



Rotary Manor

managed by human good

Dear Prospective Applicant,

Thank you for your interest in applying for an apartment at Rotary Manor. Rotary Manor provides housing for senior households where all household members are age 62 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 HUD. 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 complete, sign and return the *Application for Housing* form attached.

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 us whether or not you still want your name to remain on the waiting list, 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, you will be required to come in for an interview. At that time, you will be asked to sign the authorization forms which allows 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 below or phone/TDD so that we can consider your request for reasonable accommodation.

Sincerely, Rotary Manor Community Management

Life. It's personal.

1821 5TH AVE. SAN RAFAEL, CA 94901 T 415.459.6558 F 415.459.2357 TDD 1.800.545.1833, EXT. 478 HUMANGOOD.ORG



Rotary Manor 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.



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1821 Fifth Avenue
San Rafael, CA 94901
Phone (415) 459-6558, Fax (415) 459-2357
TDD (800) 545-1833 ext. 478
E-mail: ROM-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: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> 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: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Prefer not to disclose			

Part II. General Questionnaire

1. Have you or any adult member of your household ever been evicted? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when? Explain.
2. Have you or any adult member of your household ever been convicted of a misdemeanor or felony? Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:
5. Do you expect changes to your household size within the next 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide name.

6. 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 apartment size that you select. Please select all that apply. Studio 1 Bedroom First available

7. Are there any household member are students? Yes No If yes, please list:

Name: _____ PT FT Name: _____ PT FT

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

9. How did you hear about this housing opportunity?

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

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

12. 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: _____

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Present Landlord Mailing Address: _____ City, State: _____ Zip Code: _____

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

How long have you lived at this address? Reason for wanting to move?
_____ Years _____ Months

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: _____

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Previous Landlord Mailing Address: _____ City, State: _____ Zip Code: _____

Monthly rent: _____ How long have you lived at this address? Reason for moving?
\$ _____ Years _____ Months

If you lived in the above two housing situations for less that 5 years, where did you live?

Previous Address:

Name of previous Landlord: _____ Landlord Telephone: _____ Fax: _____

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Previous Landlord Mailing Address: _____ City, State: _____ Zip Code: _____

Monthly rent: _____ How long have you lived at this address? Reason for moving?
\$ _____ Years _____ Months

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: \$ _____
2.		_____		Monthly: \$ _____ Hours per week: _____ Hourly rate: \$ _____
3.		_____		Monthly: \$ _____ Hours per week: _____ Hourly rate: \$ _____
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
		\$	
		\$	
		\$	
		\$	

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?

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:



Rotary Manor
1821 Fifth Avenue
San Rafael, CA 94901



EQUAL HOUSING OPPORTUNITY

Rotary Manor 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 NorCalSection504@HumanGood.org or at 6120 Stoneridge Mall Road, Suite 100, Pleasanton, CA 94588, Telephone 925-924-7182 TDD 800-545-1833 Ext 478.



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

