



Tenants to Homeowners, Inc.

2518 Ridge Court, Suite 103, Lawrence, Kansas 66046

Senior Rental Program #4

Baldwin Gold Leaf Senior Housing Pre-Application Requirements

ATTENTION: This program is open to anyone 55+ and who makes less than 80% of the median income in Baldwin City 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.

WE WILL DISCARD PRE-APPLICATIONS THAT DO NOT INCLUDE ALL OF THE FOLLOWING:

- ☐ **ALL PAGES OF THE PRE-APPLICATION 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.
- ☐ Current Income Verification must be provided. Acceptable forms:
 - If applicable, the latest two (2) consecutive pay stubs for each job. Pay stub must show Year to Date gross wages.
 - If applicable, Social Security/SSDI letter
 - If self-employed, 6 months bank statements showing deposits, and previous year's tax return.
- ☐ Additional documents may be requested

When your name comes up in the waiting pool or a unit becomes available, you will be required to provide verification for all sources of income and banking information within 5 days of being contacted.

THE PRE-APPLICATION PROCESS

- There is no application fee. We offer pre-application forms to everyone who asks about our rental units, regardless of whether a unit is available.
- Filling out and submitting this pre-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 pre-application on file for one year and contact you if there is a vacancy.
- Once a unit becomes available and has been offered, applicant has 5 days from notification to turn in verification materials and a full application or the unit will be offered to the next applicant. Management must conduct the proper income eligibility and background checks to approve tenancy.
- We do not schedule tours of a home until a full application packet is processed and a unit is offered.

APPROVAL PROCESS: WHAT DO WE LOOK AT?

- Must be under 80%, 60% or 50% of the area 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.



TENANTS TO HOMEOWNERS, INC.
TTH
 CREATING STABILITY
 THROUGH PERMANENTLY
 AFFORDABLE HOUSING



To Be Completed by Office Staff

Date/Time Rec'd: _____

Staff Initials: _____

Pre-Application for Senior Housing (Baldwin City)

Completing this pre-application does not entitle you to a rental unit. Final determination of your eligibility will be completed if/when a unit becomes available. *If a unit becomes available, applicant has 5 days from notification to turn in verification materials and a full application or the unit will be offered to the next applicant.* ALL SECTIONS MUST BE COMPLETED OR THE PRE-APPLICATION WILL NOT BE ACCEPTED.

Head of Household Information

Head of Household Name and Current Address

Social Security Number _____

Date of Birth _____

Telephone _____

Email _____

Sex (circle one): Male / Female / non-binary

Will this be your only place of residence? Yes ☐ No ☐

Last Name First Name MI

Street Address Apt #

City State Zip

Bedrooms needed (based on family composition): _____

Preference

Is anyone in the household currently employed? Yes ☐ No ☐

Are you, your spouse, or co-head of household 55 years or older? Yes ☐ No ☐

Household Family Members

(Please list all persons who will be living with you)

Member's Name	Relationship to Head	Date of Birth	Age	Sex	Full-time student?	Social Security Number (SSN)
	HEAD				Y / N	
					Y / N	
					Y / N	
					Y / N	

*Co Head of Household is defined as an adult member of the family who is treated the same as the head of the household for purposes of determining income, eligibility, and rent. A spouse cannot be listed as a co-head.

Residential History Please list rental/residence history for the past 3 years

1. Present Landlord/Property Name: _____
Present address: _____ Apt. # _____
City, State, Zip: _____
Landlord Day Phone: (____) _____ Rent Amt: \$ _____ per month
Dates Rented/From: _____ To: _____
2. Previous Landlord/Property Name: _____
Previous address: _____ Apt. # _____
City, State, Zip: _____
Landlord Day Phone: (____) _____ Rent Amt: \$ _____ per month
Dates Rented/From: _____ To: _____
3. Previous Landlord/Property Name: _____
Previous address: _____ Apt. # _____
City, State, Zip: _____
Landlord Day Phone: (____) _____ Rent Amt: \$ _____ per month
Dates Rented/From: _____ To: _____

Sources of household income Indicate all sources of income for the household; list which member and the Monthly gross amount.

Household member	Type of Income	Monthly GROSS amt.		Household member	Type of Income	Monthly GROSS amt.
	Wages	\$ _____			Social Security/SSI/ SSDI	\$ _____
	Child Support	\$ _____			Pension/Annuity	\$ _____
	Unemployment	\$ _____			Regular gifts or assistance	\$ _____
	Gig income	\$ _____			Other income	\$ _____

Household Assets Check all applicable assets held by any member of the household

- | | |
|---|--|
| ☐ Checking account(s) | ☐ Whole Life Insurance |
| ☐ Savings/money market account(s) | ☐ Investment account(s) |
| ☐ IRA/Retirement | ☐ Real Estate |
| ☐ Peer-to-peer account(s) (i.e. Paypal, Venmo, Cash App, etc.) | |

General Questionnaire

1. Are you or any members of your household currently receiving or have received housing assistance? Yes ☐ No ☐
If yes, list source of assistance: _____ City/State: _____
2. Are you or any members of your household a full-time student? Yes ☐ No ☐
3. Have you ever been convicted of a criminal offense? Yes ☐ No ☐
If yes, Offense: _____ City/State: _____

4. Have you or any members of your household ever been evicted? Yes ☐ No ☐

If yes, Property/Landlord Name: _____ City/State: _____ Year: _____

5. Are you or any members of your household currently using an illegal substance or drug? Yes ☐ No ☐

6. Are you or any members of your household subject to the State Sexual Offenders Registration? Yes ☐ No ☐

If yes, list the State where the offence occurred: _____

7. Do you or any other household member listed on this pre-application owe any money to any other landlord? Yes ☐ No ☐

If yes, provide the Landlord's name and the complete address for which you owe:

Landlord: _____ Address: _____

8. Do you have any animals in your household? Yes ☐ No ☐

If yes, provide the species, age and weight: _____

FALSE OR INCOMPLETE INFORMATION WILL BE GROUNDS FOR DENIAL OF THE PRE-APPLICATION

This pre-application must be signed by all adults who will occupy the unit before it can be considered. 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 pre-application and my/our signature is our consent to obtain such verification. 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.

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.

Head of Household Date

Co-head of Household Date

Household Member Date

Household Member Date

If you have any changes in physical address, phone number, or email address, it is your responsibility to contact Tenants to Homeowners in order to update your information.

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. manages this property. We are 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.

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 _____

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