLIST QUESTIONNAIRE

10. Composición del hogar: Cuéntanos un poco sobre las personas que vivirán contigo, incluye a ti mismo como el primer miembro del hogar. Agrega más páginas si necesitas listar más personas.

HHMBR Nombre	Relación contigo	Género*	¿Casado? (S/N)	Fecha de nacimiento	Estudiante (S/N)	ero de Seguro Socia
MYSELF						
Número total de personas:						

11. Por favor, registre el ingreso MENSUAL aproximado de su hogar. Incluya todas las posibles fuentes de ingreso, EXCEPTO los cupones de alimentos que no se consideran ingresos.

Ingresos Totales Mensuales del Hogar:

Firma

Fecha