Life's Garden
managed by human good

Dear Prospective Applicant,

Thank you for your interest in applying for an apartment at Life's Garden. Life's Garden provides housing for senior households whose Head of Household, Spouse or Co-Head is 55 years of age or older at time of application. Additionally, the total annual income of the household must fall under the maximum income limit for the community, as determined by the Low Income Tax Credit Program, or the application may only be considered for our Market-rate apartments.

All information requested in the application packet must be completed. Incomplete applications will not be considered. If the information requested does not apply to you, please indicate by using "N/A" for not applicable. This will tell us that you understand the requested information and you did not intentionally leave it blank.

If you make a mistake or typo, please draw a single line through the error(s) and initial the change(s). Please do not use whiteout to correct the errors.

Please check that you have completed, signed, and returned the following forms:

- Application for Housing
- Applicant/Resident Emergency Information Sheet
- Race, Ethnicity and Disability Data Reporting Form
- Form HUD-27061-H Race and Ethnicity Data Form (complete one form for each household member)

Once the application is received, it will be determined whether you preliminarily qualify to be placed on the waiting list. If you do not qualify, you will be notified in writing. Please remember to notify us, in writing, if your information changes (contact information, income information, etc.). We update our waiting list once per year. If you don't respond to this annual update letter by the deadline provided, you will be removed from our waiting list.

The apartments are offered as they become available. As your name reaches the top of the waiting list, all adult members of the household will be required to attend an in-person interview. At that time, you will be asked to sign the authorization forms which allow our staff to further verify your age, income, assets, allowances, criminal history, sex offender status, credit history and landlord references.

Should you require a reasonable accommodation based on a disability to afford you an equal opportunity to participate in this housing opportunity, please contact the management office at the address or phone/TDD provided below so that we can consider your request for reasonable accommodation.

Sincerely,

Life's Garden
managed by human good
450 Old San Francisco Road
Sunnyvale, CA 94086
Phone (408) 245-5433, Fax (408) 749-8208
TDD 711
E-mail: LGA-Administrator@HumanGood.org
Web: www.HumanGood.org

For Office Use Only

Date/Time Received: _____

Application/Wait List #: _____

☐ Updated Application (office use only)

APPLICATION FOR HOUSING

Part I. Applicant (Head of Household)/Co-applicant Information

APPLICANT (HEAD OF HOUSEHOLD)

First Name: Middle Initial: Last Name:

Present Address: City: State: Zip Code:

Mailing Address (if different): City: State: Zip Code:

Home Phone: ( )_____ Work Phone: ( )_____ Cell Phone: ( )_____

Social Security #: _____ Date of Birth: _____

Email Address: _____

Sex: ☐ F ☐M ☐ Prefer not to disclose

CO-APPLICANT

First Name: Middle Initial: Last Name:

Social Security #: _____ Date of Birth: _____

Relationship to Applicant: _____ Cell Phone: _____

Email Address: _____

Sex: ☐ F ☐M ☐ Prefer not to disclose

Part II. General Questionnaire

1. Have you or any adult member of your household ever been evicted? Yes ☐ No ☐ If yes, when? Explain.

2. Have you or any adult member of your household ever been convicted of a misdemeanor or felony? Yes ☐ No ☐
   If yes, when? Explain.

3. Are you or any adult member of your household required to register as a sex offender including who is subject to a lifetime sex offender registration requirement in any state? Yes ☐ No ☐
   If yes, list state and county of registration:

4. Do you or any adult member of your household currently use any illegal drug or other illegal controlled substance?
   Yes ☐ No ☐ If yes, please explain:

5. We maintain separate waiting lists for each apartment size. Which waitlist do you want to be placed on? Transfers are only permitted as reasonable accommodation. We will only contact you for vacancies that occur in the apartment size that you select.

   Please select all that apply. Studio ☐ 1 Bedroom ☐ First available ☐

6. Do you expect changes to your household size within the next 12 months? Yes ☐ No ☐ If yes, please provide name.

7. Is there a live-in aide who will be residing with you in the unit? Yes ☐ No ☐ If yes, please provide name.

8. How did you hear about this housing opportunity?

9. Do you have any animals? Yes ☐ No ☐ If yes, please list:

10. Do you own a car? Yes ☐ No ☐ If yes, please list:

11. Are you an U.S. military veteran? Yes ☐ No ☐

Which Branch? ☐ Air Force ☐ Army ☐ Coast Guard ☐ Marines ☐ Navy

Part III. Housing References – Please list current and previous landlords for the last five years.

Address of Present Residence:

Present Landlord Name:	Landlord Telephone: ( )	Fax: ( )
Present Landlord Mailing Address:	City, State:	Zip Code:

Monthly rent: $	# of bedrooms: 1 2 3 4 5	Is your rent subsidized? YES NO	Rent	Own

How long have you lived at this address? _____Years _____Months

Reason for wanting to move?

Is there anyone living with you now that will not be moving with you to this property? YES NO If yes, who? And why?

If you have lived at your current address less than five years, what was your previous address?
Previous Address:

Name of previous Landlord:	Landlord Telephone: ( )	Fax: ( )
Previous Landlord Mailing Address:	City, State:	Zip Code:

Monthly rent: $	How long have you lived at this address? _____Years _____Months	Reason for moving?

If you lived in the above two housing situations for less than 5 years, where did you live?
Previous Address:

Name of previous Landlord:	Landlord Telephone: ( )	Fax: ( )
Previous Landlord Mailing Address:	City, State:	Zip Code:

Monthly rent: $	How long have you lived at this address? _____Years _____Months	Reason for moving?

List all states in which all household members have resided since age 18:

Part IV. Income Information

Current Income (Employment Sources)

List all full and/or part-time employment income for all household members.

(Include self-employment gross earnings and net taxable earnings)

	Full Name	Occupation	Name/Address of Employer	Length of Employment	Gross Earnings BEFORE Taxes
1.			_____		☐ ☐ Monthly: $ _____
			_____		Hours per week: _____
			_____		Hourly rate: $_____
	Full Name	Occupation	Name/Address of Employer	Length of Employment	Gross Earnings BEFORE Taxes
2.			_____		Monthly: $ _____
			_____		Hours per week: _____
			_____		Hourly rate: $_____
	Full Name	Occupation	Name/Address of Employer	Length of Employment	Gross Earnings BEFORE Taxes
3.			_____		Monthly: $ _____
			_____		Hours per week: _____
			_____		Hourly rate: $_____
	Full Name	Occupation	Name/Address of Employer	Length of Employment	Gross Earnings BEFORE Taxes
4.			_____		Monthly: $ _____
			_____		Hours per week: _____
			_____		Hourly rate: $_____

Other Sources of Income

(examples: list all public assistance, social security, S.S.I., pension, retirement, disability compensation, unemployment compensation, veterans benefits, insurance policies, interest income, babysitting, care-taking allowance, alimony, child support, annuities, trusts, dividends, regular contributions, scholarships, grants, armed forces)

Full Name	Type of Income	Amount	
		$	Per
Full Name	Type of Income	Amount	
		$	Per
Full Name	Type of Income	Amount	
		$	Per
Full Name	Type of Income	Amount	
		$	Per

Part V. Asset Information

Assets – include checking and savings accounts, equity in real property, stocks, bonds, and other forms of capital investment. Do not include automobiles or furniture. If you have no assets, write "none" in the space.

Checking Account – Name of Bank	**Savings account** – Name of Bank
Address:	Address:
Account Number:	Account Number:
Cash Value /Balance: $	Cash Value /Balance: $
Other Account – Name of Bank	**Other Account** – Name of Bank
Address:	Address:
Account Number:	Account Number:
Cash Value /Balance: $	Cash Value /Balance: $
401K/403B/IRA	**Other Account** – Name of Bank
Address:	Address:
Account Number:	Account Number:
Cash Value /Balance: $	Cash Value /Balance: $
Stocks and Bonds Value: $	**Savings Bond Value:** $

Do you own Real Estate or Real Property? If yes, where? What is the current value?
Yes ☐ No ☐

Have you ever owned Real Estate or Real Property? If yes, when? Where? When Sold? How Much?
Yes ☐ No ☐

Have you or any adult member of your household disposed of any assets within the last 2 years for less than fair market value? Yes ☐ No ☐ If yes, what was disposed and for how much?

Part VI. Program Information

1. Are you or any member of your household disabled? Yes ☐ No ☐

2. Do you require a unit with accessible features for persons with disabilities? Yes ☐ No ☐ If yes, what features:

_____ Mobility Impairment _____ Visual Impairment _____ Hearing Impairment _____ Other

3. Do you require a reasonable accommodation due to a disability that requires changes to our rules, policies, procedure or physical modification(s) to the dwelling unit or common areas? Yes ☐ No ☐ If yes, please describe your needs:

4. Do you currently hold a Section 8 voucher? Yes ☐ No ☐ If so from what county?

5. Have you been displaced from your home as a result of a presidentially declared disaster or government action?
Yes ☐ No ☐ If yes, please explain:

Part VII. Allowances

Yes	No	
☐	☐	Do you have any out-of-pocket childcare expenses? If yes, how much do you pay per month? $_____
☐	☐	Are there any household members over the age of 18 that is a student? If yes, please list: Name _____ PT☐ FT☐ Name _____ PT☐ FT☐
☐	☐	Are you covered by any medical insurance? If yes, how much are your monthly premiums? $_____ o Medi-Cal o Medicare o Blue Cross o Kaiser o AARP o Other _____
☐	☐	Do you or any household member have any medical expenses including prescription drug, vision and dental expenses not covered by insurance? If yes, how much do you anticipate paying out-of-pocket per month? $_____
☐	☐	Do you have any anticipated medical expenses that are NOT covered by insurance? If yes, How much per month? $_____
☐	☐	Do you anticipate any major dental, vision, or hearing-aid expenses in the coming year that are not covered by insurance? If yes, how much do you anticipate spending out of pocket next year? $_____
☐	☐	If you or your co-head or spouse is employed, do you anticipate expenses in the COMING year, for the cost of a care attendant for you or your spouse as a handicapped or disabled person as defined by HUD? (If yes proof of actual expenses are required) If yes, How much do anticipate out-of-pocket per month? $_____

Part VIII. Student Status

Yes	No	
☐	☐	Does the household consist of all persons who are full-time students (Examples: K-12, College/ University, trade school, etc.)?
☐	☐	Does the household consist of all persons who have been a full-time student 5 months in the current year?
☐	☐	Does your household anticipate becoming an all full-time student household in the next 12 month?
		If you answered YES to any of the previous three questions are you:
☐	☐	Receiving assistance under Title IV of the Social Security Act (AFDC / TANF/ Cal Works – not SSA/SSI).
☐	☐	Enrolling in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program.
☐	☐	Married and filling (or are entitled to file) a joint tax return.
☐	☐	Single parent with a dependent child or children and neither you nor your child(ren) are dependent of another individual.
☐	☐	Previously enrolled in Foster Care program (currently age 18-24).

I understand that Life's Garden is a Non-Smoking Community. I understand that smoking is only permitted in designated areas. Yes [ ] No [ ]

I/We certify the above information to be true and correct to the best of my/our knowledge. I/We authorize verification of age, income, assets, allowances, credit history, rental history, criminal background, registered sex offender status, eviction and landlord references. I/We understand that falsification of information found before or after acceptance of this property includes penalties that will result in cancellation of your application, also to include eviction, loss of assistance, if applicable. If this is a HUD subsidized property, the additional fines are imposed: fines of $10,000.00 and five years imprisonment. **WARNING!: Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States:**

Head of Household Signature _____ Date _____

Co-Applicant Signature _____ Date _____

THE FILING OF THIS APPLICATION IN NO WAY GUARANTEES YOU AN APARTMENT. A FINAL DETERMINATION OF ELIGIBILITY WILL NOT BE MADE UNTIL INFORMATION IS VERIFIED. INCOMPLETE OR UNSIGNED APPLICATIONS WILL BE RETURNED AND NOT ACCEPTED.

Return Application to the following address:

Life's Garden
450 Old San Francisco Road
Sunnyvale, CA 94086

EQUAL HOUSING OPPORTUNITY

Life's Garden 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. Our Fair Housing Coordinator is designated to ensure compliance with the nondiscrimination requirements contained in Section 504 of the HUD Regulations and can be contacted via e-mail at Section504Coordinator@HumanGood.org or at 1900 Huntington Drive Duarte, CA 91010, Telephone 1-925-924-7294 TDD 711.

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APPLICANT / RESIDENT EMERGENCY INFORMATION SHEET

Instructions: Optional Contact Person or Organization: You have the right 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 / Resident Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Contact Person or Organization:	
Address of the Contact Person or Organization:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Name of Contact Person or Organization:	
Address of the Contact Person or Organization:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
The following are some of the reasons why we may contact the person you provided to us: emergency, unable to contact you, eviction from unit, late payment of rent, assisting with recertification process, or change in lease terms / house rules, etc.	
Commitment of Management Agency / 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.	

☐ Check this box if you choose not to provide the contact information.

Application / Resident Authorization:

I have provided the above information to the housing provider voluntarily. I grant full permission to the management agency / owner to release and use this information as they deem necessary and may be able to help in resolving any issues that may arise during my tenancy or to assist in providing any special care or services may require.

_____ _____

Signature of Applicant / Resident Date

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RACE/ ETHNIC and DISABILITY DATA REPORTING FORM

Head of Household:_____ Apt./ Application #: _____

Household Member Name: _____ Property Name: _____

THIS SECTION TO BE COMPLETED BY APPLICANT/RESIDENT

The Housing and Economic Recovery Act (HERA) of 2008, which requires all Low Income Housing Tax Credit (LIHTC) properties to collect and submit to the U.S. Department of Housing and Urban Development (HUD), certain demographic and economic information on applicants/tenants residing in LIHTC financed properties. Although LIHTC would appreciate receiving this information, you may choose not to furnish it. You will not be discriminated against on the basis of this information, or on whether or not you choose to furnish h it. If you do not wish to furnish this information, please check the box at the bottom of the page and initial.

Enter Race, Ethnicity and Disability codes for each household member (see below for codes).

Race	Ethnicity	Disability

The Following Race Codes should be used:

1 – White – A person having origins in any of the original people of Europe, the Middle East or North Africa.

2 – Black/African American – A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" apply to this category.

3 – American Indian/Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

4 – Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent:

4a – Asian India 4b – Chinese 4c – Filipino 4d – Japanese 4e – Korean 4f – Vietnamese 4g – Other Asian

5 – Native Hawaiian/Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands:

5a – Native Hawaiian 5b – Guamanian or Chamorro 5c – Samoan 5d – Other Pacific Islander

6 – Other

Note: *Multiple racial categories may be indicated as such: 31 – American Indian/Alaska Native & White, 41 – Asian & White, etc.*

The Following Ethnicity Codes should be used:

1 – Hispanic – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as "Latino" or "Spanish Origin" apply to this category.

2 – Not Hispanic – A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

The Following Disability Codes should be used:

1 – Yes

If any member of the household is disabled according to Fair Housing Act definition for handicap (disability):

- A physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment or being regarded as having such an impairment. For a definition of "physical or mental impairment" and other terms used, please see 24 CFR 100.201, available at http://fairhousing.com/legal-research/hud-regulations/24-cfr-100201-definitions.
- "Handicap" does not include current, illegal use of or addiction to a controlled substance.
- An individual shall not be considered to have a handicap solely because that individual is a transgender.

2 – No

☐ **Resident/Applicant:** I _____(initial) do not wish to furnish information regarding race, ethnicity and other household composition.

_____ _____ _____

Signature of Applicant/Resident Printed Name of Applicant/Resident 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.

Race and Ethnic Data Reporting Form

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

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Life's Garden | 121-38079 | 450 Old San Francisco, Sunnyvale, CA 94086

Name of Property | **Project No.** | **Address of Property**

Sunnyvale Life, LP / HumanGood Affordable Housing | Section 8

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 incompliance 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 format 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 provide 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 no 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.

Race and Ethnic Data Reporting Form

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

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Life's Garden | 121-38079 | 450 Old San Francisco, Sunnyvale, CA 94086

Name of Property | **Project No.** | **Address of Property**

Sunnyvale Life, LP / HumanGood Affordable Housing | Section 8

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.

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