

**APPLICATION FOR ADMISSION
LESLEY TERRACE**

Date: _____

Date Received by Office: _____ Time Received by Office: _____

Unit Type(s) I will accept:

Studio ____ Studio/Alcove ____ One Bedroom ____

I am applying for:

HUD Section 8 Rental Assistance unit ____ Basic Rent Affordable unit ____

At least 40% of Section 8 units available in a fiscal year must be rented to families with "extremely low incomes".

I would like a parking space ____ I have a pet ____

Applicant Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell #: _____ e-mail: _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

Please list the head of household and all other members who will be living in the unit. Provide the relationship of each family member to the head of household.

Applicant & Household Members Full Names	Relationship	Birthdate	Birthplace	Age	Gender Identity	Social Security No.

List the name, address and telephone number of a relative or friend who generally knows how to contact you:

Name: _____ Relationship to Applicant: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____ e-mail: _____

Eligibility for admission of persons under 62 years of age is limited to applicants who have a permanent mobility impairment or other physical, developmental or mental impairments?

If you are under 62 please provide the name and address of a physician who will verify an impairment.

Name _____ Telephone _____

Address _____

INCOME INFORMATION

Is another individual guaranteeing payment for your rent and other fees? YES ____ NO ____

If Yes -- Name: _____ Telephone No.: _____

Address: _____

ANNUAL INCOME INFORMATION

Indicate annual household income from all sources including income from family support and self-employment:

Anticipated annual income over next 12 months: \$ _____

For each type of income that your household receives, provide the source of the income and the gross monthly amount of income to be expected from that source during the next 12 months.

Names of Applicant & Household Members	Source/Type of Income	Gross Monthly Amount of Income

ASSET INFORMATION

List all assets including checking and savings accounts, IRA's, Keough Accounts, and Certificates of Deposit of all household members. Include any amounts disposed of during the past two years.

Asset	Bank	Current Balance
Checking		
Savings		
CD		
Investments		
Other (specify)		

PROPERTY INCOME

Do you own real estate? Yes _____ No _____ If yes, state appraised value: \$ _____
Indicate annual income earned from property rental: \$ _____

Do you own any personal property held as an investment including artwork, antiques, coin or stamp collections, etc? Yes _____ No _____
If yes, indicate type and appraised value: \$ _____

Have you disposed of any asset for less than fair market value within the last two years?
Yes _____ No _____ If yes,

explain: _____

If yes, what is current market value of the property or asset? _____

MONTHLY EXPENSES

Rent or house payment and maintenance	\$
Food and household supplies	\$
Utilities and telephone	\$
Clothing	\$
Medical and dental payments	\$
Insurance (life, health, accident, etc.)	\$
Child, spousal support (prior marriage)	'
Transportation & auto expenses (insurance, gas, repair)	\$
Car payments	\$
Other installment payments (itemize)	\$
1.	\$
2.	\$
Laundry and cleaning	\$
Entertainment	\$
Other	\$
TOTAL MONTHLY EXPENSES	\$

Handicapped Families Only:

Do you require an apartment to accommodate a severe mobility impairment? Yes ___ No ___

Do you require an apartment equipped to accommodate a visual/audio disability? Yes ___ No ___

Do you pay for a care attendant or for any equipment for the handicapped member(s) of the family necessary to permit that person or someone else in the family to work? YES___ NO___
 If yes, describe expenses _____

Elderly Families Only:

Are you insured under Medicare B? YES___ NO___
 If yes, what is your monthly Medicare premium? \$ _____
 Do you have any other kind of medical insurance? YES___ NO___
 If yes, what is your monthly insurance premium? \$ _____
 Name of Insurance Company _____
 Do you receive medical assistance through MediCal? YES___ NO___

CURRENT HOUSING STATUS

In accordance with HUD requirements preference in Section 236 housing must be given to individuals and families displaced by government action or presidentially declared disaster. Are you eligible for this preference? YES___ NO___
 If yes please explain: _____

Why do you wish to Move? _____

Are you the sole tenant of record in your current apartment? Yes___ No___
 If no, list the person(s) you currently live with: _____

Are you being involuntarily displaced? YES ___ NO ___ Please explain: _____

Have you ever been evicted from a rental unit of any kind? YES ___ NO ___ If yes, explain the circumstances: _____

Has your residency/tenancy or government assistance in a subsidized housing program ever been terminated for fraud, Non-payment of rent, or failure to comply with recertification procedures? YES___ NO___

Are you currently receiving Section 8 assistance where you are living now?
 YES___ NO___ If Yes: Voucher ___ Other ___

HOUSING HISTORY

Starting in the present, list your addresses for the past five years in order:

Address	From	To	Reason for leaving	Landlord
1.		Present		
2.				
3.				

List the states where you and any other applicants in your household have resided:

1	2	3	4
5	6	7	8

If you have a pet please describe: _____

CREDIT/CRIMINAL HISTORY

Have you ever filed for bankruptcy? YES _____ NO _____

If yes, explain: _____

Have you, or any other listed applicant, ever been convicted of a felony. YES ____ NO ____

If yes please explain: _____

Have you, or any other listed applicant, ever been arrested for any activity concerning an illegal controlled substance, or abuse of alcohol? YES ____ NO ____ If yes please explain

Are you or any member of your household subject to State lifetime sex offender registration in any state? YES _____ NO _____

If yes, which state(s): _____

IMPORTANT INFORMATION

I understand that Lesley Terrace is a non-smoking facility. Smoking is not permitted anywhere on Lesley Terrace property.

This facility is committed to serving all eligible and qualified individuals regardless of disability. If you need a reasonable accommodation to reside or continue to reside in the facility and have an equal opportunity to participate in the project, you should bring that fact to the Administrator's attention. The Administrator will try to work with you to reach an accommodation in keeping with the fundamental nature of the project and within the budgetary and administrative limits of the facility.

Lesley Terrace has 24 units that have been architecturally altered for handicapped or disabled persons.

The facilities owned and operated by Lesley Senior Communities provide an equal housing opportunity and do not unlawfully discriminate on the basis of race, color, creed, religion, source of income, occupation, sex, gender identity, marital or domestic partner status, familial status, sexual orientation, national origin, ancestry, age, disability; acquired Immune Deficiency Syndrome, (AIDS) or HIV status in the leasing, rental or other disposition of housing related facilities.

I understand that Lesley Terrace is a facility that provides housing only. I understand that Lesley Terrace housing is not licensed as a Residential Care Facility and does not provide any

type of personal care that would require licensure under the Residential Care Facilities for the Elderly Act California Health and Safety Code, Sec. 1569ff, such as medication administration, toileting, decision making, shopping, financial management, bathing, dressing, grooming, or hygiene.

APPLICANT CERTIFICATION

I/we certify that if selected to move into this project, the unit I/we occupy will be my/our only residence. I/we certify that the undersigned will be the sole occupants of the unit. I/we understand that the above information is being collected to determine my/our eligibility for assistance. I/we authorize the owner to verify all information provided on this application and to contact previous or current landlords and other screening sources to seek and obtain any information pertinent to the undersigned's credit history, tenancy history, employment history and criminal history, which may be released to appropriate federal, state or local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under federal law, and could result in the rejection of this application.

Signature _____ Date _____

Signature _____ Date _____

For Marketing purposes we would appreciate knowing how you heard about Lesley Terrace.

Website/Internet ___ Resident ___ Friend ___ Service provider ___ Government Agency ___
Other _____

**MAIL OR BRING YOUR COMPLETED APPLICATION TO:
Lesley Terrace, 2400 Carlmont Drive, Belmont CA 94002**

COMPLETED APPLICATIONS CAN ALSO BE SUBMITTED BY:

Email: cmedina@lesleysc.org

Fax: 650-592-3026

- The filing of this application in no way guarantees an apartment. No payment or fees should be given to anyone in connection with the preparation, filing or processing of this application.
- Consult our website for Tenant Selection Criteria and Eligibility Requirements -- lesleyseniorcommunities.org