

Thank you for your interest in The Heights on Stockton Boulevard.

Attached is the pre-application that may be submitted in person at Boulevard Court 5321 Stockton Blvd Sacramento CA 95820 between the hours of 9:00A to 4:00P Monday through Thursday and Fridays from 9:00A to 2:00P, via fax at 1.916.848.3354, via email at [StocktonBLvd@mercyhousing.org](mailto:StocktonBLvd@mercyhousing.org) or US mail at 5716 Folsom Blvd, PM 106 Sacramento CA 95819.

Please note we do not currently have an online application process, so you must save, complete, and submit your application using one of the above methods.

Please review the annual maximum income limits and the associated rents to see whether your household meets our requirements.

## MAXIMUM HOUSEHOLD ANNUAL INCOME

AMI	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons
30%	\$24,780	\$28,290	\$31,830	\$35,370	\$38,190	\$41,040	\$43,860
50%	\$41,300	\$47,150	\$53,050	\$58,950	\$63,650	\$68,400	\$73,100
70%	\$57,820	\$66,010	\$74,270	\$82,530	\$89,110	\$95,760	\$102,340

## AFFORDABLE RENTS

	30% Units	50% Units	70% Units
1 Bedroom	\$663	\$1105	\$1547
2 Bedroom	\$795	\$1326	\$1856
3 Bedroom	\$919	\$1532	\$2145

The Monthly Income Must Be Least Two Times the Monthly Rental Amount

Income Limits and Rents Are Subject To Change

### Mercy Housing California

1256 Market Street, San Francisco, California 94102 o | 415-355-7100 f | 415-355-7101

2512 River Plaza Drive, Suite 200, Sacramento, California 95833 o | 916-414-4400 f | 916-414-4490

1500 S. Grand Avenue, Suite 100, Los Angeles, California 90015 o | 213-743-5820 f | 213-743-5828

TTY | 800-877-8973 or 711

[mercyhousing.org/california](http://mercyhousing.org/california)

Mercy Housing is sponsored by communities of Catholic Sisters

# APPLICATION - WAITLIST QUESTIONNAIRE

Site Name: The Heights on Stockton  
 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: \_\_\_\_\_

Original     Updated     Add-on  
 If updated, use original date and time stamps.  
 HoH Name: \_\_\_\_\_  
*Use to link multiple apps due to addt'l adults*

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

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1. Head of Household Legal/Birth Name: \_\_\_\_\_
2. Head of Household Preferred Name (if applicable): \_\_\_\_\_
3. Names of Any Other Adults: \_\_\_\_\_
4. HoH's Current Address:
5. HoH's Phone #(s): \_\_\_\_\_
6. HoH's Email Address(es): \_\_\_\_\_
7. How many people will reside in the unit? \_\_\_\_\_
8. What unit size are you requesting? \_\_\_\_\_
9. Does your household have animals/pets?  None;  Cat(s), # of \_\_\_\_;  Dog(s), # of \_\_\_\_;  Other, # of \_\_\_\_\_ and Type of \_\_\_\_\_
10. 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 (generally not counted for HUD)	Public/General Assistance	SSA/SSI	Other
<b>Total Monthly Household Income:</b>					

11. When the value of all of your household's assets are added up, do they total  more or  less than \$5000? (This would not include everyday items like cars or wedding rings.)

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

12. OPTIONAL: 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.

### 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/Welcome Letter |
| <input type="checkbox"/> Notice of Reasonable Accommodation Modification | <input type="checkbox"/> Grievance Policy                           |
| <input type="checkbox"/> Pricing Sheet                                   | <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

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Persons with disabilities have the right to request reasonable accommodations to participate in the informal hearing process. You may do so by addressing your concerns to:

504 Coordinator  
 Mercy Housing California 105, LP  
[504adacoordinator@mercyhousing.org](mailto:504adacoordinator@mercyhousing.org)  
 Fax: 877-245-7121  
 303-830-3300  
 TTY: 1-800-877-8973 or 711  
 The Heights on Stockton  
 5200 Prickly Pear Avenue, Sacramento CA 95820

By my/our signature below, I/we acknowledge receipt of the aforementioned Grievance Procedures:

1. Resident Signature	Resident Printed Name	Date
2. Resident Signature	Resident Printed Name	Date
3. Resident Signature	Resident Printed Name	Date
4. Resident Signature	Resident Printed Name	Date
5. Resident Signature	Resident Printed Name	Date
6. Resident Signature	Resident Printed Name	Date
7. Resident Signature	Resident Printed Name	Date
Agent Signature		Date