



Dear Applicant:

Enclosed is the application for admission to Christian Care Manor 1, 2 and 3, located in Phoenix, AZ. **To be eligible, applicants must be 62 years of age or older, and meet the very low-income limits. Income cannot exceed \$27,650 for a single person, \$31,600 for couple.**

It is important that you read the Admission Policy and Tenant Selection Criteria before filling out the application. **PLEASE DO NOT LEAVE ANY SECTION ON THE APPLICATION FORM BLANK.** If a section on the application does not apply to you put N /A.

Once we receive your application, we will review it to verify if all requirements are met. If you meet all the requirements, you will be placed on the Waitlist and you will receive an Acceptance letter which contains an ID# assigned specifically to the applicant. If you do not meet the requirements, you will receive a Rejection letter stating the reason why we were unable to accept your application.

TO RETAIN YOUR SPOT ON THE WAITLIST, YOU WILL BE REQUIRED TO FILL OUT AN ANNUAL UPDATE FORM, WHICH WILL BE MAILED TO YOU ON OR AROUND JUNE 15th OF EVERY YEAR AND MUST BE COMPLETED AND RETURNED TO OUR OFFICE NO LATER THAN JULY 31st.

You may call our office at any time to check on your status on the Waitlist.

Rent will be **30%** of your adjusted gross income. Utilities are included but you will be responsible for your phone/internet bills.

Security deposit is equal to one month's rent or \$50.00, whichever is the greater amount. (Security deposit will be collected at time of Move In)

Pets are accepted in Manor 1 & Manor 3: A pet security deposit of \$200.00 is due 100% at lease signing; or \$50 due at lease signing and additional payments of \$10.00 thereafter until the full security deposit of \$200 is paid in full. Pets must be 20lbs or less, have all their shots and be approved by management.

For questions or to make an appointment, please call (602) 861-3970.

Thank you for your interest in Christian Care Manors.

Susan O'Connell,
Director of Subsidizing Housing

Alexander Periot,
HUD Apartment Manager

Susan Elliott,
HUD Assistant Manager

We do not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, our federally assisted programs and activities. If you are disabled and would like to request an accommodation or if you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs. Federal civil rights laws addressing fair housing prohibit discrimination against applicants or tenants based on one or more of the following classifications: race, color, national origin, sexual orientation, gender identification, disability, religion, and familial status.





Office Use Only
Date / Time: _____

Manors I, II and III
Office: 11830 N 19th Avenue, Phoenix, AZ 85029
PH: 602-861-3970 / FAX: 602-443-5480
E: PhoenixManors@ChristianCare.org

Please check which level of care you are applying for
___ Independent Senior Living ___ Assisted Living for Seniors

Applicant Number One (Head of Household):

Name:

Address: _____ Apt.# _____

City: _____ State: _____ Zip: _____

Home Phone: () _____

Birth Date: _____ Age: _____ Social Security # _____

If you have no Social Security Number, do you qualify for one of these exceptions:
(Please check one if applicable):

- Ineligible, non-citizen member, not contending eligible immigration status
- Members 62 years old as of January 31, 2010 and whose initial determination of eligibility began before January 31, 2010
- Members under the age of 6 who are added to applicant household within 6 months prior to move-in (eligible for a 90 day extension to provide their SSN)

Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Choose not to respond		
Familiar Status:	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Single	<input type="checkbox"/> Widow	
Race of Head of Household	<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Asian	<input type="checkbox"/> Indian	<input type="checkbox"/> Decline to answer
Ethnicity of Head of Household	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic		<input type="checkbox"/> Decline to answer	



Applicant Number Two

Name of Spouse/Roommate: _____

Social Security # _____

If you have no Social Security Number, do you qualify for one of these exceptions:
(Please check one if applicable):

- Ineligible, non-citizen member, not contending eligible immigration status
- Members 62 years old as of January 31, 2010 and whose initial determination of eligibility began before January 31, 2010
- Members under the age of 6 who are added to applicant household within 6 months prior to move-in (eligible for a 90 day extension to provide their SSN)

Birth Date:	Age:
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Choose not to respond	
Familiar Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widow	

Please list names, addresses and phone numbers of two relatives or friends who generally know how to contact you.

Name:

Address

Phone:

Relationship

Name:

Address

Phone:

Relationship

Do you own an automobile? Yes No If yes, which state_____

Do you have a pet? Yes No

If yes, type of animal: Dog Cat Bird Weight:_____

Do you plan to have anyone living with you in the future who are not listed above?

Yes No If Yes, please explain:

Have you ever been evicted? Yes No If Yes, please explain:

Are you now living in a Government subsidized unit? Yes No

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

Current Landlord:

Phone: ()

Landlord's Address:

City:

State:

Zip:

Move-in Date:

Current Rent:

Are any of the Applicants currently homeless or may be eligible for VAWA (Violence Against Women Act) protections? Yes No If Yes, please explain if necessary:

HANDICAP/MOBILITY IMPAIRED PERSONS ONLY

HUD requires any unit that is architecturally altered for handicapped persons be occupied by a tenant that needs such modifications. Only mobility handicap persons can occupy these units.

Do you use a:

Wheelchair Yes No

Walker Yes No

Cane Yes No

Do you pay for a care attendant or for any equipment necessary to enable you to work?

Yes No If Yes, please describe expenses:

Do you have any outstanding medical bills which you are paying?

Yes No Amount \$_____

ASSET INFORMATION

Please list all checking and savings accounts (including IRAs, Keogh Accounts, CDs, Time Deposits, Money Market Accounts) as well as amounts disposed of during the past two years.

Bank Name	Account #	Current Balance

List the value of all stocks, bonds, trusts, pension contributions, or other assets: \$_____

Do you own a home or other real estate? Yes No

Have you sold or given away any real estate property or other assets in the past two years?

Yes No

If yes, what is the current market value of the asset? \$_____

INCOME INFORMATION

Please answer each of the following questions.
For each "YES" answer, provide the details in the chart below.

Please place an "X" in the boxes below

	<u>YES</u>	<u>NO</u>
Are you or any member of your household employed, Full time, part time, or seasonally?		
Do you or any member of your household expect to work for any period during the next twelve (12) months?		
Do you or any member of your household work for someone who pays cash?		
Are you or any member of your household on leave of absence from work due to lay-off?		
Do you or any member of your household now receive or expect to receive unemployment benefits?		
Do you or any member of your household now receive or expect to receive alimony payments?		
Are you or any member of your household entitled to alimony payments that he/she is not now receiving?		
Do you or any member of your household receive or expect to receive Social Security benefits?		
Do you or any household member received Dual Entitlement Benefits? (Ex. Death benefits from a spouse) Please provide Benefit Claim Number_____		
Do you or any member of your household receive or expect to receive income from a pension or annuity?		

	<u>YES</u>	<u>NO</u>
Do you or any member of your household receive regular cash contributions from individuals not living in the unit or from agencies?		
Do you or any member of your household receive income from assets including interest on checking or savings accounts, interest and dividends from Certificates of Deposit, stocks or bonds, or income from the rental of property?		
Do you or any household member receive retirement benefits As periodic payments and, if so from what type of retirement Account? (Ex: Checking, Savings, Annuity etc...)		
Are there any students in the household to determine if additional eligibility determinations are necessary?		

For each type of income that your household received, give the source of the income and the amount of income that can be expected from that source during the next twelve (12) months.

- ✓ Use Gross Amount { *Amount paid before ANY deductions* }
- Examples: Social Security, SSI, Pensions, Employment etc.

Household Member	Source of Income	Monthly Income	Annual Income

Do you have Medicare insurance? Yes No

Amount of Premium (Deducted monthly from SS or SSI)? \$_____

Have you ever been convicted of a felony? Yes No

If Yes, please explain:

Have you ever been convicted of any drug-related or alcohol-related activity?

Yes No If Yes, please explain:

Have you ever engaged in the sale of illegal drugs? Yes No

Do you currently engage in the use or sale of illegal drugs? Yes No

If Yes, please explain:

Have you or have any of your household members been subject to a
LIFETIME STATE SEX OFFENDER REGISTRATION PROGRAM IN ANY STATE?

(Note: Failure to respond to this question may jeopardize the approval of your application)

Yes No If Yes, please explain:

Is any household member a U.S. Military Veteran? Yes No

Is any household member displaced due to a presidentially declared disaster?

Yes No

LIST ALL STATES WHERE ALL HOUSEHOLD MEMBERS HAVE LIVED:

Have you ever declared bankruptcy?

Yes No If Yes, please explain:

Previous Landlord: _____

Manager: _____	Phone: _____	
Address: _____		
City: _____	State: _____	Zip: _____
What was your reason for leaving? _____		

APPLICATION 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 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 contact previous or current landlords or other sources for credit and verification information which may be released to appropriate 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 this application being rejected.

Signature of Head of Household: _____	Date: _____
Signature of Spouse: _____	Date: _____
Manager Name: _____	Date/Time Received: _____

Christian Care Manors will consider requests for reasonable accommodations in accordance with Section 504 of the Rehabilitation Act of 1973 and the Fair Housing Act. Auxiliary aids such as TYY relay service dial 711 and Spanish language forms are available at the apartment manager’s office.

We do not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, our federally assisted programs and activities. If you are disabled and would like to request an accommodation or if you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs. Federal civil rights laws addressing fair housing prohibit discrimination against applicants or tenants based on one or more of the following classifications: race, color, national origin, sexual orientation, gender identification, disability, religion, and familial status.

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.

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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.