

GOLDEN MANOR

1510 Railroad Drive, McKinleyville CA 95519

mailing: PO Box 2957, McKinleyville CA 95519 email: goldenmanorhousing@gmail.com

office phone: (707) 496-7012

fax: (707) 840-0470

APPLICANT INFORMATION This apartment complex is funded by the United States Department of Agriculture, Rural Development (515 Program). We are here to provide housing for very low, low and moderate income households. This is an Equal Housing Opportunity complex and all are welcome to apply. For complexes with a senior designation, occupancy is limited to applicants who are at least 62 years of age; or disabled, regardless of age. Pets are only permitted at those complexes designated for seniors.

As set forth in USDA-RD Instructions 3560, we do follow an occupancy guideline as follows:

<u>Unit Size</u>	<u>Minimum</u>	<u>Maximum</u>
1 Bedroom	1 person	2 persons

For properties with *100% Rental Assistance*, your rent will be calculated based on your income. For properties with *Some or No Rental Assistance* you must qualify to pay at least the basic rent if Rental Assistance is not available at the time you are approved for occupancy. Please inquire as to the available subsidy guidelines. The current maximum income limit is variable, according to the number of occupants. Upon request, the Project Manager can give you this current figure.

To apply for an apartment you must complete an application. For an application to be considered complete, at the minimum, the following information will be needed.

1. Income and Assets of the household (total gross income and assets)
2. Household Composition:
 - a. name(s) of all household members
 - b. number in household
 - c. household's current address and contact telephone number (identify contact person)
 - d. birth date of household members
 - e. full-time student information
 - f. unborn verification (for the purpose of determining household size)
3. Copies of Social Security Cards or other proof of SSN
4. Copies of Driver's License or other picture identification
5. Prior and Present Landlord Information (for all adult household members)
6. Credit History (for all adult household members)
7. Criminal Background Check (for all adult household members if applicable – please inquire with the manager as to the requirements for this property)
8. Personal References (preferably business/professional acquaintances)
9. Application Fee (if applicable – please inquire with the manager as to whether or not the fee applies to this property)
10. Legible copy of the most recent Federal Income Tax Return (1040) with all attachments for each tenant who is not exempt from filing a return
11. Citizenship/Immigration Status (sites with HUD, RD-514 Program, RD-538 and RHCP only)
12. Release of Information Consent
13. The application must be signed by all adults applying for occupancy.

You will be notified in writing that you have been placed on a waiting list. The Resident Manager can give you an estimate of when a unit may be available.

Non-Discrimination Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.

TDD PHONE NUMBER: 1-800-735-2929

Things You Should Know About USDA Rural Rental Housing

Don't risk losing your chances for federally assisted housing by providing false, incomplete, or inaccurate information on your application or recertification

Penalties for Committing Fraud

You must provide information about your household status and income when you apply for assisted housing in apartments financed by the U.S. Department of Agriculture (USDA). USDA places a high priority on preventing fraud. If you deliberately omit information or give false information to the management company on your application or recertification forms, you may be:

- Evicted from your apartment;
- Required to repay all the extra rental assistance you received based on faulty information;
- Fined;
- Put in prison and/or barred from receiving future assistance.

Your State and local governments also may have laws that allow them to impose other penalties for fraud in addition to the ones listed here.

How To Complete Your Application

When you meet with the landlord to complete your application, you must provide information about:

- **All Household Income.** List all sources of money that you receive. If any other adults will be living with you in the apartment, you must also list all of their income. Sources of money include:
 - Wages, unemployment and disability compensation, welfare payments, alimony, Social Security benefits, pensions, etc.;
 - Any money you receive on behalf of your children, such as child support, children's Social Security, etc.;
 - Income from assets such as interest from a savings account, credit union, certificate of deposit, stock dividends, etc.;
 - Any income you expect to receive, such as a pay raise or bonus.
- **All Household Assets.** List all assets that you have. If any other adults will be living with you, you must also list all of their assets. Assets include:
 - Bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.;
 - Any business or asset you sold in the last 2 years for less than its full value, such as selling your home to your children.

- **All Household Members.** List the names of all the people, including adults and children, who will actually live with you in the apartment, whether or not they are related to you.

Ask for Help if You Need It

If you are having problems understanding any part of the application, let the landlord know and ask for help with any questions you may have. The landlord is trained to help you with the application process.

Before You Sign the Application

- Make sure that you read the entire application and understand everything it says;
- Check it carefully to ensure that all the questions have been answered completely and accurately;
- Don't sign it unless you are sure that there aren't any errors or missing information.

By signing the application and certification forms, you are stating that they are complete to the best of your knowledge and belief. Signing a form when you know it contains misinformation is considered fraud.

- The management company will verify your information. USDA may conduct computer matches with other Federal, State or private agencies to verify that the income you reported is correct;
- Ask for a copy of your signed application and keep a copy of it for your records.

Tenant Recertification

Residents in USDA-financed assisted housing must provide updated information to the management company at least once a year. Ask your landlord when you must recertify your income.

You must **immediately** report:

- Any changes in income of \$100 or more per month;
- Any changes in the number of household members.

For your annual recertification, you must report:

- All income changes, such as increases in pay or benefits, job change or job loss, loss of benefits, etc., for any adult household member;

- Any household member who has moved in or out;
- All assets that you or your adult housemates own, or any assets that were sold in the last 2 years for less than their full value.

Avoid Fraud, Report Abuse

Prevent fraudulent schemes through these steps:

- Don't pay any money to file your application;
- Don't pay any money to move up on the waiting list;
- Don't pay for anything not covered by your lease;
- Get receipts for any money you do pay;
- Get a written explanation for any money you are required to pay besides rent, such as maintenance charges.

Report Abuse: If you know anyone who has falsified an application, or who tries to persuade you to make false statements, report him or her to the manager. If you cannot report to your manager, call your local or state USDA office at 1 (800) 670-6553, or write: USDA, STOP 0782, 1400 Independence Ave., SW, Washington, DC 20250.

If You Disagree With a Decision

Tenants may file a grievance in writing with the complex owner in response to the owner's actions, or failure to act, that result in a denial, significant reduction, or termination of benefits. Grievances may also be filed when a tenant disputes the owner's notice of proposed adverse action.

Notice of Adverse Action

The complex owner must notify tenants in writing about any proposed actions that may have adverse consequences, such as denial of occupancy and changes in the occupancy rules or lease. The written notice must give specific reasons for the proposed action, and must also advise tenants of the "right to respond to the notice within 10 calendar days after the date of the notice" and of "the right to a hearing." Housing complexes in areas with a concentration of non-English-speaking people must send notices in English and in the majority non-English language.

Grievance Process Overview

USDA believes that the best way to resolve grievances is through an informal meeting between tenants and the landlord or owner. Once the owner learns about a tenant grievance, the process should begin with an informal meeting between the two parties. Owners must offer to meet with tenants to discuss the grievance within 10 calendar days of receipt of the complaint. USDA encourages owners and tenants to try to reach a mutually satisfactory resolution to the problem at the meeting.

If the grievance is not resolved, the tenant must request a hearing within 10 days of receipt of the meeting findings. The parties will then select a hearing panel or hearing officer to govern the hearing. All parties are notified of the decision 10 days after the hearing.

When a Grievance Is Legitimate

The landlord must determine if a grievance is within the established rules for the program. For example, "I want to file a complaint because the manager doesn't speak to me" is not a legitimate complaint. However, "I want to file a complaint because the manager isn't maintaining the property according to USDA guidelines" is a legitimate complaint. Below are examples of cases in which tenants may and may not file a complaint.

A complaint may not be filed with the owner/management if:	A complaint may be filed with the owner/management if:
USDA has authorized a proposed rent change.	There is a modification of the lease, or changes in the rules or rent that are not authorized by USDA.
A tenant believes that he/she has been discriminated against because of race, color, religion, national origin, sex, age, familial status, or disability. Discrimination complaints should be filed with USDA and/or the Department of U.S. Housing and Urban Development (HUD), not with the owner/management.	The owner or management fails to maintain the property in a decent, safe, and sanitary manner.
The complex has formed a tenant's association and all parties have agreed to use the association to settle grievances.	The owner violates a lease provision or occupancy rule.
USDA has required a change in the rules and proper notices have been given.	A tenant is denied admission to the complex.
The tenant is in violation of the lease and the result is termination of tenancy.	
There are disputes between tenants that do not involve the owner/management.	
Tenants are displaced or other adverse effects occur as a result of loan prepayment.	

PA 1998
December 2008

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.



NOTICE TO ALL TENANTS / APPLICANTS OPTIONS FOR PERSONS WITH DISABILITIES

Attachment to Application for Admission

Golden Manor is managed by Bella Vista Realty (BVR). BVR provides housing to qualified families and/or individuals and does not discriminate against applicants or residents on the basis of race, creed, color, sex, religion, age, national origin, familial status, sexual orientation, political beliefs, or disability. In addition, BVR has a legal obligation to provide "reasonable accommodations" to applicants and tenants if they or any family members have a disability.

A reasonable accommodation is some modification or change that the Company can make to the policies or procedures that will assist an otherwise eligible applicant with a disability to take advantage of the program, as long as the change does not create discrimination elsewhere. Compliance actions may include reasonable accommodations as well as structural modifications to the apartment or premises, to the extent that these reasonable accommodations can be implemented without creating undue financial or administrative burdens to the property.

An applicant or current resident household that has a member with a disability must still be able to meet the essential obligations of the Tenant Screening Process. They must be able to pay rent in a timely manner, to care for their apartment, to report required information to the Manager, avoid disturbing their neighbors, and to maintain sanitary and safe conditions in their living space. However, there is no requirement that they be able to perform these functions without assistance.

If you or a member of your family has a disability and feel you might need or want a unit specially equipped with design features that are beneficial to wheelchair users, individuals with hearing/vision impairments or a reasonable accommodation that relates to a disability, please complete the **REASONABLE ACCOMMODATION / MODIFICATION VERIFICATION** form. You may request it at any time in the application process or after admission. This is your choice to make. If you would prefer not to discuss your situation with management, that is your right.

USDA-RD Properties: Non-Discrimination Policy – In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

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Tax Credit or HUD Properties: To file a complaint of discrimination, write: U.S. Department of Housing and Urban Development, 451 7th Street S.W., Washington, DC 20410 or call toll-free, Telephone: (800) 669-9777 or TTY: (800) 927-9275.

This institution is an equal opportunity provider.



WAGE AND BENEFIT MATCHING TENANT NOTIFICATION

Dear Applicant/Tenant:

Rural Development is implementing a wage and benefit matching system. The goal of this system is to reduce fraud, waste, and abuse in Federal programs. This notice is to inform you about the program and how it may affect you.

Rural Development obtains wage and benefit information from the Department of Labor. This information will be shared with the owners and management agents servicing your housing development. This information may then be compared against information provided on your Tenant Certification (Form RD 3560-8). Whenever differences are revealed, or result in the government providing unauthorized assistance in the form of rental subsidy, you may expect to be contacted for an explanation.

Rural Development assumes Tenant Certifications are completed as accurately as possible. However, misunderstandings and honest errors do occur. Unfortunately, there are also those who will report wrong information in order to qualify for Federal benefits. The objective of the records check is to make sure that those needing assistance can receive assistance, while those who do not can be stopped and made to repay improperly received benefits.

Rural Development will implement a wage and benefit matching system fairly. Therefore, whenever a new or renewed Tenant Certification is completed, it will be subject to verification by the Agency and the owner or management agent servicing your housing development. If a problem is suspected, you will be contacted and asked to provide an explanation. If disagreements arise, you will be informed of your right to file a grievance under 7 CFR 3560.160. A copy of the grievance procedure is available from the Resident Manager.

If you have any further questions, please contact the rental office.

Thank you,

Project Manager

GOLDENMANDR

This institution is an equal opportunity provider and employer.

★ ★ NOTICE ★ ★

TO: Applicants of USDA-RD Subsidized Housing
FROM: Golden Manor
RE: Student Eligibility

Dear Applicant:

If you or someone in your household is a full or part time student attending an institute of higher education, your household will be ineligible to receive rental assistance subsidy unless one of the following conditions exist:

- Student is age 24 or older; OR
- Student and parent(s) will be residing in the same unit; OR
- Student is married; OR
- Student has a dependent child; OR
- Student is independent; OR
- Student's parents would income qualify – this includes both parents, if divorced

In order to be considered independent, a student must have established residency separate from their parents for at least one year prior to applying for housing, not including dormitories. They must also provide proof that they are not claimed on the tax return of any other individual. During the screening process the site manager will be required to obtain copies of the parent's or legal guardian's prior year tax return for verification unless the student has filed their own return. The box asking if the student can be claimed on any other return must not be checked.

Households with an ineligible student will be unable to occupy a unit with RA.

If the complex does not have full RA, applications for households with an ineligible student will be allowed to remain on the waitlist for a unit without RA and must pay the full rent for the unit, as determined by their income.

If you have any questions about how these rules may affect your application, please do not hesitate to contact the Site Manager of the complex for which you are applying.

Thank you,

GOLDEN MANOR

Non-Discrimination Policy: The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

To File a Program Complaint: If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Office Use Only	
Date: _____	
Time: _____	
Apt. Size: 1 2	

APPLICATION FOR ADMISSION

GOLDEN MANOR

Office Use Only	
Gross Income: _____	
Adj. Income: _____	
<input type="checkbox"/> V <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> A	
<input type="checkbox"/> Addition to Existing Household	
Unit #: _____	
Application #: _____	

GENERAL INFORMATION

Name of Head of Household	Social Security #	Driver's License #	Birth Date (mm/dd/yyyy)	Sex	Attending School?
1. _____	____ - ____ - _____	_____	____ / ____ / _____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No

List all others who will occupy the unit.

Name	Social Security #	Driver's License #	Birth Date (mm/dd/yyyy)	Sex	Relationship to Head of Household	Attending School?
2. _____	____ - ____ - _____	_____	____ / ____ / _____	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	____ - ____ - _____	_____	____ / ____ / _____	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	____ - ____ - _____	_____	____ / ____ / _____	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No
5. _____	____ - ____ - _____	_____	____ / ____ / _____	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No
6. _____	____ - ____ - _____	_____	____ / ____ / _____	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No
7. _____	____ - ____ - _____	_____	____ / ____ / _____	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you or has any member of your household ever used another name and/or Social Security number? ☐ Yes ☐ No

If yes, describe: _____

Do you wish to claim a \$400 deduction from your income based on a disability and/or elderly status? ☐ Yes ☐ No

If yes, which member of your household entitles you to this deduction? _____

Do you wish to have priority for an apartment with special design features for persons with disabilities? ☐ Yes ☐ No

Do you or anyone in your household request "Reasonable Accommodations" to be made? ☐ Yes ☐ No See attached 'Notice to All Tenant/Applicants'

Do you anticipate any changes in household composition in the next 12 months? ☐ Yes ☐ No If yes, please explain: _____

Do you own a pet? ☐ Yes ☐ No If yes, please be advised that pets are not allowed unless this is a designated senior property.

Senior Properties: Occupancy for senior properties is limited to applicants who are 62 years of age or older; or disabled, regardless of age. If you are less than 62 years old, are you eligible for occupancy based on your status as an individual with a disability? ☐ Yes ☐ No

APARTMENT SIZE REQUESTED: ☐ 1 Bedroom ☐ 1 Bedroom Mobility Impaired

RENTAL HISTORY - Management's policy is to have 5 years of continuous landlord history. If additional space is needed, please use the back page of this application or attach an additional sheet.

1. (Head of Household) CURRENT Address: _____
 Street Apt. # City County State Zip
 Phone: (_____) _____ - _____ Dates you lived here: ____ / ____ / ____ to ____ / ____ / ____
 mm dd yyyy mm dd yyyy

MAILING Address (if different from above): _____
 Street Apt. # City County State Zip

CURRENT Landlord: _____ Address: _____

Phone: (_____) _____ - _____ If apt., name of complex: _____

Reason you want to move: _____

Do you ☐ Rent or ☐ Own? Monthly rental/mortgage amount: \$ _____ Do you have your own Section 8 Certificate or Voucher? ☐ Yes ☐ No

Do you currently have Rental Assistance (RA) at another Rural Development (RD) property? ☐ Yes ☐ No

Are you being displaced? ☐ Yes ☐ No If yes, why? _____

Are you being, or have you been evicted? ☐ Yes ☐ No If yes, explain: _____

PREVIOUS Address: _____
 Street Apt. # City County State Zip

If apt., name of complex: _____ Dates you lived here: ____ / ____ / ____ to ____ / ____ / ____
 mm dd yyyy mm dd yyyy

PREVIOUS Landlord: _____ Phone: (_____) _____ Reason for Moving: _____

Address: _____ Did you ☐ Rent or ☐ Own?
 Street Apt. # City County State Zip

ALL OTHER ADULT APPLICANTS NOT RESIDING WITH THE HEAD OF HOUSEHOLD APPLICANT FOR THE PAST 5 YEARS MUST PROVIDE CURRENT AND PREVIOUS ADDRESSES.

2. (Applicant #2) CURRENT Address: _____
 Street Apt. # City County State Zip

Phone: (_____) _____ - _____ Dates you lived here: ____/____/____ to ____/____/____
 mm dd yyyy mm dd yyyy

CURRENT Landlord: _____ **Address:** _____

Phone: (_____) _____ - _____ If apt., name of complex: _____

Reason you want to move: _____

Do you ☐ Rent or ☐ Own? Monthly rental/mortgage amount: \$ _____ Do you have your own Section 8 Certificate or Voucher? ☐ Yes ☐ No

Do you currently have Rental Assistance (RA) at another Rural Development (RD) property? ☐ Yes ☐ No

Are you being, or have you been evicted? ☐ Yes ☐ No If yes, explain: _____

PREVIOUS Address: _____
 Street Apt. # City County State Zip

If apt., name of complex: _____ Dates you lived here: ____/____/____ to ____/____/____
 mm dd yyyy mm dd yyyy

PREVIOUS Landlord: _____ **Phone:** (_____) _____ - _____ **Reason for Moving:** _____

Address: _____ **Did you** ☐ **Rent or** ☐ **Own?**
 Street Apt. # City County State Zip

PERSONAL REFERENCES (Do not list relatives. Business or professional friends/acquaintances are preferred.):

Applicant #1 Name Address Phone # Relationship

 (_____) _____ - _____

 (_____) _____ - _____

Applicant #2 Name Address Phone # Relationship

 (_____) _____ - _____

 (_____) _____ - _____

MEDICAL: Complete this part ONLY if you or spouse is 62 or older, disabled or handicapped.

1.) Medicare Premiums- Applicant #1 \$ _____ per month

Medicare Premiums- Applicant #2 \$ _____ per month

2.) Medical Insurance Coverage: Name of Company _____

\$ _____ per month Address _____

3.) Anticipated medical/drug/prescription/non-prescription cost NOT covered by insurance or reimbursed?

4.) Medical bills or outstanding cost you are making monthly payment for:

Balance Due \$ _____ Monthly Payment \$ _____

Name of Company _____

5.) Any medical related travel costs? ☐ Yes ☐ No _____

6.) Projected cost NOT covered by insurance or reimbursed for the next 12 months OR any other medical expenses not listed above: *

_____ \$S

7.) Name and contact information of your physician: _____

HOUSEHOLD FINANCIAL OBLIGATIONS: List ALL credit card payments, car payments, child support, alimony, loans, etc.
NOTE: THIS SECTION MUST BE COMPLETED.

Payable To: (company name)	Monthly Payment

Payable To: (company name)	Monthly Payment

INCOME: Do you or any member of your household anticipate receiving income from any of the following sources during the next 12 months? (Please mark every question YES or NO. If you answer any questions with a YES, complete the blanks on the right.)

	Yes	No	Amount Received (per time period)	Received By Which Household Member	Source of Income (name, address & phone)
Employment (Earned Income)	<input type="checkbox"/>	<input type="checkbox"/>	\$_____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		_____
Employment (Earned Income)	<input type="checkbox"/>	<input type="checkbox"/>	\$_____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		_____
Alimony	<input type="checkbox"/>	<input type="checkbox"/>	\$_____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		_____
Child Support	<input type="checkbox"/>	<input type="checkbox"/>	\$_____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		_____
Disability Benefits (worker's compensation disability income)	<input type="checkbox"/>	<input type="checkbox"/>	\$_____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		_____
Monetary Gifts	<input type="checkbox"/>	<input type="checkbox"/>	\$_____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		_____
Pension or Retirement Benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$_____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		_____
Public Assistance	<input type="checkbox"/>	<input type="checkbox"/>	\$_____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		_____
School Grants or Scholarships	<input type="checkbox"/>	<input type="checkbox"/>	\$_____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		_____
Social Security / SSI	<input type="checkbox"/>	<input type="checkbox"/>	\$_____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		_____
Unemployment Compensation	<input type="checkbox"/>	<input type="checkbox"/>	\$_____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		_____
Veterans Administration	<input type="checkbox"/>	<input type="checkbox"/>	\$_____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		_____
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	\$_____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		_____

Do you anticipate any change in this income in the next 12 months? ☐ Yes ☐ No If yes, please explain: _____

Does an outside party pay your utilities, phone service or other household expenses? ☐ Yes ☐ No If yes, amount paid per month \$ _____

Name and address of outside party: _____
Name Address City State Zip

FEDERAL INCOME TAX RETURNS: Are you or any member of your household exempt from filing a Federal Income Tax Return? ☐ Yes ☐ No

If yes, which members: _____, _____, _____, _____
 Name Name Name Name

ASSETS I: Have you received or do you expect to receive any LUMP SUM payments such as inheritances, lottery winnings, insurance settlements or an amount other than your monthly allotment from Social Security, Public Assistance or Disability? ☐ Yes ☐ No

If yes, source of income: _____ Amount of income: \$ _____

Source address: _____ When did you receive payment? _____

In the last TWO years have you sold, given away or disposed of assets for less than "fair market value" (example: real estate and other items held for investment purposes such as gems, jewelry, coins or collections)? ☐ Yes ☐ No If yes, type of asset: _____

Amount received \$ _____

Name of party who acquired asset: _____ Address: _____

Was this due to a divorce, separation or bankruptcy? ☐ Yes ☐ No _____

ASSETS II: Assets include cash held in savings and/or checking accounts, trust funds, equity in real estate and other capital investments, stocks, bonds, Treasury bills, certificates of deposit, money market funds, IRA accounts, retirement and pension funds, lump sum receipts (i.e. lottery winnings, insurance settlements, etc.) and personal property held as an investment (i.e. gem or coin collections, paintings, antique cars, etc.). Please mark every question either YES or NO. If you answer with a YES, complete the blanks on the right. Do not include necessary personal property such as furniture, automobiles and clothing.

DO YOU HAVE . . . ?

	Yes	No	Name on Account	Account #	Balance/Value	Bank (name & address)
Checking Account(s)	<input type="checkbox"/>	<input type="checkbox"/>				_____
Checking Account(s)	<input type="checkbox"/>	<input type="checkbox"/>				_____
Savings Account(s)	<input type="checkbox"/>	<input type="checkbox"/>				_____
Savings Account(s)	<input type="checkbox"/>	<input type="checkbox"/>				_____
Money Market Account(s)	<input type="checkbox"/>	<input type="checkbox"/>				_____
Certificate/Time Deposit	<input type="checkbox"/>	<input type="checkbox"/>				_____
Safety Deposit Box	<input type="checkbox"/>	<input type="checkbox"/>				_____
Trust Account(s)	<input type="checkbox"/>	<input type="checkbox"/>				_____
Stocks or Bonds	<input type="checkbox"/>	<input type="checkbox"/>				_____
IRA/Keough/Life Insurance or other retirement account	<input type="checkbox"/>	<input type="checkbox"/>				_____
Rental Property	<input type="checkbox"/>	<input type="checkbox"/>				_____
Real Estate	<input type="checkbox"/>	<input type="checkbox"/>				_____
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>				_____

CHILDCARE: (Complete only if your child/children is/are 12 years of age or younger and living in your household.)

Do you pay for childcare expenses? ☐ Yes ☐ No If yes, how much \$ _____ To whom is this expense paid?

Name: _____ Address: _____

Do you employ childcare in order for a household member to work or continue education? ☐ Yes ☐ No

ELDERLY HOUSEHOLDS: (Applicable only if the head of household or co-tenant is 62 years of age or older; or disabled, regardless of age.)

Do you anticipate having ANY medical expenses within the next twelve (12) months that are not paid for by Medicare or an insurance policy?

☐ Yes ☐ No (examples: medical or dental expenses, including cost of insurance, prescriptions, eyeglasses, hearing aids or nursing care)
DO NOT INCLUDE expenses that are reimbursed or paid by others outside your household.

DISABILITY ASSISTANCE EXPENSE: (Applicable only if a household member has a disability.)

Does your household have disability assistance expenses? ☐ Yes ☐ No (examples: care attendant, special apparatus, such as wheelchairs, ramps, and adaptations to vehicles or workplace equipment) DO NOT INCLUDE expenses that are reimbursed or paid by others outside your household.

SUBSIDIZED HOUSING:

Have you or any member of your household lived in subsidized housing? ☐ Yes ☐ No If yes, which household member(s): _____

_____ Has your household's tenancy in a subsidized housing program ever been terminated for fraud, nonpayment of rent or failure to cooperate with the recertification process? ☐ Yes ☐ No If yes, please explain the circumstances: _____

DRUG FREE HOUSING:

In order to comply with Federal and State laws, all attempts must be made by the Owner of this apartment community to assure DRUG and VIOLENCE-FREE Housing. The following questions MUST be answered by ALL applicants for this housing:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Is any household member a current illegal user of a controlled substance?
<input type="checkbox"/>	<input type="checkbox"/>	Has any household member been convicted of the illegal use, possession, sale, distribution or manufacturing of a controlled substance?
If either of the above questions were answered "Yes", which member(s): _____		
<input type="checkbox"/>	<input type="checkbox"/>	If any of the questions above were answered "Yes", has the household member successfully completed a controlled substance abuse recovery program?
<input type="checkbox"/>	<input type="checkbox"/>	Has any household member been convicted of a violent crime or a felony?
<input type="checkbox"/>	<input type="checkbox"/>	Is any household member currently on probation for a violent or drug-related offense?
If you answered "Yes" to any of the above statements, please explain: _____		

EMERGENCY CONTACT PERSON(S):

Applicant #1	Name	Address	Phone #	Relationship
			() -	
			() -	

Applicant #2	Name	Address	Phone #	Relationship
			() -	
			() -	

Applicant #3	Name	Address	Phone #	Relationship
			() -	
			() -	

AUTOMOBILE(S):

Make: _____ Model: _____ Color: _____ Year: ____ ____ ____ License Plate #: _____

Make: _____ Model: _____ Color: _____ Year: ____ ____ ____ License Plate #: _____

Per the terms of the lease agreement at this complex, trailers, boats and campers are not permitted.

I/We certify the housing I/we will occupy at this apartment complex will be my/our permanent residence and I/we will not maintain a separate rental unit in a different location. I/We authorize the owner to obtain credit and criminal background reports and to contact current and previous landlords. I/We agree to release all information and execute any documents necessary to RHS and/or Borrower to conduct a wage match immediately upon request.

I/We also certify that the information given is accurate and complete and understand any misrepresentation will disqualify the applicant. I/We understand the responsibility, as applicant, to keep Management notified of any changes. This includes a change in household size, current address, income and/or assets.

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.

Non-Discrimination Policy: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.

Signature-Applicant #1 _____ Date _____

Signature-Applicant #2 _____ Date _____

Applicant understands and agrees that: (i) this is an application to rent only and does not guarantee that applicant will be offered the Premises; (ii) Owner/Agent may accept more than one application for the Premises and, using their sole discretion, will select the next qualified applicant from the waiting list, and (iii) Applicant(s) will provide a copy of applicant's driver's license upon request.

Applicant(s) represents the above information to be true and complete, and hereby authorizes Owner/Agent to: (i) verify the information provided; and (ii) obtain a credit report on applicant(s) and other reports, warnings and verifications on and about applicant(s), which may include, but not be limited to, criminal background checks, reports on unlawful detainers, bad checks, fraud warning, employment and tenant history. Applicant(s) further authorizes Owner/Agent to disclose information to prior or subsequent owners and/or agents.

If application is not fully completed, or received without the screening fee (screening fee to be paid when application is next on waiting list): (i) application will not be processed, and (ii) the application and any screening fee will be returned. Return your completed application and applicable fee (not until application is next on the waiting list,) to the address listed on the cover sheet of this packet.

Signature-Applicant #1 _____ Date _____

Signature-Applicant #2 _____ Date _____

SCREENING**FEE:**

Applicant(s) has paid a nonrefundable screening fee of \$ _____, applied as follows: (The screening fee may not exceed \$30.00, adjusted annually from 1-1-98 commensurate with the increase in Consumer Price Index. A CPI inflation calculator is available on the Bureau of Labor Statistics website, www.bls.gov. The California Department of Affairs calculates the applicable screening fee amount to be \$44.5 as 2012.) \$ _____ for credit reports prepared by **BELLA VISTA REALTY**.

The undersigned has read the foregoing and acknowledges receipt of a copy.

Signature-Applicant #1 _____ Date _____

Signature-Applicant #2 _____ Date _____

The undersigned has received the screening fee indicated above.

Owner/Agent Signature _____ Date _____

How did you hear about this complex? ☐ Drove By ☐ Tenant Referral ☐ Internet Search ☐ Craigslist ☐ Newspaper Ad ☐ Phone Book ☐ Other: _____

GOLDEN MANDR

DEMOGRAPHIC INFORMATION

RRH and FLH Borrowers are required to keep track of the demographics of their applicants and tenants (even though their participants may decline to cooperate in the gathering of this data).

“The information regarding race, ethnicity and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal Laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with.”

“You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.”

Please check (✓) the applicable Ethnicity of Head of Household:

- ☐ Hispanic or Latino (any race)
- ☐ Not Hispanic or Latino

Please check (✓) the applicable Race/National Origin of Head of Household:

1. ☐ American Indian or Alaskan Native
2. ☐ Asian
3. ☐ Black or African American
4. ☐ Native Hawaiian or Other Pacific Islander
5. ☐ White

Non-Discrimination Policy: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

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