

Tenants to Homeowners, Inc.

2518 Ridge Court, Suite 103, Lawrence, Kansas 66046

To Be Completed by Office Staff	
Date Rec'd:	
Time Rec'd:	
Staff Initials:	
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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. Potential tenants would be responsible for paying all utilities including electric, water and trash.

ALL PAGES OF THE APPLICATION PACKET MUST BE FULLY COMPLETED.
Case Management Disclaimer and Tenant Release and Consent must be signed.
A copy of all Photo IDs and Social Security cards must be submitted for all household members.
Three months of the most recent checking account statements and the latest statement for any savings or investment accounts for all adults in the household. <u>All</u> pages of the statements must be provided and statements must have the bank or app logo and the account holders name and address. <i>Printed screen shots of bank accounts will be rejected.</i>
The latest statement for any peer-to-peer accounts (PayPal/Cash App/Venmo/etc.).
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.
- 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. Management must conduct the proper income eligibility and background checks to approve tenancy.
- We do not schedule tours of a home until an application is fully processed and a unit is offered.

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.
- Must also have sufficient income/resources to pay rent.
- Criminal History- Applicants with sex offense history will be immediately denied. Other criminal history is evaluated on a case-by-case basis according to our policy.
- Prior Rental History (if applicable)-An eviction in the past 5 years disqualifies the applicant for approval.

Cedarwood Senior Cottages Rental Application

Please print legibly. We will not accept incomplete applications.

Updated 8.1.19

Full Name of Head of Hou	ısehold:				
Current Address:					
E-mail:		P	hone:		
I would like to find a place	e by this date:				
I currently own a home a	nd plan on selling:	Y or N			
I am currently in a lease a	nd it expires on thi	is date:			
I am requesting a: 1-Bed	room or 2-Bedro	oom			
Negotiable – please expla	in:				
I am requesting a unit wit Negotiable – please expla	in:				wants or needs:
Household Compositio		· 		ousing v	wants of fieeds.
Member's Name	Relationship to of Household	Dates of Birth	Age	Sex	Social Security Number (SSN)
PETS (IF ANY) Only 1 approved pet is all Species (dog, cat, etc.)	owed at Cedarwoo	d Cottages Weight	Age		

RESIDENTIAL HISTORY

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.

CURRENT Landlord/Prope	rty Name:			
Address with Apt. #:				
City/State/Zip:				
Landlord phone:		Landlord Email:		
Rent Amount: \$ per month		Dates rented:	to	
PREVIOUS Landlord/Prope	erty Name:			
Address with Apt. #:				
City/State/Zip:				
Landlord phone:		Landlord Email:		
Rent Amount: \$	per month	Dates rented:	to	
		Landlord Email:		
Rent Amount: \$	per month	Dates rented:	to	
If you do not have a rec	ent landlord refere	ence, list (3) Personal Refe	erences:	
1. Name:		Contact Information	ı:	
2. Name:		Contact Information	າ:	
3. Name:		Contact Information	n:	

GENERAL QUESTIONNAIRE (PLEASE CIRCLE ONE ANSWER)

Are you or any members of your household currently receiving housing assistance? Yes or No				
If yes, list source of assistance:	(City/State:		
Have you ever been convicted of a criminal offense? Yes	s or	No		
If yes, Offense: C	City/Sta	nte:		
Are you or any members of your household subject to the Sta Yes or No	ate Sex	kual Offenders Registration?		
If yes, list the City/State where the offense occurred:				
m yes, list the city/state where the offense occurred.				
Have you or any members of your household ever been evict	ted? Y	es or No		
If yes, Property/Landlord Name:	(City/State:		
Will the apartment for which you are applying be the family's	s only i	residence? Yes or No		
Do you or any members of your household require special ac	rcomm	odations to live in the unit?		
Yes or No		oddions to live in the diffe.		
Do you expect any changes in the household composition in	the ne	xt 12 months? Yes or No		
Do you own equity in real estate, rental property, land contra	acts/cc	ontract for other deeds or other		
real estate holdings or capital investments? Yes or No				
	Have you ever been convicted of a criminal offense? Ye of yes, Offense: Are you or any members of your household subject to the Stayes or No If yes, list the City/State where the offense occurred: Have you or any members of your household ever been evic of yes, Property/Landlord Name: Will the apartment for which you are applying be the family of your household require special actives or No Do you or any members of your household require special actives or No Do you expect any changes in the household composition in Do you own equity in real estate, rental property, land contre	Have you ever been convicted of a criminal offense? Yes or If yes, Offense: City/Sta Are you or any members of your household subject to the State Sex Yes or No If yes, list the City/State where the offense occurred: Have you or any members of your household ever been evicted? Yes, Property/Landlord Name: Will the apartment for which you are applying be the family's only in your you or any members of your household require special accomm Yes or No Do you or any members of your household require special accomm Yes or No Do you expect any changes in the household composition in the ne		

INCOME VERIFICATION:

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

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

Other	Household	Income: SSI	SSDL	Pension	Benefits	. etc.
Cuici	riouscrioiu	111001110. 331	, טטטו,	, 1 (1131011)	, DCHCHUS,	, –

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

Assets: Checking, Savings, Investments, Life Insurance, peer to peer accounts, etc.

Applicant Name(s)	Name of Financial Institution	Type of Asset	Asset Cash \$ Value

Vehicle(s)

Make	Model	Color	License Plate #

GROUNDS 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 corpor institutions, academic institutions release them from any liability and	, and current employ	ers to release info	·	
Head of Household	Date	Co-head of H	ousehold	Date
Household Member	Date	Household M	lember	Date
It is the policy of Tenants to Ho origin, ancestry, age, sex, sex	ual orientation, far		_	
TTH, Inc. owns and operates this plawrence. For this reason, we aim letter and spirit of U.S. policy for the encourage and support an affirmation obtaining housing because of race orientation. TTH, Inc. complies with	to keep these rental he achievement of extive advertising and e, color, religion, sex,	ls below fair mark qual housing oppo marketing prograr handicap, familial	et rent. We are also portunity throughout the in which there are restatus, national original criginal	ledged to the ne nation. We not barriers to n, or sexual
**************************************	value of all assets ab	oove exceeds \$5,00		
Pay Stub Total: Applicant 1 Other Household income: Application Asset Total: Applicant 1	ant 1		Applicant 2	
Total Gross Annual Household Inc Percentage of Median Income: %	<u>-</u>			

Cedarwood Case Management Disclaimer

Tenants to Homeowners, Inc. is the property manager of the 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 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
2 nd 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 inform	nation 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 liab	pility 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 pl	notocopy of this	authorization	n may be used for the purposes stated above. The original o
		•	or a year and one month from the date signed. I/We nd correct any information that I/we can prove is incorrect
SIGNATURES			
Applicant/Resident	(Print Name)	Date	Co-Applicant/Resident (Print Name) Date