



# Council Gardens Application



**CG is a smoke free senior complex. Smoking is NOT permitted on the property.** – August 2018 update

## APPLICANT INFORMATION

Name (head of household) \_\_\_\_\_ Sex \_\_\_\_\_ Date \_\_\_\_\_  
 Current Address \_\_\_\_\_ Daytime Phone (\_\_\_\_) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Are you a U.S. Citizen  Yes  No  
 List all of the states in which you have lived: \_\_\_\_\_  
 \_\_\_\_\_  
 Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_ Social Security # \_\_\_\_\_ (required)  
 If you don't have a SS#: Were you 62 or older as of 1/31/2010 & receiving HUD rental assistance on 1/31/2010? \_\_\_\_\_

Name (household member) \_\_\_\_\_ Relationship to above \_\_\_\_\_  
 Current Address \_\_\_\_\_ Daytime Phone (\_\_\_\_) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Are you a U.S. Citizen  Yes  No  
 List all of the states in which you have lived: \_\_\_\_\_  
 \_\_\_\_\_  
 Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_ Social Security # \_\_\_\_\_ (required)  
 If you don't have a SS#: Were you 62 or older as of 1/31/2010 & receiving HUD rental assistance on 1/31/2010? \_\_\_\_\_

Add additional sheets for additional household members

- Do you or anyone else in your household require any medically related special accommodations in your living environment? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_
- **APARTMENT SIZE REQUESTED – Check one – See Tenant Selection Plan for criteria**  
 Studio Apartment     One Bedroom     Two Bedroom
- Have you or any member of your household ever been convicted of, plead guilty to or been placed on probation for any crime?  Yes     No    Explain and provide dates, nature, location of the crime(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Are you in the process of being evicted, or have you ever been evicted from government subsidized housing? If yes, explain, provide date(s) and locations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Are you or any member of your household subject to a lifetime state sex offender registration program in any state?  Yes     No
- Do you plan to bring pets to live with you? (See Pet policy)  Yes     No

- How did you find out about Council Gardens? \_\_\_\_\_

**FINANCIAL INFORMATION**

**CURRENT ANNUAL INCOME**

Income Source	Head of Household	Spouse	Other Household Member
Employment Income (annual)	\$	\$	\$
Social Security Income (annual)	\$	\$	\$
Supplemental Security Income (SSI - annual)	\$	\$	\$
Pension (private or government – annual)	\$	\$	\$
Welfare Payments (annual)	\$	\$	\$
Interest Income Checking Account(s) (annual)	\$	\$	\$
Interest Income Savings Account(s) (annual)	\$	\$	\$
Interest Income CDs or IRA's (annual)	\$	\$	\$
Interest Income Stocks and Bonds (annual)	\$	\$	\$
Income from Rental Property (annual)	\$	\$	\$
Other Income (specify)	\$	\$	\$
<b>TOTAL INCOME</b>	\$	\$	\$

If Real Estate is owned, please provide the following information:

- Type of Property  Home  Business  Other \_\_\_\_\_

- Value of Property \$\_\_\_\_\_ Mortgage Balance Owed \$\_\_\_\_\_

Have you sold or given away any assets or property in the past 2 years?  Yes  No

If yes, describe the property \_\_\_\_\_

What was the value of the property/ asset at the time of sale or disposal? \$\_\_\_\_\_

How much was the property or asset sold for? \$\_\_\_\_\_

Do you have Life Insurance?  Yes  No

If yes, does your policy have any cash value? Please provide value of policy or policies:

Insured \_\_\_\_\_ Policy Value \$\_\_\_\_\_

Insured \_\_\_\_\_ Policy Value \$\_\_\_\_\_

Insured \_\_\_\_\_ Policy Value \$\_\_\_\_\_

## HIGHLIGHTS FROM OUR TENANT SELECTION PLAN APPEAR BELOW

Please read the Tenant Selection Plan on our website or enclosed in this Application Packet. The Plan explains our policies and procedures in detail. **The Tenant Selection Plan's summary statements below contain information especially relevant to potential applicants.**

- Council Gardens provides quality affordable housing for seniors over the age of 62 and for mobility-impaired adults. Our buildings and grounds are wheelchair accessible. Applicants younger than 62 need a letter from medical personnel stating that they are mobility impaired.
- Preference on our wait list is given (a) to low income seniors over 62, (b) to seniors in need of immediate housing, and (c) to seniors not living in subsidized housing. If you need immediate housing, attach a letter with your application explaining your need.
- Council Gardens is a smoke-free independent living apartment complex with 122 units.
- Council Gardens is not an assisted living residence. Tenants must be able to live independently. Applicants must be independent in "Activities of Daily Living" (dressing, grooming, feeding, and ambulation) or have appropriate supportive services necessary to ensure their health, safety, and security and the health and welfare of our community. If an applicant needs full time supportive services, Council Gardens needs proof that any healthcare aide has a permanent address off the Council Gardens Campus.
- Relocating from a nursing home, assisted living residence, or group home requires a letter from the medical team asserting that the applicant can live independently.
- The *Screening for Criminal Activity and Drug Abuse* section in the Plan outlines our policies for rejecting sex offenders and applicants involved in criminal activity. The *Screening/ Rejection Criteria* Section details all screening criteria. We do criminal background checks on all prospective tenants.
- HUD form 92006 (contact information) and 27061 (racial/ ethnicity information) are optional forms in our Application/ Admission Packet.
- Applications are used to determine initial eligibility as it relates to age, disability status, household composition and income/assets. Acceptance of the application does not constitute acceptance for admission. Acceptance for admission requires verification of information, a face-to-face interview, and additional information and documents required by HUD
- Applicants are placed on the waiting list corresponding to the apartment size stipulated on their application. Apartment Size Requirements - one person may occupy a studio; one or two persons may occupy a 1 bedroom; two or three persons may occupy a 2 bedroom.
- Tenants are permitted to keep a pet in their apartment providing a Pet Agreement has been signed, the required deposit paid, and all appropriate provisions of the Pet Policy followed.

**I (we) certify that I (we) have read and understand the Tenant Selection Plan that is summarized above and enclosed in our Application Packet.**

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Signature Head of Household

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Date

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Signature of additional applicant (if applicable)

**APPLICANT CERTIFICATION**

- I (we) certify that the information provided on this application form is complete and true, to the best of my (our) knowledge. Providing false information may lead to denial of this application, eviction (if the falsehood is discovered after move-in), or to criminal prosecution. Admission to this complex is contingent upon eligibility criteria established under federal law and rules set by this complex (see Tenant Selection Plan).
- I (we) agree to set up an appointment to see Council Gardens and to speak to the staff.
- I (we) understand that if accepted for admission, Council Gardens must be my (our) sole residence.

\_\_\_\_\_  
Signature Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of other applicant (if applicable)

\_\_\_\_\_  
Date

**IF YOU CHOOSE NOT TO FILL IN THE “SUPPLEMENT TO APPLICATION FORM”  
ON THE NEXT PAGE, PLEASE CHECK THE BOX AND SIGN THE FORM AT THE  
BOTTOM**

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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

