



Dear Applicant(s):

Thank you for your interest in **Kinneret Apartments**. Kinneret I is a Section 202 HUD project without rental assistance. Kinneret II is a Section 202 HUD project with Section 8 rental assistance. In order to apply for housing in this community, you must meet the following eligibility requirements:

1. Head of Household or Co-Head must be at least 62 years old or have a mobility impaired disability.
2. Annual household income may not exceed current HUD limits. The current limits are:

	1 person	2 persons
Low Income	\$32,800	\$ 37,450

If you feel you fit these requirements, please complete the application and all attachments. Return the signed documents, along with copies of **Birth Certificates, Social Security cards, Alien Registration cards (if applicable) on all household members and a photo ID for all members 18 years and older**, to our office. Incomplete applications will not be accepted.

NOTE: When you come for your initial interview, you must provide originals of the above documents, as well as verification of income. If, however, you do not have a social security card at time of application and/or initial interview, you have 90 days from date you are offered a unit to provide documentation to verify your social security number. Disclosure and verification of a SSN are required before you can be housed. There are exceptions to disclosure of social security number. For full details, refer to the Tenant Selection Plan.

If you have any questions, please do not hesitate to contact the office. **Requests for reasonable accommodations, including materials in alternate formats, may be made by contacting the site office:**

Kinneret Apartments
 515 S. Delaney Avenue, Orlando, FL 32801
 PH: 407-425-4537; FAX: 407-425-7361
 FL Relay TTY: 1-800-955-8771
 Email: Kinneret@carteretmgmt.com

Kinneret Apartments will provide assistance to applicants with disabilities or with limited English proficiency in completing this document. If you have any special needs that might impact your access to the application process and require reasonable accommodation or alternate ways to communicate with you, please notify the office.

It is the policy of Kinneret Apartments to provide housing on an equal opportunity basis. We do not discriminate against any person because of Race, Color, Religion, Sex, Handicap, Familial Status, National Origin, Gender Identity or Marital Status. If you feel that you have been discriminated against, please contact this office, or the HUD field office to report such action.



Professionally Managed by Carteret Management Corporation

KINNERET APARTMENTS

515 S. Delaney Avenue
Orlando, Florida 32801
(407) 425-4537 • FL Relay TTY: 1-800-955-8771

FOR OFFICE USE ONLY – TO BE COMPLETED UPON RECEIPT OF APPLICATION

Date & Time:	Mgmt Signature:
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Community and type of apartment you are applying for:

Kinneret I

(set rent rate; minimum income requirement is 2 ½ times the current rent rate)

_____ Efficiency (approx. 440 sq ft)
_____ 1 Bedroom (approx. 625 sq ft)

OR

Kinneret II

(rent based on 30% of adjusted annual income; no minimum income requirement)

_____ 1 Bedroom (approx. 625 sq ft)
_____ 1 Bedroom – mobility impaired accessible unit

INSTRUCTIONS TO APPLICANT

- ALL lines must be filled in. You may write "NONE" or "NO" in a line, but DO NOT leave a line blank or write N/A.
- All information should be complete and correct. False, incomplete or misleading information will cause your application to be declined.
- If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change.
- As long as your application is on file with us, it is your responsibility to contact us whenever your address, telephone number or income situation changes, or whenever you need to add or remove a household member from your application.
- After we receive your complete application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on a Waiting List. This does not mean that your household will be offered an apartment. If later processing establishes that your household is not actually eligible, or does not meet our Resident Section Criteria, your application will be declined.
- We will process your application according to our standard procedures, which are summarized in the Tenant Selection Plan that is posted in the Management Office.

APPLICANT INFORMATION

Applicant Name (Head of Household):			
Home Address:	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:
Home Phone:	Cell Phone:	Email:	
Do you speak English? (Please check one) Yes: <input type="checkbox"/> No: <input type="checkbox"/>		If no, what language spoken? Do you need an interpreter? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	

HOUSEHOLD COMPOSITION

List your name and the names of persons who **will be** living with you. Please list the head of household first.

Full Name of Household Member	Date of Birth	Sex M/F	SSN	Driver's License/ Picture ID #	Marital Status	Relationship to Head
						HEAD

RESIDENCE HISTORY

You **must** report **ALL** places you have lived for the past five (5) years. Attach additional sheet if necessary.

Present Address Do you: Own your home? <input type="checkbox"/> Rent? <input type="checkbox"/> Live with others? <input type="checkbox"/>	Street Address:				From:	Landlord Name:			
	City:	County:	State:	Zip Code:	To:	Landlord Phone:			
	Reason for Moving:						Landlord Street Address:		
	Is this Subsidized Housing? Yes <input type="checkbox"/> No <input type="checkbox"/>				Amount of Rent:	City:	State:	Zip Code:	
Previous Address	Street Address:				From:	Landlord Name:			
	City:	County:	State:	Zip Code:	To:	Landlord Phone:			
	Reason for Moving:						Landlord Street Address:		
	Is this Subsidized Housing? Yes <input type="checkbox"/> No <input type="checkbox"/>				Amount of Rent:	City:	State:	Zip Code:	

You **must** report **ALL** states in which you have resided and the last address in each state. It is not necessary to repeat the addresses listed above. All applicants over 18 are required to report this information.

State:	From:	To:	Last Street Address in that State:	City:	County:
State:	From:	To:	Last Street Address in that State:	City:	County:
State:	From:	To:	Last Street Address in that State:	City:	County:
State:	From:	To:	Last Street Address in that State:	City:	County:
State:	From:	To:	Last Street Address in that State:	City:	County:

- Will everyone listed on this application be able to provide proof of valid Social Security number at least 90-days prior to move-in (Exceptions: Members 62 or older as of 1/31/2010 whose initial determination of eligibility as begun before 1/31/2010 and members that do not content eligible immigration status)
Yes: No: If not, why not? _____
- Have you or any member of your household ever been evicted from federally-assisted housing for drug-related activity? Yes: No:
If YES, from Where? _____ When? _____ Why? _____
- Have you or any member of your household ever committed fraud in a Federally Assisted Housing Program or been asked to repay money for knowingly misrepresenting information for such housing programs? Yes: No:
- Have you, or any household member, ever been convicted of a felony and/or sexual offense? Yes: No:
If YES, please explain (provide state and county) _____
- Are you or any member of your household subject to a lifetime state sex offender registration program in any state? Yes: No: (**Note:** Failure to respond to this question may jeopardize the approval of your application.)
If YES, please explain (provide state and county) _____
- **Alias:** Please list any names any member of the household has used, including maiden names or any alias:

- **Pets:** Do you have pets? Yes: No:
If YES, what type of pet? _____ Breed? _____ Weight? _____
- **Student:** Are you or anyone in your household a student at an institution of higher education?
Yes: No: Full-Time: Part-Time:
- Do you expect to have recurring medical expenses during the next 12 months? Yes: No:

HOUSEHOLD INCOME

List all money earned or received **by everyone** living in your household. Attach additional sheet if necessary.

Household Member: _____

- Employment \$ _____/month Employer: _____
Address: _____
City: _____ State: _____
Zip: _____ Phone: _____
- SSI/SSDI/Social Security Benefits \$ _____/month **SUBMIT CURRENT AWARDS LETTER**
- Retirement Benefits \$ _____/month Source: _____
- Veteran's Benefits \$ _____/month Source: _____
- Worker's Compensation \$ _____/month Source: _____
- Contributions \$ _____/month Source: _____
- Other: _____ \$ _____/month Source: _____

Household Member: _____

- Employment \$ _____/month Employer: _____
Address: _____
City: _____ State: _____
Zip: _____ Phone: _____
- SSI/SSDI/Social Security Benefits \$ _____/month **SUBMIT CURRENT AWARDS LETTER**
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- Veteran's Benefits \$ _____/month Source: _____
- Worker's Compensation \$ _____/month Source: _____
- Contributions \$ _____/month Source: _____
- Other: _____ \$ _____/month Source: _____

ASSETS

List all assets and account numbers for all family members (checking, savings, credit unions, money market funds, certificates of deposit, stocks, bonds, real estate, cash value of life insurance, etc.) Attach additional sheet if necessary. You must include any assets you have sold within the last 2 years.

Household Member	Name & Address of Financial Institution	Type of Asset	Account #	Value of Asset

DISABILITY

It is not necessary to give us details about your disability unless you are requesting an accommodation.

a. Do you claim a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	b. Do you need an accommodation to help you complete the application process? <input type="checkbox"/> Yes <input type="checkbox"/> No	c. Do you need an accommodation in housing features due to your disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes" to b or c, what accommodation do you request? <i>(If necessary, attach additional sheets to explain.)</i>		

MARKETING

It is important to know how our marketing efforts are working. How did you hear about our community?

Newspaper Ad Signage Drive By Referral (who referred you): _____

RACE/ETHNICITY

The information solicited in this question is requested in order to assure HUD that Federal Laws prohibiting discrimination against applicants on the basis of race, color, national origin, religion, sex, familial status, and handicap status are followed. This information is optional and will not be used to evaluate your application or to discriminate against you in any way.

Household Member #1: _____

RACE: WHITE BLACK ASIAN AMERICAN INDIAN OTHER
ETHNICITY: HISPANIC NON-HISPANIC

Household Member #2: _____

RACE: WHITE BLACK ASIAN AMERICAN INDIAN OTHER
ETHNICITY: HISPANIC NON-HISPANIC

APPLICANT CERTIFICATION

Read each statement below and initial that you understand and agree.

(Initial) I have read and understand the information in this application, in particular the Instructions to Applicant, and agree to comply with all information and instructions.

(Initial) I have read and understand the Application Processing, Tenant Selection, Waiting List Procedures, Unit Assignment Policies and Procedures set forth in the TENANT SELECTION PLAN regarding mandatory leasing of 40 percent of the Section 8 unit that turn over in a year to applicants who meet the extremely low income limits. I understand that my application may be passed over in order to maintain the mandatory HUD percentage requirements, if my combined gross household income exceeds the extremely low-income limits.

(Initial) I certify that all information given in this application is true, complete and accurate. I understand that if any of this information is false, misleading or incomplete, Management may decline my application, OR, if move-in has occurred, terminate my lease and evict me and my household.

(Initial) I understand that ALL CHANGES in the income of any member of the household, as well as any changes in the household members, must be reported to Management in writing immediately.

(Initial) If my application is approved and move-in occurs, I certify that only those persons listed in this application will occupy the apartment, and that they will maintain no other place of residence.

(Initial) If this application is approved and move-in occurs, I certify that all household members will accept and comply with all conditions of occupancy as set forth therein, including but not limited to, rules regarding pets, rent, damages, and security deposits.

(Initial) I authorize Management to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services, previous and current landlords, law enforcement agencies or other sources for verification confirmation which may be released to appropriate Federal, State or local agencies.

(Initial) I understand that it is a crime to knowingly provide false information for the purpose of obtaining or maintaining occupancy and/or for the purposes of securing a lower rent in a subsidized housing development.

(Initial) I understand that the penalty for knowingly providing false information is up to five (5) years in prison and/or up to \$10,000 fine upon conviction.

ALL adult members of the household must sign below:

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____

THIS INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL

IMPORTANT NOTICE

We will verify all income, and you will need to certify your income on a HUD Form 50059, "Owner's Certification of Compliance with HUD'S Tenant Eligibility and Rent Procedures". Your final monthly rent will be based on verified income. It will vary as your income varies. You must report income changes as they occur, and rent revisions will be processed in accordance with HUD regulations.

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.