



## TENANTS TO HOMEOWNERS, INC

# TTH

CREATING STABILITY  
THROUGH PERMANENTLY  
AFFORDABLE HOUSING

### **GOLD LEAF BALDWIN CITY/TENANTS TO HOMEOWNERS MANAGED RENTAL PARTNERSHIP**

The new Gold Leaf Senior Living apartments located in Baldwin City are currently under construction located at the 900 block of Ridge Road. The addresses are 904-932 Ridge Road and 24 units total are being constructed.

#### **These units are for:**

- Seniors 55 and over. Only one person in the home must be 55.
- There are income restrictions, which include all residents must be under 80% AMI in Douglas County. This means your annual income must be at or below \$47,360 for a household of 1 and \$54,080 for a household of 2.
- The rents are between \$575-\$775 based off income levels. But this is not section 8 housing. This means that your rent will not fluctuate if your income changes, but we do have a number of income levels and rents that need to be fulfilled.

#### **These units have the following amenities:**

- 1,047 Square footage, each unit comes with a 1-car garage.
- Each unit is 2-bedroom, 1-bathroom.
- All appliances are provided for you, including a washer and dryer.
- Each unit comes with a covered front porch and back patio.
- All units are non-smoking.
- Water, sewer, trash, and all maintenance are covered and paid by the landlord.
- Tenant only pays electric bill and needs to be able to turn electric in your name prior to/upon move-in. (The units are all-electric.)
- Pets: A one-time, non-refundable \$200 pet fee is required for all pets. You can bring the pets you have up to 2 pets. If you bring more than one pet and get rid of one, only one pet will then be allowed to reside in your unit. Your dog must be less than 30 lbs. and no outside kennels.
- Bathrooms will have showers with a low threshold (less than 2 inches), and will have support bars and seats built in.
- These new construction properties are built tightly, which is the biggest factor in energy efficiency. All-electric units are estimated to be 70% more efficient through most of the year in Kansas (although all electric systems can be challenged by extreme temperatures.)
- Each unit will have a storm room.

*If possible, we will try to set up an open house for viewing. However, due to COVID, our highest priority is protecting our employees, builders, and future residents. We can contact you if a viewing opportunity is available.*



## Tenants to Homeowners, Inc.

2518 Ridge Court, Suite 103, Lawrence, Kansas 66046

### Senior Rental Program #4

## Baldwin Gold Leaf Senior Housing Application Requirements

**ATTENTION:** This program is open to anyone 55+ 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. Potential tenants would be responsible for paying the electricity.

**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.
- 6 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, 6 consecutive pay stubs for each job. Pay stub must show gross wages.  
If applicable, Social Security/SSDI letter  
If self-employed, 6 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 Baldwin's median income depending on unit's targeted income eligibility.
- 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.
- Prior Rental History (if applicable)-An eviction in the past 5 years disqualifies the applicant for approval.

**Additional documents may be required upon request.**

## APPLICATION for AFFORDABLE HOUSING TAX CREDIT (LIHTC) PROPERTY

Property Name	Unit #	Bdrm Size
Phone (home)	(work)	(cell)
Current Address:		
Email Address (es)		

**\*\*PLEASE PRINT. PLEASE ANSWER ALL QUESTIONS! Do not leave any space or blanks, write "NO or N/A" where appropriate. \*\***

Directions to Applicant: Please complete the table below for each member of your household, whether or not those members are related. Include all members who you anticipate will live with you at least 50% of the time during the next 12 months. (A full-time student is anyone who is enrolled for at least five calendar months for the number of hours or courses which are considered full-time attendance by that institution. The five calendar months need not be consecutive.)

Name <u>ALL</u> People to Occupy Unit LAST NAME      FIRST      MI	DOB	Age	Sex	Relationship	**Marital Status** (never been married, married divorce, separated, widowed)	Social Security #	Student? Yes or No
1.				HEAD			
2.							
3.							
4.							
5.							
6.							

\*\* If Divorced or Separated please list the date(s): \_\_\_\_\_ \*\*

Please complete the following questions:

If any member of the household has used another name, please list this below (maiden name, former name, etc)

Former name used	Current name used
Former name used	Current name used

1. Do you expect any changes in the household composition in the next 12 months (expecting a child)? If Yes, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you or any other adult members of the household anticipate a change to the current income information within the next 12 months (i.e. seeking employment, expecting child support/alimony, expecting a promotion, etc.)? If Yes, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do all of the above household members reside in the household 100% of the time? If No, please list household members and why: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PART II - HOUSEHOLD INCOME - To be completed by applicant**

For questions (4) through (26), indicate the amount of anticipated income for all household members named in the table on page 1 (for minors, unearned income amounts only), during the 12-month period beginning this date. If you are uncertain which types of income must be included or may be excluded, please ask the management personnel for assistance.

Do you or any one in your household have:

Income	Applicant Yes or No		Other Applicant Yes or No		Amount:
(4) Wages or Salaries (gross income)					\$
(5) Child Support (court ordered amount)					\$
(6) Alimony					\$
(7) Social Security (gross amount)					\$
(8) Railroad Pension					\$
(9) Supplemental Security Income (SSI)					\$
(10) Public Assistance – AFDC, TANF, General Assistance (excluding Food Stamps)					\$
(11) Veterans Administration Benefits					\$
(12) Pensions, IRA, and/or 401 (k) (Keogh Accounts)(regular periodic payments)					\$
(13) Annuities (regular periodic payments)					\$
(14) Unemployment Compensation					\$
(15) Disability, Death Benefits, Adoption Assistance and/or Life Insurance Dividends					\$
(16) Worker’s Compensation					\$
(17) Severance Pay					\$
(18) Net Income from a Business (Self-Employment, including Uber or Lyft driver, Door dash, Uber Eats or similar types of positions, rental property, land contracts, or other forms of real estate)					\$
(19) Income from Assets					\$
(20) Regular Contributions and/or Gifts					\$
(21) Lottery Winnings or Inheritances					\$
(22) All regular pay paid to members of the Armed Forces					\$
(23) Education, Grants, Scholarships or other Student Benefits					\$
(24) Long Term Medical Care Insurance Payments in Excess of \$180.00 per day					\$
(25) Other Income					\$
(26) Are any of these items listed above being deposited onto a pre-paid debit card (Direct Express, Net Spend, Relia Card, Citi Bank, Etc.)					\$
<b>Total</b>					\$
Total Gross Annual Income from previous Year (separate out if unrelated adults)					\$

**PART III - ASSET INCOME - To be completed by applicant**

**CURRENT ASSETS** - List all assets currently held by all household members and the cash value of each. The Cash value is the market value of the asset minus reasonable costs there were, or would be, incurred in selling or converting the asset to cash.

Do you or anyone in your household have:

Asset	Applicant Yes or No	Other Applicant Yes or No	Cash Value Amount	Name of Bank or Institution:
(27) Savings Account / 529 College Savings Plan			\$	
(28) Checking Account Demand Deposit Account			\$	
(29) Certificate of Deposit			\$	
(30) Safe Deposit Box			\$	
(31) Trust Account			\$	
(32) Any Stocks or Securities			\$	
(33) Any Treasury Bills			\$	
(34) Retirement Fund / Annuities (Include IRA's or Keogh Accounts)			\$	
(35) Mutual Funds			\$	
(36) Saving Bonds			\$	
(37) Money Market Account			\$	
(38) Cash on Hand or internet accounts (Venmo, Square Cash App, PayPal, etc.)			\$	
(39) Prepaid Debit Card (Direct Express, NetSpend, Citibank, reloadable Wal-Mart cards, red or green dot cards, Etc.)			\$	
(40) HSA accounts – (not all states count this as an asset, please check with your State Agency)				

Do you or anyone in your household have:

41. Do you or any other member of your household have any Whole or Universal Life Insurance Policies? If so who is this listed with: _____ Cash Value \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
42. Have any Personal Property held as an Investment (this includes: paintings, artwork, collector or show cars, jewelry, coin or stamp collections, antiques, etc.)? Cash Value _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Received any Lump Sum Receipts? (Include inheritances, capital gains, lottery winnings, insurance settlements and other claims)? When _____ Cash Value _____ Where are Funds Held? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
44. Own Equity in real estate, rental property, land contracts/contract for deeds or other real estate holdings or other capital investments (this included your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property)? a. If yes, type of property: _____ b. Location of Property: _____ c. Appraised Market Value: _____ d. Mortgage or Outstanding loan balance due: _____ e. Amount of Annual Insurance Premium: _____ f. Amount of most recent tax bill: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PART III - ASSET INCOME (continued) - To be completed by applicant**

<p>45. Have you sold or disposed of any other assets in the last 2 years? (given money away, set up Irrevocable Trust Account, property, etc.)                  If yes, type of asset: _____                  Market Value when sold or disposed: _____                  Amount sold or disposed for: _____                  Date of Transaction: _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>46. Do you have any other assets not listed above (excluding personal property)?                  If yes, please list: _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

**PART IV – STUDENT QUESTIONS - To be completed by applicant**

<p>47. Are all occupants' full-time students? If Yes please answer the following listed below:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a) Are the students married and entitled to file a joint tax return (attach marriage certificate or tax return) <input type="checkbox"/> Yes <input type="checkbox"/> No                  b) Are any of the students receiving assistance under Title IV of the Social Security Act, which includes but is not limited to TANF/TAFF/AFDC/FIP? <input type="checkbox"/> Yes <input type="checkbox"/> No                  c) Are any of the students enrolled in a job training program receiving assistance under the Workforce Investment Act or under similar Federal, State, or local laws? <input type="checkbox"/> Yes <input type="checkbox"/> No                  d) Are you a single parent household with at least one dependent child? The parent is not the dependent of another individual and the child is only a dependent of the resident or the other, non-resident parent. <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, and all household members are full time students, a signed copy of the Tax Return and Divorce Decree must be attached.)                  e) Is any student(s) part of the foster care program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>48. Does any adult member of the household <u>anticipate</u> enrolling in the next twelve (12) months as a student? If yes who: _____                  Name of School (s) _____ Location: _____                  When do you plan to attend? _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>49. Has any adult household member been a full-time student 5 months or more out of the current calendar year (months need not be consecutive)? If yes, who: _____                  Name of School(s) _____ Location _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

**PART V – RENTAL HISTORY - To be completed by applicant**

50. **Residence History: Current & Previous Landlords:**  
(Past 2 years' residence including any owned by applicants.)

Head Current Address	Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address		Landlord Phone
When did you move in: _____		When did you move out: _____	

Previous Address	Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address		Landlord Phone
When did you move in: _____		When did you move out: _____	

Previous Address	Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address		Landlord Phone
When did you move in: _____		When did you move out: _____	

51. **Residence History: Current & Previous Landlords for Co-Head or Applicant:**  
(Past 2 years' residence including any owned by applicants.)

Co-Head or Other Applicant's Current Address	Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address		Landlord Phone
When did you move in: _____		When did you move out: _____	

Previous Address	Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address		Landlord Phone
When did you move in: _____		When did you move out: _____	

Previous Address	Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address		Landlord Phone
When did you move in: _____		When did you move out: _____	

**PART VI - EMPLOYMENT HISTORY - FOR ALL ADULTS 18 YEARS AND OLDER:**

<b>52. Head's Current Employer:</b>					
Date Hired:	Date terminated:	Supervisor:			
Salary: \$ _____	Circle One:	Annually	Weekly	Bi-Weekly	Monthly
Employer Address: _____					
	City	State	Zip	Phone Number	

<b>53. Head's Previous Employer:</b>					
Date Hired:	Date terminated:	Supervisor:			
Salary: \$ _____	Circle One:	Annually	Weekly	Bi-Weekly	Monthly
Employer Address: _____					
	City	State	Zip	Phone Number	

<b>54. Spouse Current Employer:</b>					
Date Hired:	Date terminated:	Supervisor:			
Salary: \$ _____	Circle One:	Annually	Weekly	Bi-Weekly	Monthly
Employer Address: _____					
	City	State	Zip	Phone Number	

<b>55. Spouse's Previous Employer:</b>					
Date Hired:	Date terminated:	Supervisor:			
Salary: \$ _____	Circle One:	Annually	Weekly	Bi-Weekly	Monthly
Employer Address: _____					
	City	State	Zip	Phone Number	

<b>56. Other Applicant's Current Employer:</b>					
Date Hired:	Date terminated:	Supervisor:			
Salary: \$ _____	Circle One:	Annually	Weekly	Bi-Weekly	Monthly
Employer Address: _____					
	City	State	Zip	Phone Number	

<b>57. Other Applicant's Previous Employer:</b>					
Date Hired:	Date terminated:	Supervisor:			
Salary: \$ _____	Circle One:	Annually	Weekly	Bi-Weekly	Monthly
Employer Address: _____					
	City	State	Zip	Phone Number	

**PART VII - CREDIT REFERENCES - To be completed by applicant**

Name	Address/Phone	Monthly Payment
58.		\$
59.		\$
60.		\$



**PART VIII - OTHER - To be completed by applicant**

61. Do you have full custody of your child (ren)? If no please explain the custody arrangements: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
62. Would you or any members of your household benefit from a handicapped-accessible unit? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
63. Have you ever been evicted? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
64. Have you filed for bankruptcy? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
65. Have you ever been convicted of a felony? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
66. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months? Explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
67. Have you <u>ever</u> received rental assistance? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
68. Has your rental assistance ever been terminated for fraud, non-payment of rent or failure to recertify? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
69. Will this be your only place of residence? If no, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
70. What is the condition of your current housing? Standard _____ Unsafe or Unhealthy _____ No Indoor Plumbing/Kitchen _____ Currently without Housing _____ Living with Family or Friends _____	

**PART IX – RESIDENT’S STATEMENT - To be completed by applicant**

71. Do you have a legal right to be in the United States: (check one that applies)? ____ Yes, because I am a United States Citizen ____ Yes, because I have valid documentation from the Bureau of Citizenship and Immigration Services (formerly The Immigration and Naturalization Service) ____ No If you answered “Yes” because you are a non-U.S. citizen with valid documentation, you must provide documentation and complete paperwork required by the Department of Housing and Urban Development, so we can verify that you are a Non-Citizen with eligible immigration status.	
72. Are you a Veteran? a. Important information for Former Military Services Members. Women and men who served in any branch of the United States Armed Forces, including Army, Navy, Marines, Coast Guard, Reserves or National Guard, may be eligible for additional benefits and services. For more information please visit your local Veterans Area website	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PART X – SPECIAL NEEDS - To be completed by applicant**

73. Does anyone in your household have special needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
74. Special living accommodations required? If yes, please explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PART XI – IN CASE OF EMERGENCY, NOTIFY: - To be completed by applicant**

Name / Relationship	Address	Phone

**\*\* Before you complete this section of the application, were all questions above completely answered? All blanks filled in? If not, please go back through the application and complete the sections that were left blank. \*\***

**PART XII - RESIDENT'S STATEMENT - To be completed by applicant**

I/we understand that the above information is being collected to determine my/our eligibility for residency. I/we authorize the owner/manager to verify all information provided on this Application/Certification and my/our signature is our consent to obtain such verification. I/we certify that I/we have revealed all assets currently held or previously disposed of and that I/we have no other assets than those listed on this form (other than personal property). I/we further certify that the statements made in this Application/Certification are true and complete to the best of my/our knowledge and belief and are aware that false statements are punishable under Federal law.

**SIGNATURE OF ALL PARTIES TO THIS APPLICATION, 18 YEARS OR OLDER:**

Applicant Signature (Head) \_\_\_\_\_ Date \_\_\_\_\_

Applicant Signature (Co-Head) \_\_\_\_\_ Date \_\_\_\_\_

Other Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Other Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*This section must be completed even if assistance was not needed\*\***

<b>Did anyone help and assist you in filling out this application?</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
Signature of Head	Date
Signature of Spouse, Co-Head or Other Applicant	Date
Signature of person who assisted with application and their relationship to applicant.	Date
Reason for assistance:	

Signature of Owner's or Developer's  
Authorized Representative: \_\_\_\_\_ Date \_\_\_\_\_

**VOLUNTARY INFORMATION**

This information is being requested in accordance with federal regulations. This information is for reporting purposes only. The information will not be used in evaluation of your application or to discriminate against you in any way. You are not required to furnish this information but are encouraged to do so.

I choose not to complete this questionnaire.

Name <u>ALL</u> People to Occupy Unit LAST NAME                      FIRST		Relationship	Racial –please see below *1	Ethnicity- Please see below *2	Disabled – please see below *3
1.		HEAD			
2.					
3.					
4.					
5.					
6.					
7.					
8.					

**Racial\*1**

- 1 – White                       2 – Black/African American                       3 – American Indian/Alaska Native  
 4 – Asian                       5 – Native Hawaiian/Other Pacific Islander

**Ethnicity\*2**

- 1 – Hispanic or Latino                       2 – Not Hispanic or Latino

**Disabled\*3**

- Yes     No

**Military Service**

- Pre-Vietnam Era                       Vietnam Veteran  
 Post-Vietnam Era                       Disabled Veteran

**How did you hear about this housing opportunity?**

- Newspaper                       Company Employee                       Professional Publication  
 Job Fair                       Placement Office                       Web Site  
 Other \_\_\_\_\_

**THANK YOU FOR TAKING THE TIME TO FILL OUT THIS QUESTIONNAIRE!**

## 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

## Case Management Disclaimer

Tenants to Homeowners, Inc. is the property manager of the Gold Leaf Baldwin 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 the area. 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 the area. 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 Gold Leaf Baldwin Senior Properties.

1st Applicant \_\_\_\_\_

Date \_\_\_\_\_

2<sup>nd</sup> Applicant \_\_\_\_\_

Date \_\_\_\_\_

Case Manager \_\_\_\_\_  
(If applicable)

Date \_\_\_\_\_

Property Manager \_\_\_\_\_

Date \_\_\_\_\_

## **REGARDING THE LAWRENCE, KANSAS CDBG/HOME PROGRAM ELIGIBILITY CERTIFICATION**

On the following form, please *ignore the table in the center of the page.*  
You will only fill out the information at the top and sign at the bottom.

1. NAME OF PROJECT/ACTIVITY/SUBGRANTEE: *L.C.H.T. Program*

2. APPLICANT INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_ zip \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_

Email \_\_\_\_\_

**Applicant Characteristics:** Circle and mark responses below

Age \_\_\_\_\_ Disabled: Yes \_\_\_\_\_ No \_\_\_\_\_ Head of Household: M \_\_\_\_\_ F \_\_\_\_\_

Number in Family \_\_\_\_\_ Age of Children \_\_\_\_\_

Must mark one: Hispanic or Latino Yes \_\_\_\_\_ No \_\_\_\_\_

Must choose one category below:

White \_\_\_\_\_ Black/African American \_\_\_\_\_ Asian \_\_\_\_\_ American Indian/Alaska Native \_\_\_\_\_

Native Hawaiian/Other Pacific Islander \_\_\_\_\_ American Indian/Alaska Native & White \_\_\_\_\_

Asian & White \_\_\_\_\_ Black/African American & White \_\_\_\_\_

American Indian/Alaska Native & Black/African American \_\_\_\_\_ Other Multi-Racial \_\_\_\_\_

3. INCOME VERIFICATION – Circle the one that applies to your family size.

Number Living in Household	80% of Median	50% of Median	30% of Median	Write total income below
1	\$47,360	\$29,600	\$17,760	
2	\$54,080	\$33,800	\$20,280	
3	\$60,880	\$38,050	\$22,830	
4	\$67,600	\$42,250	\$25,350	
5	\$73,040	\$45,650	\$27,390	
6	\$78,480	\$49,050	\$29,430	
7	\$83,840	\$52,400	\$31,440	
8+	\$89,280	\$55,800	\$33,480	

4.

**CERTIFICATIONS**

A. I hereby certify that the gross annual income of all adult members of the household cited in item #2 falls within the income category range as checked above. I also understand and agree that any misrepresentation on my part of information contained herein may constitute fraud.

B. I hereby certify that I have been informed of Lead-Based Paint Hazards (if applicable) and that I have received a copy of the notice entitled: **Renovate Right-Important Lead Hazard Information for Families, Child Care Providers and Schools.** (Please keep attached information.)

C. I hereby certify that I will not discriminate upon the basis of race, color, religion, sex, disability, familial status, or national origin in the sale, lease, rental, use, or occupancy of the property to be improved through financial assistance provided from the Community Development Block Grant (CDBG) or HOME Investment Partnerships (HOME) program of the City of Lawrence.

D. I hereby certify that I have been informed of the City of Lawrence Loan Subordination Policy (if applicable) and that I have received a copy of the policy. (Please keep attached Policy Statement.)

Date \_\_\_\_\_  
Signature of Applicant \_\_\_\_\_

I hereby certify that the above-named applicant meets all eligibility criteria for this project.

Date \_\_\_\_\_  
Signature of Coordinator \_\_\_\_\_

### STUDENT STATUS AFFIDAVIT

**This affidavit is to be completed by the Head of Household. Check A, B, or C, as applicable. (Note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, college universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training):**

- A. Household contains at least one occupant who is not a student, has not been a student and will not be a student for five or more months during the current and/or upcoming **CALENDAR** year (months need not be consecutive). If this item is checked, no further information is needed.
- B. Household contains all students, but is qualified because the following occupant(s) \_\_\_\_\_ is/are part-time student(s). Documentation of part-time student status is required for at least one member of the household. (*Complete Sample Form 19A*)
- C. Household contains all full-time students for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, questions 1-5 below must be completed.

This section to be completed if it is determined the household is comprised of **full time students**.

1. At least one member of the household is a single parent with minor child(ren), and both the parent and children are not dependents of a 3<sup>rd</sup> party, and the children are only claimed by a parent. (*Please provide a copy of most recent tax return*).
2. At least one member of the household is married and *eligible* to file a joint income tax return. (*Please provide a copy of the marriage license OR a copy of most recent tax return*).
3. At least one member of the household receives assistance under Title IV of the Social Security Act, (or TANF). (*Please provide proof of assistance being received*).
4. At least one member of the household receives assistance from the Workforce Investment Act (formerly known as Job Training Partnership Act, (JTPA) or other similar federal, state or local program. Name of the Program: \_\_\_\_\_  
(*Please provide proof this type of assistance is being received*).
5. At least one member of the household was previously part of the Foster Care Program. (*Please provide proof/documentation from the State*).

**Households comprised entirely of full-time students that are income eligible and satisfy one or more of the above conditions are considered eligible. If none of the above applies, or verification does not support the exception indicated, the household is considered an ineligible student household.**

I certify the statements made in this Student Affidavit are true and complete and I am aware that false statements are punishable under Federal law. I also understand that **I am to immediately report any changes in my student status** to the Management. I understand that my student status may affect my qualifications as a qualifying tenant under Section 42 of the Internal Revenue Code.

\_\_\_\_\_  
Applicant/Resident (Head of Household)

\_\_\_\_\_  
Date





Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>			
<b>Mailing Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>Name of Additional Contact Person or Organization:</b>			
<b>Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>E-Mail Address (if applicable):</b>			
<b>Relationship to Applicant:</b>			
<b>Reason for Contact:</b> (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 _____		
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			

Check this box if you choose not to provide the contact information.

**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.



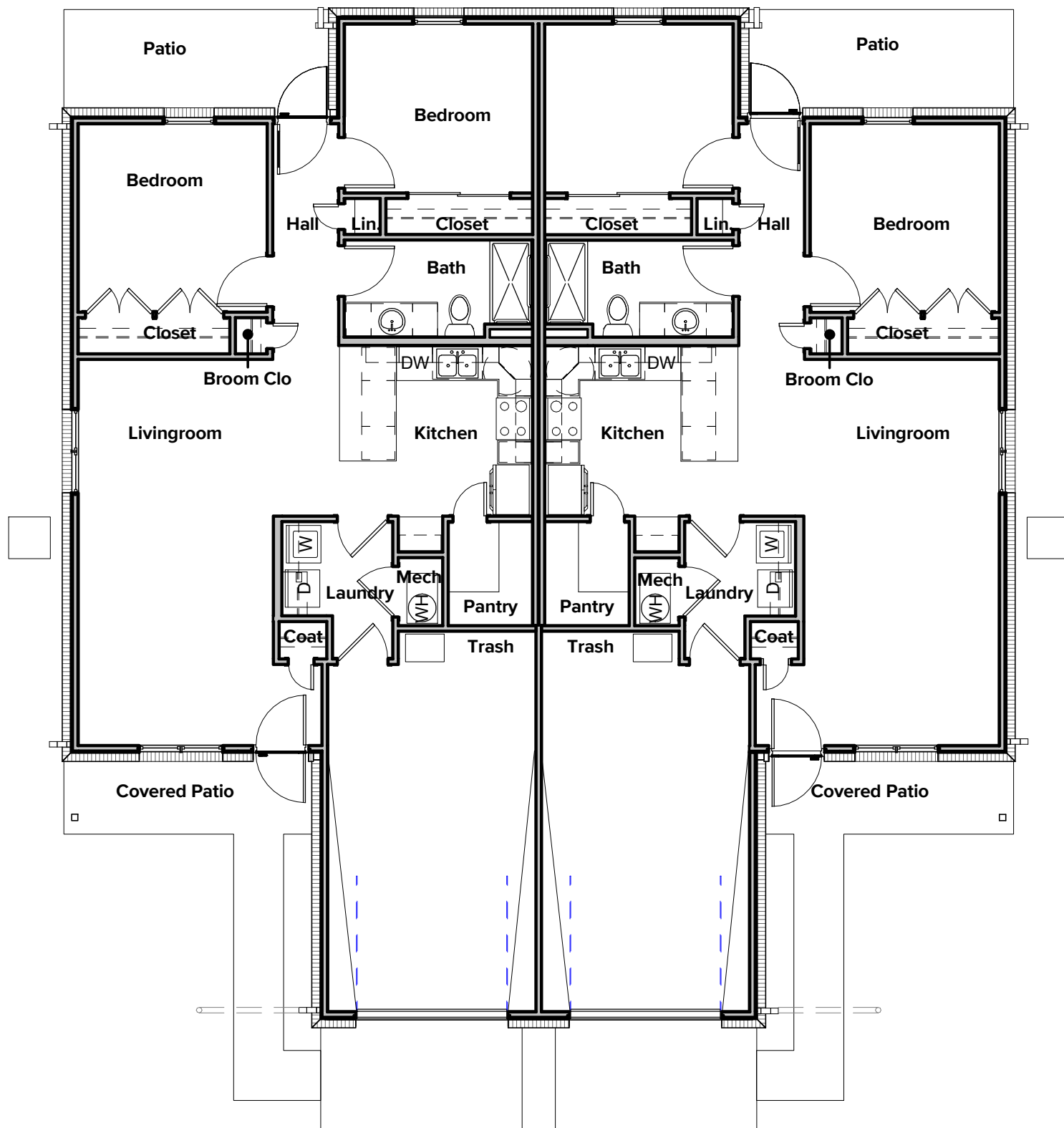
**AO Architect One**  
 103 S 4TH STREET., #205B    PHONE: 785 / 727-2518  
 MANHATTAN, KANSAS 66502    FAX: 785 / 271-7020  
 WWW.AO.DESIGN

Gold Leaf Senior Living, LLC  
 \_\_\_\_\_  
 Rendering  
 Baldwin City  
 \_\_\_\_\_  
 Kansas  
 \_\_\_\_\_

PROJECT #: 17-074  
 DATE: 12/19/18

SHEET

**A-1**



**A** **First Floor Plan**  
 SCALE: 1/8" = 1'-0"

**AO Architect One**  
 103 S 4TH STREET., #205B    PHONE: 785 / 727-2518  
 MANHATTAN, KANSAS 66502    FAX: 785 / 271-7020  
 WWW.AO.DESIGN

Gold Leaf Senior Living, LLC  
 Floor Plan  
 Baldwin City  
 Kansas

PROJECT #: 17-074  
 DATE: 12/19/18

SHEET

**A-2**

# Senior Housing Options

Confused by all the different senior living options available? Whether you're looking for yourself or a loved one, this guide to senior citizen housing will help you make the best choices.

## Assessing your senior housing options

Aging is a time of adaptation and change and planning your future housing needs is an important part of ensuring that you continue to thrive as you get older. Whether your search for senior housing is prompted by a serious medical condition or the desire for a lifestyle change, finding the right place to live can be challenging and stressful for both you and your family. However, the earlier you assess your current needs and how those needs may evolve over time, the more choices and control you'll have.

Of course, every older adult is different, so the senior housing choice that's right for one person may not be suitable for you. The key to making the best choice is to match your housing with your lifestyle, health, and financial needs.

This may mean modifying your own home to make it safer and more comfortable, or it could mean moving to a housing facility with more support and social options available on site. It could even involve enrolling in a network of like-minded people to share specialized services, or moving to a retirement community, an apartment building where the majority of tenants are over the age of 65, or even a nursing home.

By learning about the different types of senior housing available, you can make the choice that's right for you and ensure you enjoy a happy, healthy, and fulfilling home environment as you age.

## **Assisted living facility, retirement community, or independent living?**

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The names of the different types of senior living facilities and housing options can sometimes be confusing, as the terminology can vary from region to region. For example, the term "assisted living" can mean one thing in one state or country and something slightly different elsewhere.

However, in general, the different types of senior housing vary according to the amount of support offered for the activities of daily living and medical care. When

researching a senior housing option, make sure it covers your required level of care and that you understand exactly what facilities are offered and how much they'll cost.

## ***What is a Continuing Care Retirement Community?***

Continuing Care Retirement Communities (CCRCs) are senior housing facilities that include independent living, assisted living, and nursing home care in one location. This enables older adults to stay in the same general area as their housing needs change over time.

CCRCs normally come with a cost for buying a unit in the community, as well as monthly fees that increase as you require higher levels of care. They also allow spouses to remain close to one another even if one requires a higher level of care.

### Senior housing option 1: Aging in place

Staying in your own home as you age has the advantage of keeping you in a familiar place where you know your neighbors and the community. You can take advantage of home care services and make home repairs or modifications to make your life easier and safer.

Aging in place may be a good option if:

- You have a close network of nearby family, friends, and neighbors.
- Transportation is easily accessible, including alternate transportation to driving.
- Your neighborhood is safe.
- Your home can be modified to reflect your changing needs.
- Home and yard maintenance is not overwhelming.
- Your physical and medical needs do not require a high level of care.
- You fall within the geographical confines of an integrated community, such as a “village” or NORC (Naturally Occurring Retirement Community).

## *The village concept of senior housing*

A “village” or NORC can range from a single age-integrated apartment building to a housing complex or an even wider community of one- or two-family homes.

Members of the “village” can access specialized programs and services. These may include transportation to the grocery store, home health care, or help with household chores, as well as a network of planned social activities with other village members.

### 2: Independent living

**Independent living** is simply any housing arrangement designed exclusively for older adults, usually those aged 55 and over. Housing varies widely, from apartment-style living to freestanding homes. In general, the housing is friendlier to seniors, often being more compact, with easier navigation and no maintenance or yard work to worry about.

While residents live independently, most communities offer amenities, activities, and services. Since independent living facilities are aimed at older adults who need little or no assistance with the activities of daily living, most do not offer medical care or nursing staff. As with regular housing, though, you can hire in-home help separately as required.

Independent living may be your best choice if:

- You see needing only minor assistance with activities of daily living.
- You’d like a place that does not require a lot of maintenance and upkeep.
- You like the idea of socializing with peers and having activity options nearby.

### 3: Assisted living facilities

**Assisted living** is a residential option for seniors who want or need help with some of the activities of daily living—things like cooking meals, getting to the bathroom in the middle of the night, keeping house, and traveling to appointments.

Assisted living facilities offer the safety and security of 24-hour support and access to care. Day or night, help is only a phone call away. However, privacy

and independence are encouraged. A good facility will develop a personalized plan that meets your needs and accommodates your disabilities, while giving you the freedom to do what you can for yourself.

An assisted living facility may be a good choice if:

- You need more personal care services than are feasible at home or in an independent living retirement community.
- You don't need the round-the-clock medical care and supervision of a nursing home.

## 4: Nursing homes

**Nursing homes** provide what is called custodial care, including getting in and out of bed and providing assistance with feeding, bathing, and dressing. However, nursing homes differ from other senior housing facilities in that they also provide a high level of medical care. A licensed physician supervises each patient's care and a nurse or other medical professional is almost always on the premises.

A nursing home may be a good choice if:

- Both your medical and personal care needs have become too great to handle at home or in another facility. This may be due to a recent hospitalization, or a chronic illness which has gradually been worsening.
- You need a higher level of care temporarily after a hospitalization, but it's anticipated you will be able to return to home or another facility after a period of time.

## Choosing the best senior housing option for you

When deciding on the senior housing plan that's right for you, it's important to consider not only the needs you have now but also those you may have in the future.

### **What are your senior housing needs?**

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**Physical and medical needs.** As you age, you may need some help with physical needs, including *activities of daily living*. This could range from shopping, cleaning, cooking, and looking after pets to intensive help with bathing, moving around, and eating. You or a loved one may also need increasing help



with medical needs. These could arise from a sudden injury or illness, such as a heart attack or stroke, or a more gradual condition that slowly needs more and more care, such as [Alzheimer's disease](#).

**Location and accessibility.** Even if you are completely independent at this time, circumstances can change. It pays to think a little about the accessibility of your current location and home. For example, how far is your home from shopping, medical facilities, or other services? If you can no longer drive, what kind of transportation access will you have? Can your home be easily modified? Does it have a lot of steps or a steep hill to navigate? Do you have a large yard that needs to be maintained?

**Home maintenance.** If you're living alone, your current home may become too difficult or too expensive to maintain. You may have health problems that make it hard to manage tasks such as housework and yard maintenance that you once took for granted.

**Social and emotional needs.** As you age, your social networks can change. Friends or family may not be as close by, or neighbors can move or pass on. You may no longer be able to continue driving or could lose access to public transportation, preventing you from regularly meeting up with family and friends. Or perhaps you simply want to expose yourself to more social opportunities and avoid becoming isolated and housebound.

**Financial needs.** Modifying your home or securing long-term care can both be expensive. Therefore, balancing the care you need with where you want to live requires careful evaluation of your budget. Making a budget with anticipated expenses can help you weigh the pros and cons of your situation.

### ***Need a professional assessment?***

Geriatric care managers can provide a housing assessment as well as assistance with managing your circumstances, whether that involves interviewing in-home help or assisting with placement in an assisted living facility or nursing home.

### **Preparing yourself for a housing change**

Whether you're considering home care services or relocating to a retirement home or other facility, planning your future housing needs often runs hand-in-hand with facing up to some loss in your level of independence. Understandably, the prospect of losing independence can be overwhelming for many older adults. It can bring with it feelings of shame, embarrassment, fear, confusion, and anger.

It's important to remember that you're not alone in this. Most of us over the age of 65 will require some type of long-term care services. And there's nothing to be ashamed about in admitting you need more help than you used to. After all, we've all had to rely on others at some point during our adult lives, be it for help at work or home, vehicle repairs, professional or legal services, or simply moral support. For many of us, independence is recognizing when it's time to ask for help.

### **Coming to terms with changes in your level of independence**

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It's normal to feel confused, vulnerable, or even angry when you realize you can't do the things you used to be able to do. You may feel guilty at the prospect of being a burden to family and friends, or yearn for the way things used to be. By acknowledging these feelings and keeping your mind open to new ways to make life easier, you'll not only cope with your change in situation better but may also be able to prolong other aspects of your independence for longer.

**Communicate your needs with family and loved ones.** It's important to communicate with family members your wishes and plans, and listen to their concerns. For example, long distance family members might think it's better for you to move close by so that they can better coordinate your care, while you might not want to uproot yourself from your community and friends. Similarly, just because you have family close by does not automatically mean they will be able to help with all your needs. They may also be balancing work, children, and other commitments. Clear communication from the outset can help avoid misunderstandings or unrealistic assumptions.

**Be patient with yourself.** Losses are a normal part of aging and losing your independence is not a sign of weakness. Allow yourself to feel sad or frustrated about changes in your housing situation or other aspects of your life without beating yourself up or labeling yourself a failure.

**Be open to new possibilities.** Your loved ones may offer suggestions about senior housing options or other ways to make your life easier. Rather than dismissing them out of hand, try to keep an open mind and discuss the possibilities. Sometimes, new experiences and situations can lead to you developing new friendships or finding new interests you'd never considered before.

**Find a way of accepting help that makes you comfortable.** It can be tough to strike a balance between accepting help and maintaining as much of your independence as possible. But remember that many people will feel good about helping you. If it makes it easier, offer to trade chores. For example, you can sew

on buttons in exchange for some heavy lifting or cleaning chores. Or return other people's help by "paying it forward." Volunteer your time to help or teach others, while at the same time expanding your own social network.

**Reference and for more information visit:**

**<https://www.helpguide.org/articles/alzheimers-dementia-aging/senior-housing.htm>.**