



*Desert Willow Apartments*  
*1337 N. El Prado*  
*Ridgecrest, Ca 93555*

Dear Prospective Resident,

Thank you for inquiring about our HUD-subsidized residential apartments for persons with disabilities. We ask that you fill out the attached tenant application and obtain all of the required verification sign-offs. If an application is not complete it will not be accepted. If you have problems filling out the application, please have your case manager help you.

Please note:

- Go over each page very carefully, making sure that you have signed in all of the appropriate places.
- Verification of Social Security must be either a Social Security printout or a copy of three past bank statements showing the automatic deposit from Social Security.
- Verification of Disability must be signed by the Physician treating the disability which qualifies residency in these apartments.

We will review your application to verify all information provided and will then contact you directly (via phone or U.S. mail) in order to provide you with information on the status of your application. Please note, if there are no vacancies currently available at the location you are placing your application, we will keep your application on file and your name will be placed on our "waiting list".

Please take the application to:

Desert Willow Apartments  
P O Box 1014  
Lake Hughes, CA 93532

In closing, we thank you for your interest in our Organization, and look forward to being of service to you in the future.

Cordially,

Nancy Jordan  
Jordan Management

Our non-profit organization does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, any of our federally assisted programs and activities.

"No otherwise qualified individual with handicaps in the United States shall, solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."



# Tenant Application

For official use only
date received in office _____
time received in office _____

## HEAD OF HOUSEHOLD INFORMATION

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: Male \_\_\_ Female \_\_\_ Drivers License \_\_\_\_\_

Social Security #: \_\_\_\_\_ Have you ever used any name(s), Social Security number(s) other than the one you are currently using? Yes \_\_\_ No \_\_\_ If yes, what name

**Note: Application must disclose Social Security numbers for ALL members of household. The housing office will need to make copies of both California Drivers License (or California ID) and Social Security card.**

Disability Status: Developmentally Disabled \_\_\_\_\_ Physical Disabled \_\_\_\_\_

Chronically Mentally Ill \_\_\_\_\_

Do you require an accessible unit? Yes \_\_\_ No \_\_\_

Are you or any household member enrolled in an Institution of higher education? Yes \_\_\_ No \_\_\_

Case Manager \_\_\_\_\_ Phone Number \_\_\_\_\_

What is your annual (yearly) gross income? \_\_\_\_\_

Do you own any assets: Yes \_\_\_ No \_\_\_. If yes, please list \_\_\_\_\_

Have you or any members of your household disposed of any assets for less than "fair market value" during the previous two years? Yes \_\_\_ No \_\_\_ If yes, please list \_\_\_\_\_

## Screening Process

The housing staff will be conducting credit checks on all household members during the screening process. If you do not meet this criteria, your application will be subsequently rejected and notification will be sent to you via U.S. Mail.

Is there anything on your credit report(s) that we might find that you feel may cause you to be rejected? Yes \_\_\_ No \_\_\_ If yes, please describe: \_\_\_\_\_

Have you or any member(s) of your household ever lost rent subsidy? Yes \_\_\_ No \_\_\_ If yes, please explain \_\_\_\_\_

Have you or any member(s) of your household ever been convicted of a felony? Yes \_\_\_ No \_\_\_ If yes, please explain \_\_\_\_\_

**Please list your last three (3) places of past residence** - starting with your most recent address. The housing office will need this information in order to verify your tenant history with previous landlords in order to accept this application for housing, listed as follows:

1<sup>st</sup> address \_\_\_\_\_

Name of Landlord \_\_\_\_\_ Phone: \_\_\_\_\_

Date(s) of residency: from \_\_\_\_\_ to \_\_\_\_\_ Monthly rent \$ \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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

Name of Landlord \_\_\_\_\_ Phone: \_\_\_\_\_

Date(s) of residency: from \_\_\_\_\_ to \_\_\_\_\_ Monthly rent \$ \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

3<sup>rd</sup> address \_\_\_\_\_

Name of Landlord \_\_\_\_\_ Phone: \_\_\_\_\_

Date(s) of residency: from \_\_\_\_\_ to \_\_\_\_\_ Monthly rent \$ \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**MARKETING EFFECTIVENESS**

Racial/Ethnic Background - The Department of Housing and Urban Development (HUD) requires that you furnish this information, which will be used for statistical purposes only and in no way will this affect your standing on our waiting list. Please indicate below all that may be applicable to you.

White \_\_\_ Black \_\_\_ Asian \_\_\_ American Indian/Alaskan Native \_\_\_

Hawaiian/Pacific Islander \_\_\_ Hispanic \_\_\_ Non-Hispanic \_\_\_

**CONSUMER AUTHORIZATION TO OBTAIN CONSUMER REPORT**

“I hereby authorize Desert Willow Apartments to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to , credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and /or other necessary information. **I hereby expressly release Desert Willow Apartments, and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local state and/or federal government agencies, including without limitation, various law enforcement agencies**

**LEGAL ACKNOWLEDGEMENT**

I certify by signature of these documents that the statements contained are true to the best of my knowledge and belief, and I further understand that any false statements will cause me to become ineligible for housing and may subject me to eviction from this HUD-subsidized residence.

Signature (head of household) \_\_\_\_\_ Date \_\_\_\_\_

Signature (other household member) \_\_\_\_\_ Date \_\_\_\_\_

Received By: \_\_\_\_\_ Date \_\_\_\_\_  
Signature/Name

\_\_\_\_\_  
Title

Our non-profit organization does not discriminate on the basis of handicapped status in the admission or access to, treatment or employment in its federally assisted programs or activities.

## **VERIFICATION OF DISABILITY/HANDICAP WHEN ELIGIBILITY FOR ADMISSION IS BASED ON HANDICAP OR DISABILITY**

FOR USE WITH SECTION 202 AND 811 PROGRAM

### EXPLANATION OF THIS VERIFICATION

Some assisted housing projects limit eligibility to some or all the units to persons with disabilities or handicaps. Some of these units may be limited to persons with particular types of disabilities or handicaps. This verification is needed only if:

1. Your eligibility for admission is dependent on you being a person with handicaps or disabilities; or
2. You claim eligibility for allowances that are given to persons with handicaps or disabilities.

An owner may only request the minimum information necessary to determine whether you meet that applicable definition of handicapped or disabled under the program which provides you with housing assistance. Any other request for information about you is not relevant and may not be asked (e.g. diagnosis, treatment plan).

The definitions of disabled and handicapped will vary depending on the project you are applying for or living in. The owner is required to check the definition or definitions that apply to your situation based on the guidance provided in HUD handbook 4530.3.

The third party from whom this verification is being requested has knowledge of whether your handicap or disability meets the applicable definition(s) of disabled/handicapped. The owner must verify this information before deciding on your eligibility for admission to the project or determining your eligibility for allowances given to persons with handicaps or disabilities.

This verification is not to be used in assigning accessible units.

Date: \_\_\_\_\_

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Subject: Verification of Information Supplied by an Applicant for Housing Assistance

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

This person has applied for housing assistance under a program of the US Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed on the top of this page. Your prompt return of this information will help assure timely processing of the application for assistance. Enclosed is a self-addressed envelope for this purpose. The applicant/tenant has consented release of information as shown below. This verification is:

(Owner/manager: You must check the reason why this inquiry is necessary)

\_\_\_\_\_ required for determining the applicant's eligibility for a project or unit in a project where occupancy limited to persons who are disabled or handicapped.

\_\_\_\_\_ required for the applicant/tenant to receive allowances available only to households whose head or spouse is elderly, handicapped or disabled.

YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

RELEASE - Applicant/Tenant: I authorize the person identified above who represents the housing owner to verify with the third party listed above whether my handicap or disability is covered by the statement(s) indicated above:

\_\_\_\_\_  
Applicant/Tenant Signature

\_\_\_\_\_  
Date

INFORMATION BEING REQUESTED

Owner: Check the definition(s) that are applicable to your project on the guidance provided in the HUD handbook 4350.3.

- Yes/No 1. An adult having a physical or mental impairment that:
  - a. is expected to be of long-continued indefinite duration
  - b. substantially impedes the persons ability to live independently; and
  - c. is such that the person’s ability to live independently could be improved by more suitable housing conditions.
  
- Yes/No 2. An adult has a developmental disability as defined by the Developmental Disabilities Assistance and Bill of Rights Act (42US 6002(7)) generally provided as follows:

A severe chronic disability which:

  - a. is attributable to a mental and/or physical impairment or combination of mental and physical impairments;
  - b. was manifested before age 22
  - c. is likely to continue indefinitely
  - d. results in substantial functional limitations in 3 or more of the following areas of major life activity: self-care; receptive and responsible language; learning mobility; self-direction; capacity for independent living; and economic self-sufficiency.

AND

  - e. reflects the person’s need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong, or extended duration and are individually planned and coordinated.
  
- Yes/No 3. An adult who has a chronic mental illness, i.e., if he/she has a severe and persistent mental or emotional impairment that seriously limits his/her ability to live independently (e.g. limiting functional capacities relative to primary aspects of daily living, such as personal relations, living arrangements, work, recreation, etc.) and whose impairment could be improved by more suitable housing conditions.

NOTE: A person whose sole impairment is alcoholism or drug addiction will not be considered to be handicapped for the purpose of the Section 202/811 program.

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Name and Title of Physician Verifying Disability/Handicap

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Signature of Physician Verifying Disability/Handicap

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Date

Our non-profit organization does not discriminate on the basis of Handicapped status in the admission or access to, or treatment or employment in its federally assisted programs and activities.

# VERIFICATION OF SOCIAL SECURITY



Date: \_\_\_\_\_

To: Social Security Administration

From: Desert Willow Apartments  
P O Box 1014  
Lake Hughes, CA 93532

\_\_\_\_\_

\_\_\_\_\_

**Return this verification to the person listed above.**

Subject: Verification of Information Supplied by an Applicant for Housing Assistance

Name: \_\_\_\_\_

Social Security Number \_\_\_\_\_

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help assure timely processing of the application for assistance. Enclosed is a self-addressed envelope for this purpose. This applicant/tenant has consented to this release of information as shown below.

**INFORMATION BEING REQUESTED**

1. Gross Monthly Social Security Benefit	SSI	\$ _____
	SSA	\$ _____

2. Check type of benefits

<input type="checkbox"/> Social Security Retirement	Supplemental Security Income Including State Supplement
<input type="checkbox"/> Disability	
<input type="checkbox"/> Widow(or)	
<input type="checkbox"/> Child(ren)	

  

<input type="checkbox"/> Old Age
<input type="checkbox"/> Disability
<input type="checkbox"/> Blind

3. Recipients date of birth \_\_\_\_\_

4. Medical Insurance premiums deducted from recipient's gross monthly benefit \$ \_\_\_\_\_

\_\_\_\_\_  
Name/Title of person Supplying Information

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

**Release:** I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Penalties for misusing this consent:**

“Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the \*\*Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).\*\*

VERIFICATION OF ASSETS ON DEPOSIT



Date: \_\_\_\_\_

To: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

From: Desert Willow Apartments  
 P O Box 1014  
 Lake Hughes, CA 93532

**Return this verification to the person listed above.**

Subject: Verification of Information Supplied by an Applicant for Housing Assistance

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Account number: \_\_\_\_\_

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help assure timely processing of the application for assistance. Enclosed is a self-addressed envelope for this purpose. This applicant/tenant has consented to this release of information as shown below.

INFORMATION BEING REQUESTED

Type of Account	Withdrawal Penalty	Average Balance without Penalty	Current Balance	Current Interest Rate
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\_\_\_\_\_  
 Name/Title of Person Supplying Information

\_\_\_\_\_  
 Institution

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

**Release:** I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Penalties for misusing this consent:**

“Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the \*\*Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).\*\*

Verification of Employment

(This executed certificate is required from the EMPLOYER of the applicant/tenant.)

I certify that:

Name of Employee \_\_\_\_\_

(ID#) \_\_\_\_\_ Social Security # \_\_\_\_\_

whose address is \_\_\_\_\_

has been in the employ of this company since \_\_\_\_\_

Name of Company \_\_\_\_\_

Address \_\_\_\_\_ Telephone # \_\_\_\_\_

\_\_\_\_\_ Occupation \_\_\_\_\_

Present rate of base pay: Hourly \$ \_\_\_\_\_; weekly \$ \_\_\_\_\_; monthly \$ \_\_\_\_\_

Overtime rate \$ \_\_\_\_\_/hour. Present rate became effective \_\_\_\_\_

How many hours per week does the employee work? \_\_\_\_\_

Straight time \_\_\_\_\_ hours/week Overtime \_\_\_\_\_ hours/week

How much does the employee earn per month in bonus pay? \$ \_\_\_\_\_ mo.

In tips? \$ \_\_\_\_\_/mo. In Commissions? \$ \_\_\_\_\_/mo.

Total amount earned by employee in the last twelve months \$ \_\_\_\_\_

How many days/year of paid vacation does the employee earn? \_\_\_\_\_

How many days/year of paid sick leave? \_\_\_\_\_

COMPULSORY DEDUCTIONS:

Social Security \_\_\_\_\_ % Compulsory Insurance (monthly) \_\_\_\_\_ %

CA Disability Insurance \_\_\_\_\_ % Union dues (monthly) \_\_\_\_\_ %

Retirement Plan \_\_\_\_\_ % Other \_\_\_\_\_ %

Return to:

Desert Willow Apartments  
P O Box 1014  
Lake Hughes, CA 93532  
661-400-7164



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title (Employer/Personal Manager)

\_\_\_\_\_  
Date

NOTE TO EMPLOYER: Rent in this program is based on family size and income. Your cooperation in filling out the above certificate is necessary in determining a fair rent based on Federal and State laws

I \_\_\_\_\_, have received a copy of the following items during my  
Move-in:

The TENANT CONSENT HUD-9887-A dated February 2007  
EIV and You  
The FACT SHEET for HUD assisted Residents dated June 2007  
RESIDENTS RIGHTS & RESPONSIBILITIES

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Are you or any family member enrolled in an Institution of higher education? Yes \_\_\_ No \_\_\_

During the last 24 months: I (\_\_\_) did or (\_\_\_) did not dispose of assets for less than fair market value.