



Valley Vista
20709 San Ramon Valley Blvd.
San Ramon, CA 94583
Phone (925) 551-3300
TDD (800)545-1833 ext. 478
E-mail: VAV-Administrator@BeaconCommunities.org
Web: www.ValleyVistaSanRamon.com

APPLICATION PACKET

Dear Prospective Applicant,

Thank you for your interest in applying for an apartment at Valley Vista. Valley Vista provides housing for very low income elderly households that contain at least one household member must be age of 62 years 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 following forms:

- Application for Housing
- HUD-92006 Emergency Contact Information Form
- HUD-27061-H Race and Ethnicity Data Form (Attached is one form for the head of household. If you have additional members, please request an additional form at the office.)

Once the application is received, it will be determined whether you preliminary ly 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 allows our staff to further verify your age, income, assets, allowances, criminal history, sex offender status, credit history and landlord references.

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

EQUAL HOUSING OPPORTUNITY

Valley Vista Senior Housing 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: _____	
Email Address: _____			
Sex: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Prefer not to disclose			
CO-APPLICANT			
First Name:	Middle Initial:	Last Name:	
Social Security #: _____	Date of Birth: _____	Cell Phone: _____	
Relationship to Applicant: _____		Sex: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Prefer not to disclose	
OTHER APPLICANT			
First Name:	Middle Initial:	Last Name:	
Social Security #: _____	Date of Birth: _____	Cell Phone: _____	
Relationship to Applicant: _____		Sex: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Prefer not to disclose	
OTHER APPLICANT			
First Name:	Middle Initial:	Last Name:	
Social Security #: _____	Date of Birth: _____	Cell Phone: _____	
Relationship to Applicant: _____		Sex: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> 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. Are you or any adult member of your household required to register as a sex offender including who is subject to a lifetime sex offender registration requirement in any state? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list state and county of registration:
4. 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:
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 <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> First available <input type="checkbox"/>
6. 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.
7. 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.
8. How did you hear about this housing opportunity?
9. Do you have any animals? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list:
10. Do you own a car? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list:
11. 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:	<input type="checkbox"/> Code: <input type="checkbox"/>
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 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
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. 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

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 No If yes, please describe your needs:

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

Part VII. Allowances

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any out-of-pocket childcare expenses? If yes, how much do you pay per month? \$_____
<input type="checkbox"/>	<input type="checkbox"/>	Are there any household members over the age of 18 that is a student? If yes, please list: Name _____ PT <input type="checkbox"/> FT <input type="checkbox"/> Name _____ PT <input type="checkbox"/> FT <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Are you covered by any medical insurance? If yes, how much are your monthly premiums? \$_____ o Medi-Cal o Medicare o Blue Cross o Kaiser o AARP o Other _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you or any household member have any medical expenses including prescription drug, vision and dental expenses not covered by insurance? If yes, how much do you anticipate paying out-of-pocket per month? \$_____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any anticipated medical expenses that are NOT covered by insurance? If yes, How much per month? \$_____
<input type="checkbox"/>	<input type="checkbox"/>	Do you anticipate any major dental, vision, or hearing-aid expenses in the coming year that are not covered by insurance? If yes, how much do you anticipate spending out of pocket next year? \$_____
<input type="checkbox"/>	<input type="checkbox"/>	If you or your co-head or spouse is employed, do you anticipate expenses in the COMING year, for the cost of a care attendant for you or your spouse as a handicapped or disabled person as defined by HUD? (If yes proof of actual expenses are required) If yes, How much do anticipate out-of-pocket per month? \$_____

Part VIII. 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 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 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 (currently 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, allowance, credit history, rental history, criminal background, register sex offender, eviction 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

Secondary 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:

Valley Vista

20709 San Ramon Valley Blvd.

San Ramon, CA 94583



EQUAL HOUSING OPPORTUNITY

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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.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<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	
Commitment of Housing Authority or 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.	
Legal Notification: 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.

--	--

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.

Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Name of Property **Project No.** **Address of Property**

Name of Owner/Managing Agent **Type of Assistance or Program Title:**

Name of Head of Household **Name of Household Member**

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.