

CEDAR SPRINGS / David & Margaret Direct Referrals

Brand New Affordable 1 & 2 Bedroom Apartments in La Verne

NOW ACCEPTING PRE-APPLICATIONS

**Dear Case Managers:
Occupancy expected to begin
April 2016!**

One and Two bedroom housing opportunities for households that are homeless (or at risk of homelessness) and have a qualifying disability.

In addition to the above qualifications, all one bedroom units are for "TAY" households. Transitional Age Youth (TAY) (ages 18 and up to 24 years and 6 months at time of move in).

Affordable rents are restricted in accordance with the Low-Income Housing Tax Credit (LIHTC) program and other Regulatory Agreements.

Apartment Amenities:

- Fully equipped kitchens
- Refrigerators and stove
- Balconies (some units)

Community Amenities:

- Community Room
- Laundry facilities
- On-site management

All pre-applications must be completed on-site at David & Margaret Youth and Family Services: 1350 Third Street La Verne, Ca 91750
For an appointment contact: 909-596-5921, ext. 3625

Telephone Device for the Deaf: (888) 877-5379 or California Relay Service (711)

Mobility/Hearing/Sight impaired households will have priority for units designed for the mobility and hearing/sight impaired.



1 Bedroom - TAY units				1 Persons	2 Persons	3 Persons
No. of Units	Unit Type	Tenant Rent	Min. Income*	Max. Income	Max. Income	Max. Income
7	30%	30% of Income as determined by the Housing Authority	N/A	\$17,430	\$19,920	\$22,410

2 Bedroom				2 Persons	3 Persons	4 Persons	5 Persons
No. of Units	Unit Type	Tenant Rent	Min. Income*	Max. Income	Max. Income	Max. Income	Max. Income
3	50%	30% of Income as determined by the Housing Authority	N/A	\$33,200	\$37,350	\$41,500	\$44,850

*There is no minimum income requirements for these Project Based Voucher units

Household must also meet HACOLA's occupancy standard and eligibility requirements.

Income and other restrictions apply.



Appropriately completed pre-applications will be processed on a first come basis until the units are filled. All applicants must meet certain underwriting guidelines. This project is subject to the requirements of several funding sources, which have made it feasible. The above information reflects these requirements to the best of management knowledge but is subject to change if required for compliance with law or regulation.



Cedar Springs Apartments Pre-Application

David & Margaret Direct Referrals

NOTE: You must complete all information for your pre-application to be considered. Please print clearly and use blue or black ink only.

One and Two Bedrooms

First Name	MI	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Last Name		Month Day Year
<input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Social Security Number	Telephone Number	Extension
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address		Apt. Number
<input type="text"/>		<input type="text"/>
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please consider completing this OPTIONAL Section. Do you require special unit design features? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes: <input type="checkbox"/> Visual impairment <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Mobility impairment
Race (OPTIONAL): <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No

1. How did you hear about us? (What agency or newspaper): _____
2. How many people will live in your home? Include yourself: 1 2 3 4 5
3. Total **gross monthly** income from all sources (Before any deductions). Your estimate. \$ _____
4. Total **gross annual** income from all sources (Before any deductions). Your estimate. \$ _____
5. Are all household members full-time students..... Yes No
6. Do you own a car?..... Yes No
7. Do you require special accommodations? (i.e. Live-In Care Attendants, etc)..... Yes No
 If you need special accommodations please explain: _____

9. Do you have a pet? (Not referring to companion or service animal)..... Yes No

I understand that all of these answers will be verified. I certify that the above statements are true and correct. I understand that false statements or information are punishable under federal law and cause for immediate denial of housing.

Applicant Signature: _____ **Date:** _____



Cedar Springs Apartments
GROUNDNS FOR DENIAL OF RENTAL APPLICATION

We welcome your application to rent an apartment at Cedar Springs Apartments. It is the responsibility of each applicant to provide any and all information required to determine eligibility. **Persons with Disabilities may be entitled to reasonable accommodations.** Applicants will be made aware of their right to reasonable accommodation in cases where disability status is a contributing factor to poor credit or evictions. The following lists the reasons why we might deny your application:

1. **Credit** (An exception for extraordinary medical expenses may be permitted.)
 - a) Total unmet individual credit problems (including governmental tax liens) in excess of \$5,000.
 - b) A bankruptcy (within the last three years). A total of seven (7) unmet credit obligations of any value.
2. **Rental History**
 - a) A judgment against an applicant obtained by the current or previous landlord. An unmet obligation owed to a previous landlord or negative landlord reference.
3. **Personal History**
 - a) A history of violence or abuse, (physical or verbal), in which the applicant was determined to be the antagonist.
4. **Criminal History**
 - a) A criminal conviction related to the sales or manufacturing of narcotic or illegal substances.
 - b) A criminal conviction related to a violent crime / A criminal conviction relating to a sex offense.
5. **Annual Income/Occupancy standard/other program regulations**
 - a) Annual Income (including assets) not within the established restrictions for the property.
 - b) Household size must meet the established occupancy standard for the property.
 - c) Applicant must meet all program regulated eligibility requirements. Units composed entirely of full-time students do not qualify to reside in tax credit properties. However, there are exceptions as outlined by the IRS under Section 42 of the Internal Revenue Code.

6. **Documentation**

Each potential occupant must provide all documentation required by the selection process. If an applicant does not show up for an interview, or provide at a minimum the following documentation it is grounds for denying your application:

- a) Completed and signed application, release of information, and application fee (If applicable).
 - b) Housing references covering the last two years of residency. Applicants who have not held a rental agreement for a minimum period of twelve months within the last two years may be required to provide references from a person not related to the applicant.
 - c) Applicant must demonstrate their ability to pay rent and live independently with assistance if necessary. Proof of income sources and assets, including the two most recent income payments (i.e. pay check stub, social security or other independent verifications).
 - d) Copy of most recent bank statements or other accounts (IRA, stocks, mutual funds, etc.)
7. **Offer of an Apartment**
- Applicants will be offered only one apartment. Declining the offer of an apartment is considered to be a withdrawal of the application by the applicant.

I HAVE READ AND UNDERSTOOD THE FOREGOING AND FIND THEM TO BE REASONABLE REASONS MY RENTAL APPLICATION CAN BE DENIED. I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ATTACHED HOUSING AND INCOME STATEMENTS ARE TRUE AND CORRECT.

Print Name (Head of Household)

Signature

Date

EQUAL HOUSING OPPORTUNITY

Please attach the following verifications:

- 1. TAY (for one bedroom units)**
- 2. Homeless or at Risk of Homelessness**
- 3. Verification of Disability**