



Kelly Ridge
1447 Herbert Ave
South Lake Tahoe, CA 96150
Phone (530) 542-1680
TDD (800)545-1833 ext. 478
E-mail: kr-administrator@abhow.com
Web: www.KellyRidgeLakeTahoe.com

APPLICATION PACKET

Dear Prospective Applicant,

Thank you for your interest in applying for an apartment at Kelly Ridge. Kelly Ridge provides housing for senior households that all household members must be at least age 62 or older at time of application. 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 errors and put your initial. Please do not use whiteout to correct the errors.

Please check that you have completed, signed, and returned the Application for Housing form.

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 purge our waiting list twice per year. Please remember to notify us when you change your address and phone number or contact information. 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 allow our staff to further verify your age, income, assets, criminal history, credit history and landlord references.

If you have any questions, please contact our office at the phone number listed above.

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 contained in Section 504 of the HUD Regulations and can be contacted via e-mail at Section504@abhow.com or at 6120 Stoneridge Mall Road, Third Floor, Pleasanton, CA 94588, Telephone 925-924-7116 TDD 800-545-1833 Ext 478.





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For Office Use Only

Date/Time Received: _____

Application #: _____

APPLICATION FOR HOUSING

Part I. Household 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:	Sex:	
CO-APPLICANT			
First Name:	Middle Initial:	Last Name:	
Social Security #:	Date of Birth:	Sex:	
Relationship to Applicant: _____			
OTHER APPLICANT			
First Name:	Middle Initial:	Last Name:	
Social Security #:	Date of Birth:	Sex:	
Relationship to Applicant: _____			
OTHER APPLICANT			
First Name:	Middle Initial:	Last Name:	
Social Security #:	Date of Birth:	Sex:	
Relationship to Applicant: _____			

Part II. General Questionnaire

1. Have you or any adult member of your household ever been evicted? Yes No If yes, when? Explain.

2. Have you or any adult member of your household ever been convicted of a misdemeanor or felony? Yes No
If yes, when? Explain.

4. Do you or any adult member of your household currently use any illegal drug or other illegal controlled substance?
Yes No If yes, please explain:

5. 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 2 Bedroom First available

6. Do you expect changes to your household size within the next 12 months? Yes No If yes, please provide name.

7. Is there a live-in aide who will be residing with you in the unit? Yes No If yes, please provide name.

8. How did you hear about this housing opportunity?

9. Do you have any animals? Yes No If yes, please list:

10. Do you own a car? Yes No If yes, please list:

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: 1 2 3 4 5	Is your rent subsidized? YES NO	Rent <input type="checkbox"/>	Own <input type="checkbox"/>
How long have you lived at this address? ____ Years ____ Months		Reason for wanting to move?		
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? ____ Years ____ Months	Reason for moving?		
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?		

Part IV. Income 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: \$ _____
2.		_____		Monthly: \$ _____ Hours per week: _____ Hourly rate: \$ _____
3.		_____		Monthly: \$ _____ Hours per week: _____ Hourly rate: \$ _____
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
		\$	
		\$	
		\$	
		\$	

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. Do you require a unit with accessible features for persons with disabilities? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what features:			
___	Mobility Impairment	___	Visual Impairment
___	Hearing Impairment	___	Other
2. 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 <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe your needs:			
3. Do you currently hold a Section 8 voucher? Yes <input type="checkbox"/> No <input type="checkbox"/> 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: 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 in the previous 5 months?
<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 filling (or are entitled to file) a joint tax return.
<input type="checkbox"/>	<input type="checkbox"/>	Single parent with a dependant 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 (age 18-24).

Signatures:

I/We certify the above information to be true and correct to the best of my knowledge. I/We authorize verification of age, income, assets, credit history, rental history, criminal background and 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 Herbert Ave

South Lake Tahoe, CA 96150



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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