



Tenants to Homeowners, Inc.

2518 Ridge Court, Suite 103, Lawrence, Kansas 66046

Senior Rental Program #3 Cedarwood Senior Housing Application Requirements

ATTENTION: This program is open to anyone 62+ and who makes less than 80% of the median income in Lawrence for the year. The rents in this program are set below Fair Market Rent BUT do not vary based on your specific income. However, we do accept Section 8 vouchers. All units in this program are FOR RENT only. Currently, these senior units are at one location only located at 2525 Cedarwood Ave. Potential tenants would be responsible for paying all utilities including electric, water and trash.

The application must be filled out completely.

- The "Case Management Disclaimer" must be read and signed by applicant.
- The "Tenant Release and Consent Form" must be signed by applicant.
- A copy of all Photo IDs and Social Security cards must be submitted for all household members.
- 3 Months of the most recent bank statements for all adults in the household. All pages of the bank statements must be provided and statements must have the bank logo and the account holders name and address. Printed screen shots of bank accounts will be rejected.
- Current Income Verification must be provided. Acceptable forms:
If applicable, 3 months of consecutive pay stubs for each job. Pay stub must show gross wages.
If applicable, Social Security/SSDI letter
If self-employed, 8 months bank statements showing deposits, and previous year's tax return.

THE APPLICATION PROCESS

There is no application fee. We offer application forms to everyone who asks about our rental units, regardless of whether a unit is available. Accepting an application does not indicate the application will be approved.

- Filling out and submitting this application does not guarantee approval or that there is a unit available. If no units are available at the time of submittal, management will hold your application on file for one year and contact you if there is a vacancy.
- Once a unit becomes available, we will contact applicants and request more information to verify income and assets. The application process takes two business weeks. Management must conduct the proper income eligibility and background checks to approve tenancy.

APPROVAL PROCESS: WHAT DO WE LOOK AT?

- Must be under 80%, 60% or 50% of the Lawrence median income depending on unit's targeted income eligibility. (See attached Cedarwood Unit chart).
- Must also have sufficient income/resources to pay rent.
- Criminal History-A felony on the applicant's record disqualifies the applicant permanently. An applicant also cannot be a registered sex offender. All other criminal history can also be a basis for denial.
- Credit History
- Prior Rental History (if applicable)-An eviction in the past 5 years disqualifies the applicant for approval.

Cedarwood Case Management Disclaimer

Tenants to Homeowners, Inc. is the property manager of the 14 Cedarwood Senior Cottage Units. TTH, Inc. acts solely as the property manager and does not provide or claim to provide any case management or additional supportive housing services for the tenants or prospective tenants of said properties. If you are not capable of living independently, need assisted living or supportive housing arrangements please notify staff and we will provide you with a list of assisted and supportive living facilities in Lawrence. If you are currently working with case management representatives, staff is willing to communicate with your case management representatives to contribute to your independent living success. However, it is not the responsibility of TTH staff to ensure your success. Please make certain you are working diligently with your case managers to ensure that you are able to fulfill your tenant responsibilities without additional case management from the landlord.

If you do not have case management and think you might need case management to help with various life functions, staff can provide you with a list of local social service agencies in Lawrence. Tenants are responsible for following all terms of the lease, including paying rent on time and maintaining a clean unit. If the tenant is not capable of maintaining a clean unit on their own, the tenant is responsible at the tenant's cost, for hiring cleaning services as necessary to ensure the unit can pass all funder inspections. Tenants are responsible for their actions and the actions of their caregivers, caseworkers, guests etc. TTH, Inc. is a not for profit organization and does not currently staff a case manager or counselor and does not have the capacity to do so. If we determine the tenant is not fulfilling their responsibilities as required in their lease (for example: taking care of the property, keeping the unit clean, and not disturbing the peaceful enjoyment of other tenants, etc.), or we determine that the tenant requires an above average amount of the landlord's time and limited resources to understand and follow the rules of their lease, this is a cause for lease termination.

I have read the case management disclaimer provided to me and understand my responsibilities as a tenant of Cedarwood Senior Cottage Properties.

1st Applicant _____ Date _____

2nd Applicant _____ Date _____

Case Manager _____ Date _____
(If applicable)

Property Manager _____ Date _____

Tenant Release and Consent

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our apartment rental application to Tenants to Homeowners, Inc. I/we authorize release of information without liability to Tenants to Homeowners, Inc.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to:

- Personal identity
- Employment
- Income and assets
- Medical or child care allowances

I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant. **GROUPS OR INDIVIDUALS THAT MAY BE ASKED** The groups or individuals that may be asked to release the above information include, but are not limited to:

- Past and Present Employers Previous Landlords (including Public Housing Agencies)
- Support and Alimony Providers
- Welfare Agencies
- State Unemployment Agencies
- Social Security Administration
- Medical and Child Care Providers
- Veterans Administration
- Retirement Systems
- Banks and other Financial Institutions

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand, I/we have a right to review this file and correct any information that I/we can prove is incorrect.

SIGNATURES

Applicant/Resident (Print Name) Date

Co-Applicant/Resident (Print Name) Date

Cedarwood Senior Cottages Rental Application

Please print legibly. We will not accept incomplete applications.

Updated 8.1.19

Full Name of Head of Household: _____

Current Address: _____

E-mail: _____ Phone: _____

I would like to find a place by this date: _____

I currently own a home and plan on selling: Y or N

I am currently in a lease and it expires on this date: _____

I am requesting a: 1-Bedroom or 2-Bedroom

Negotiable – please explain: _____

I am requesting a unit with a garage: Yes or No

Negotiable – please explain: _____

Any other additional information I would like to share pertaining to housing wants or needs: _____

Household Composition & Characteristics

| Member's Name | Relationship to of Household | Dates of Birth | Age | Sex | Social Security Number (SSN) |
|---------------|------------------------------|----------------|-----|-----|------------------------------|
| | | | | | |
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| | | | | | |

Residential History (The more information, the better)

Required: Past 5 years of residential history and at least one previous landlord who is not a relative. If you do not have a previous landlord in the past 5 years, please list a personal reference on the designated personal reference line.

| | |
|--|------------------------------------|
| 1. Current Landlord/Property Name: _____ | |
| Current address: _____ | Apt. # _____ |
| City, State, Zip: _____ | |
| Landlord Day Phone: _____ | Email: _____ |
| Rent Amount: \$ _____ per month | Dates rented/From: _____ To: _____ |

| | |
|---|------------------------------------|
| 2. Previous Landlord/Property Name: _____ | |
| Current address: _____ | Apt. # _____ |
| City, State, Zip: _____ | |
| Landlord Day Phone: _____ | Email: _____ |
| Rent Amount: \$ _____ per month | Dates rented/From: _____ To: _____ |

| | |
|---|------------------------------------|
| 3. Previous Landlord/Property Name: _____ | |
| Current address: _____ | Apt. # _____ |
| City, State, Zip: _____ | |
| Landlord Day Phone: _____ | Email: _____ |
| Rent Amount: \$ _____ per month | Dates rented/From: _____ To: _____ |

If you do not have a recent landlord reference, list (3) Personal References:

1. Name: _____ Contact Information: _____
2. Name: _____ Contact Information: _____
3. Name: _____ Contact Information: _____

General Questionnaire (please circle one answer)

1. Are you or any members of your household currently receiving housing assistance? Yes **or** No
If yes, list source of assistance: _____ City/State: _____
2. Have you ever been convicted of a criminal offense? Yes **or** No
If yes, Offense: _____ City/State: _____
3. Are you or any members of your household subject to the State Sexual Offenders Registration? Yes **or** No
If yes, list the **City/State** where the offence occurred: _____
4. Have you or any members of your household ever been evicted? Yes **or** No
If yes, Property/Landlord Name: _____ City/State: _____
5. Will the apartment for which you are applying be the family's only residence? Yes **or** No
6. Do you or any members of your household require special accommodations to live in the unit? Yes **or** No
7. Do you expect any changes in the household composition in the next 12 months? Yes **or** No
8. Do you own equity in real estate, rental property, land contracts/contract for other deeds or other real estate holdings or capital investments? Yes **or** No
If Yes, provide the type and value: _____

Income Verification:

Employment Income (Please list the last three years of employment history):

| Applicant Name(s) | Employer Name | Start Date | End Date | Position | Monthly \$ Gross Income |
|-------------------|---------------|------------|----------|----------|-------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Other Household Income: SSI, SSDI, Pension, Benefits, etc.

| Applicant Name(s) | Source of Income | Monthly \$ Gross Income |
|-------------------|------------------|-------------------------|
| | | |
| | | |
| | | |

Assets: Checking, Savings, Retirement Funds, Mutual Funds, Death Benefits, Life Insurance Dividends etc.

| Applicant Name(s) | Name of Financial Institution | Type of Asset | Asset Cash \$ Value |
|-------------------|-------------------------------|---------------|---------------------|
| | | | |
| | | | |
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For Management Use Only

Gross Annual Income: (If the total value of all assets above exceeds \$5,000 – multiply the total value of assets by .06% and list the amount below under gross annual income)

Pay Stub Total: Applicant 1 _____ Applicant 2 _____

Other Household income: Applicant 1 _____ Applicant 2 _____

Asset Total: Applicant 1 _____ Applicant 2 _____

Total Gross Annual Household Income: \$ _____

Percentage of Median Income: % _____

Vehicle(s)

| Make | Model | Color | License Plate # |
|------|-------|-------|-----------------|
| | | | |
| | | | |

Pet (if applicable): Only **one** approved pet will be allowed at Cedarwood Cottages

| Species (dog, cat, reptile, etc) | Breed | Age | Weight |
|----------------------------------|-------|-----|--------|
| | | | |

GROUNDINGS FOR DENIAL OF THE APPLICATION

This application must be signed by all adults who will occupy the apartment before it can be considered. In compliance with the FAIR CREDIT REPORTING ACT this notice is to inform you that the processing of this application includes but is not limited to making any inquiries deemed necessary to verify the accuracy of the information herein, including procuring consumer credit reporting agencies and obtaining credit information from other credit institutions.

Additionally, I authorize all corporations, companies, creditors, landlords, law enforcement agencies, financial institutions, academic institutions, and current employers to release information they may have about me and release them from any liability and responsibility from doing so.

| | | | |
|-------------------|------|----------------------|------|
| _____ | Date | _____ | Date |
| Head of Household | | Co-head of Household | |
| _____ | Date | _____ | Date |
| Household Member | | Household Member | |

It is the policy of Tenants to Homeowners to provide services without regard to race, color, national origin, ancestry, age, sex, sexual orientation, familial status, physical handicap or disability.

TTH, Inc. owns and operates this property. Our mission is to create affordable housing opportunities in Lawrence. For this reason, we aim to keep these rentals below fair market rent. We are (also) pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are not barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, national origin, or sexual orientation. TTH, Inc. complies with and bases its policies on the Kansas Landlord Tenant Law.

Cedarwood Senior Housing Specifications

| | | | | | |
|--|----------------|----------------|----------------|----------------|----------------|
| Cedarwood unit Specifications | 1 Br, 1 Bth | 1 Br, 1 Bth | 2 Br, 1 Bth | 2 Br, 1 Bth | 2 Br, 1 Bth |
| Income Restriction (% Median Income) | 50% | 60% | 60% | 60% | 80% |
| # of Unit Types at this income bracket | 3 | 2 | 1 | 3 | 5 |
| 2019 Income Restriction | | | | | |
| Rent | \$545 | \$555 | \$710 | \$720 | \$795 |
| # of Units with Garages | 0 | 2 | 0 | 3 | 5 |
| Sq. Ft per Unit | 656 | 656 | 897 | 897 | 897 |
| Heating & Cooling | All Electric | All Electric | All Electric | All Electric | All Electric |
| Heating, Cooling & Water/Trash | Paid by Tenant | Paid by Tenant | Paid by Tenant | Paid by Tenant | Paid by Tenant |

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) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from Unit <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Reverification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other _____ </td> </tr> </table> | | <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from Unit <input type="checkbox"/> Late payment of rent | <input type="checkbox"/> Assist with Reverification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from Unit <input type="checkbox"/> Late payment of rent | <input type="checkbox"/> Assist with Reverification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other _____ | | |
| 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.

Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office Strategic Planning
Grants Management and Oversight Division

OMB Approval No. 2535-0113
(exp. 06/30/2017)

Program Title

Grantee/Recipient Name

Grantee Reporting Organization

Reporting Period **From** (mm/dd/yyyy) _____ **To** (mm/dd/yyyy) _____

| Racial Categories | Total Number of Race Responses | Total Number of Hispanic or Latino Responses |
|--|--------------------------------|--|
| American Indian or Alaska Native | | |
| Asian | | |
| Black or African American | | |
| Native Hawaiian or Other Pacific Islander | | |
| White | | |
| American Indian or Alaska Native and White | | |
| Asian and White | | |
| Black or African American and White | | |
| American Indian or Alaska Native and Black or African American | | |
| * Other multiple race combinations greater than one percent: (Per the form instructions, write in a description using the box on the right) | | |
| Balance of individuals reporting more than one race | | |
| Total | | |

*If the aggregate count of any reported multiple race combination that is not listed above exceeds 1% of the total population being reported, you should separately indicate the combination. See detailed instruction under "Other multiple race combinations."

Public reporting burden for this collection is estimated to average 1.15 hours per response, including the time for reviewing instruction, searching existing data sources, gathering the data needed, and completing and reviewing the information collection instrument. HUD may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.