



Corporate Office

951 Petaluma Boulevard South • Petaluma, CA 94952

Phone: (707) 762-2556 • Fax (707) 762-4657

Email: pep@pephousing.org • www.pephousing.org

210 Douglas Street
Petaluma, CA 94942

167 Edith Street
Petaluma, CA 94952

579 Vallejo Street
Petaluma, CA 94952

575 Vallejo Street
Petaluma, CA 94952

1405 Caulfield Lane
Petaluma, CA 94954

1400 Caulfield Lane
Petaluma, CA 94954

506 Mountain View
Petaluma, CA 94952

1275 Lindberg Lane
Petaluma, CA 94954

154 Wilson Street
Petaluma, CA 94952

251 Wilson Street
Petaluma, CA 94952

700-709 Daniel Drive
Petaluma, CA 94954

400 Casa Grande Road
Petaluma, CA 94954

Petaluma Ecumenical
Properties dba
PEP Housing

Dear Prospective Resident:

Thank you for your interest in **PEP Housing**. Enclosed please find the requested application for occupancy. Our apartments are designed for seniors, **62 years of age** and older. We offer one-bedroom, one-bathroom apartments, approximately 620 square feet. All apartments have carpets, window blinds and a full kitchen with refrigerator and electric stove. Amenities include laundry facilities, raised garden beds and professionally landscaped common areas. Residents enjoy the use of community rooms with full kitchens at our larger properties. New residents will not be allowed to smoke inside their apartments or on their decks. **Effective July 1, 2009, smoking will only be allowed in designated smoking areas, with the exception of Casa Grande Apartments, which is a smoke-free campus.**

We also have four 2-bedroom apartments available for mobility-impaired residents **requiring a live-in caregiver**. Age requirements for these four apartments are 18 years and older (*separate application required, please request*).

Please provide us with the following items:

- **Application for Occupancy** ~ complete entire application, do not leave any areas blank, use 'N/A' where necessary. **4** years of rental history is required on application ~ Incomplete applications will be returned.
- **Personal Identification** ~ please provide a copy of your birth certificate (or passport) and driver's license (or other picture ID) ~ we cannot process your application with out this information!
- **Application Fee** ~ a **\$35.00 non-refundable fee** is required for *each household member* (with the exception of HUD applicants)
Please make your check or money order payable to PEP Housing.

Your completed application does *not* guarantee residency at one of our properties. If your credit and background information meets our minimum criteria, your name will be added to our waiting list. A confirmation letter will be mailed to you with the approximate waiting time for an available apartment.

If you have any questions, or need further assistance, please feel free to contact me at (707) 762-2336. I look forward to receiving your application.

Sincerely,

Dominic Roybal

Property Management Coordinator / Compliance Assistant

PEP Housing is a nonprofit corporation dedicated to providing quality affordable housing, housing support services and advocacy for the low-income community.



**PEP HOUSING
ELIGIBILITY CRITERIA & CURRENT RENTS
(January 2012)**

MAXIMUM ANNUAL INCOME LEVEL

PEP Properties 50%

1 person ~ \$28,950
2 persons ~ \$33,050

Mountain View 50%

1 person ~ \$28,950
2 persons ~ \$33,050

Mountain View 80%

1 person ~ \$45,500
2 persons ~ \$52,000

575 Vallejo Street 40%

1 person ~ \$23,160
2 persons ~ \$26,440

(New M/I's Effective 01/01/2011)

575 Vallejo Street 50%

1 person ~ \$28,950
2 persons ~ \$33,050

(New M/I's Effective 01/01/2011)

575 Vallejo Street 60%

1 person ~ \$34,740
2 persons ~ \$39,660

579 Vallejo Street 40%

1 person ~ \$23,160
2 persons ~ \$26,440

1405 Caulfield Lane 50%

1 person ~ \$28,950
2 persons ~ \$33,050

Caulfield / McDowell 80%

1 person ~ \$45,500
2 persons ~ \$52,000

Edith Street Apts , Lieb Senior Apts. & Casa Grande Apartments (HUD 202) 50% AMI

1 person ~ \$28,950 annually; 2 persons ~ \$33,050 annually

CURRENT RENTS FOR 2012

PEP Properties

700-709 Daniel Drive (5 units, project based Sec. 8)	30% of resident's gross adjusted income
154 Wilson Street (6 units)	\$434.00 ~ 50% AMI
231 Wilson Street (10 units)	\$434.00 ~ 50% AMI
1275 Lindberg Lane (8 of 16 units at low-income level)	\$434.00 ~ 50% AMI
1400 Caulfield / 739 S. McDowell (2 units)	\$721.00/ \$766.00 ~ 80% of Area Median Income

Mountain View Ave. Senior Apartments

306 Mountain View Ave. (24 units)	\$430.00 ~ 50% AMI (13)
	\$695.00 ~ 80% AMI (7)
	\$460.00 ~ Disabled unit (3) 50% AMI
	\$695.00 ~ Disabled unit (1) 80% AMI

Caulfield Lane Senior Apartments

1405 Caulfield Lane (22 units)	\$430.00 per month
--------------------------------	--------------------

Vallejo Street Senior Apartments

579 Vallejo Street (45 units)	\$434.00 ~ 40% AMI
575 Vallejo Street (40 units)	\$434.00 ~ 40% AMI
	\$535.00 ~ 50% AMI (New M/I's Effective 01/01/11)
	\$636.00 ~ 60% AMI (New M/I's Effective 01/01/11)

Edith Street Senior Apartments (HUD202)

167 Edith Street (23 units)	30% of resident's adjusted gross income
-----------------------------	---

Richard S. Lieb Senior Apartments (HUD202)

210 Douglas Street (23 units)	30% of resident's adjusted gross income
-------------------------------	---

Casa Grande Senior Apartments

400 Casa Grande Road (45 HUD units) (13 Tax Credit Units)	30% of resident's adjusted gross income \$667.00 ~ low income residents
--	--

PEP HOUSING IS AN EQUAL OPPORTUNITY HOUSING PROVIDER



PART II HOUSEHOLD INCOME, ASSETS and SUBSIDIES

1. **Income:** List below total combined income, gross income received from all sources by all members of the household. Sources may include social security, employment, SSI, pensions, interest and dividends, and alimony. Show amount on annual (yearly) basis.

<u>Household Member</u>	<u>Income Source(s)</u> (i.e. Social Security)	<u>Annual Amount(s)</u>
_____	_____	\$ _____
(Name)	_____	\$ _____
_____	_____	\$ _____
(Name)	_____	\$ _____
	TOTAL (Annual Income)	\$ _____

2. Are you self-employed or do you own a business? YES NO
If yes, please indicate your NET income per year: \$ _____ (Please include this amount above)
Please provide a copy of your past two years tax returns.

3. **Assets:** List below all net household assets for all members of the household. DO NOT include automobiles or furniture. Briefly describe the assets and show the TOTAL ESTIMATED VALUE. Use additional pages if necessary.

<u>Household Member</u>	<u>Description of Assets</u> (i.e. Checking, Savings Acct.)	<u>Current Value/Balance</u>
_____	_____	\$ _____
(Name)	_____	\$ _____
_____	_____	\$ _____
(Name)	_____	\$ _____
	TOTAL	\$ _____

4. **Subsidy:** Do you have a Section 8 Voucher? _____ Yes _____ No



PEP HOUSING — PRE-APPLICATION FOR OCCUPANCY



PART III CERTIFICATION

1. To the best of my/our knowledge and belief, I/we certify that the foregoing information is true, complete and correct.
2. I/we certify that if selected to move into this property, the unit I/we occupy will be my/our only residence.
3. I/we understand that the above information is being collected to determine my/our eligibility for an apartment with rent below market rate. I/we authorize the owner to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information which may be released by appropriate federal, state, local agencies, or private persons to the owner/management.
4. I/we understand that adverse credit reports will disqualify my/our application for occupancy.
5. I/we understand that false statements or information are punishable under federal law.
6. I/we understand we must provide written notification of any changes to the information on this form, especially address.

YES NO

Is any member of this household disabled?

YES NO

Does this person use a wheel chair?

YES NO

Does this person receive attendant care?

APPLICANT: _____

DATE: _____

CO-APPLICANT: _____

DATE: _____

PLEASE REVIEW THE APPLICATION TO INSURE ALL ITEMS HAVE BEEN FILLED OUT CORRECTLY. SIGN AND DATE AND RETURN COMPLETED APPLICATION TO:

**PEP HOUSING
951 Petaluma Blvd. South
Petaluma, CA 94952
Phone: (707) 762-2336
Fax: (707) 762-4657**

Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 03/31/2014)

Name of Property Project No. Address of Property

Name of Owner/Managing Agent Type of Assistance or Program Title:

Name of Head of Household Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self-certify" during the application interview or lease signing. In-place tenants must complete the form as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

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.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

PEP HOUSING

Special Unit Requirement(s) Questionnaire

This questionnaire is administered to every applicant to PEP Housing managed or owned housing to determine whether a family needs special features in their housing unit. The need for special adaptations must be verified in order to assure that the limited number of units with special features go to families that actually need the features. A family waives the right to privacy concerning this need to the extent necessary for such verification. Title 18, Sect 1001 of the US Code states that a person is guilty of a felony for knowingly & willingly making false or fraudulent statements to any department of the United States government.

Applicant Name: _____ Apt. # _____

Date: _____ I choose not to complete this form.

Applicant's Signature: _____

1. Do you, or does any family member have a condition that requires:

- A separate bedroom A unit for the vision-impaired
 A barrier-free apartment A unit for the hearing-impaired
 Physical modifications to a typical apartment

2. If you checked any of the above, please explain exactly what you need to accommodate your situation: _____

3. Can you and all your family members go up and down stairs unassisted?

- Yes No

If No, please indicate how we could accommodate your family: _____

4. Will you or any of your family members require a live-in aide for assistance?

- Yes No

If Yes, please explain: _____

5. What is the name of the family member requiring these features? _____

6. Who may we contact to verify the need for these features?

Name: _____ Telephone _____

Address: _____



Release of Information


Applicant Name: _____

SSN: _____

The person named above has applied for housing, or currently residing, at PEP Housing, and has given your name in order to provide information regarding income, assets or as a reference. The information requested will be kept confidential and used to determine eligibility for housing assistance under the U.S. Department of Housing & Urban Development, State of California, Department of Housing and Community Development, Rental Housing Construction Program. Submission of the information is mandatory for evaluating the applicant's eligibility and failure to submit it will result in denial of the application or housing assistance. Please return the verification form within 10 days. *This consent form expires 15 months from date of signature.*

Thank you for your assistance.

Sincerely,
PEP Housing
951 Petaluma Blvd. South
Petaluma, CA 94952

By 
Dominic Roybal
Property Management Coordinator / Compliance Assistant
(707) 762-2336 phone
(707) 762-4657 fax

I authorize the release of the requested information and understand I have the right to review files maintained on me by the management company.

Signed: _____
(Applicant)

Dated: _____

Signed: _____
(Co-Applicant)

Dated: _____

*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 – LANDLORD REFERENCE

Current Landlord

Landlord: _____

Date: _____

Re: _____
(Name of Applicant)

Applicants: complete the top portion only & return to our office. Do not have the bottom portion completed

(Signed authorization form attached)

<u>RESPONSE BY LANDLORD:</u>	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
1. Was the rent paid in a timely manner and has tenant paid all charges?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Was the unit kept clean?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Did tenant, family or friends cause damage to the unit or common areas?	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Did tenant, or his guests, disturb the quiet enjoyment of other residents?	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Was there a history of violence or harassment of neighbors/management?	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Are you related to this tenant in any way?	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Was this tenant evicted?	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Would you re-admit this tenant?	<input type="checkbox"/>	<input type="checkbox"/>	Why or Why Not? _____

When did tenant move in? _____

How much is the rent per month? _____

Additional Comments _____

Applicant listed above rented from me from _____ to _____

Signature of person filling out form

Date

Title

Telephone Number



VERIFICATION – LANDLORD REFERENCE

Previous Landlord

(Only required if current address is less than four years)

Landlord: _____

Date: _____

Re: _____

(Name of Applicant)

Applicants: complete the top portion only & return to our office. Do not have the bottom portion completed

(Signed authorization form attached)

RESPONSE BY LANDLORD:

YES NO

COMMENTS

1. Was the rent paid in a timely manner and has tenant paid all charges?

2. Was the unit kept clean?

3. Did tenant, family or friends cause damage to the unit or common areas?

4. Did tenant, or his guests, disturb the quiet enjoyment of other residents?

5. Was there a history of violence or harassment of neighbors/management?

6. Are you related to this tenant in any way?

7. Was this tenant evicted?

8. Would you re-admit this tenant?

Why or Why Not? _____

When did tenant move in? _____

How much is the rent per month? _____

Additional Comments _____

Applicant listed above rented from me from _____ to _____

Signature of person filling out form

Date

Title

Telephone Number