

WINNETKA VILLAGE – A Senior 62+ rental community



Dear DMH and DHS Case Managers - Thank you for your interest in Winnetka Village, located at 20750 Sherman Way, Winnetka, CA .

Winnetka Village offers 94 affordable senior apartments. Rents for the one-bedroom apartments will be affordable to seniors 62+ earning between 15% and 60% of the Area Median Income.

There are 47 units for direct referrals from the Department of Health Services and 15 units for direct referral from the Department of Mental Health in accordance to the Mental Health Services Act regulatory agreement.

Planned amenities at Winnetka Village include a community room, media room, fitness center, computer room, outdoor barbeque area, laundry facilities and on site management.

There are also thirty-two (32) one-bedroom affordable units for the general public. These units will be available for low-income seniors at or below 60% AMI. For more information on these units please call (818) 588-4682

UNIT MIX INCLUDING INCOME RESTRICTIONS:

1 Bedroom Units					1 Person	2 Persons
No. of <u>Units</u>	Eligibility Requirements	Max. <u>Income</u>	Tenant <u>Rent</u>	Min. Monthly <u>Income*</u>	Max. <u>Income</u>	Max. <u>Income</u>
15	Chronically Homeless - DHS	15%	30% of Income	N/A	\$8,715	\$9,960
10	Homeless - DHS	15%	30% of Income	N/A	\$8,715	\$9,960
22	Homeless - DHS	20%	30% of Income	N/A	\$11,620	\$13,280
15	Chronically Homeless- MHSA	15%	30% of Income	N/A	\$8,715	\$9,960
32	General Affordable.	60%	\$908	Twice monthly rent	\$34,860	\$39,840



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



Affordable rents are income-restricted in accordance with the Low Income Housing Tax Credit (LIHTC) program and other regulatory agreements. Income limits and rental rates subject to change.

All applications must be received by mail to be entered into a waiting list in the order they are received.

As required by the Tax Credit Allocation Committee (TCAC), mobility/hearing/sight impaired households will have priority for five units designed for the mobility impaired and two units designed for the hearing/sight impaired.

HOW TO APPLY

Please complete, sign and mail Application, Grounds for Denial, and program certification or verification for disability and homelessness as soon as possible to:

Winnetka Village Special Needs
c/o The John Stewart Company
Attn: Heather Sharp
888 South Figueroa Street, Suite 700
Los Angeles, CA 90017

- Incomplete applications may be rejected.
- Please mail your application & grounds for denial via **US Post Office mail only**. We will NOT accept applications that are over-nighted, faxed, or hand delivered.
- Please take your time in accurately completing the application and mail it as soon as possible.
- Each household may only submit one application & grounds for denial. Duplicate household applications will not be considered.

Households comprised of ALL full-time students members do not qualify unless exempted by Section 42 of the Internal Revenue Code.

Our complete Resident Selection Criteria is available at the Rental Office upon request.

WINNETKA VILLAGE APPLICATION PROCESS

Submit an Application

You will need to submit the completed application & grounds for denial (1 per household), and mail to the address provided in our cover letter. After we review this information, and if you appear to qualify for the next stage of processing, a leasing associate will schedule an appointment with you to go through the additional paperwork required. Credit checks, criminal background screening, landlord references, income and asset verifications, will be required for all applicants. This meeting will also give you an opportunity to ask any questions you may have about the application process and the property. Please remember, although application are in the order of the waiting list, apartments will be offered on a First-Qualified, First-Offered basis.

Interview

At your scheduled appointment, please come prepared with all requested supporting documents as outlined in the Application Checklist below. We will confirm the information supplied on your application, and answer any concerns you may have. This interview normally takes approximately 45 minutes. All persons who will be living in the apartment must participate in this interview. Your leasing associate must verify credit, criminal background check, rental history, and all sources of income and assets. Your patience and cooperation is appreciated.

Apartment Offer

When all documents have been received, verified and approved, qualified applicants will be invited back to view the apartment that has been selected for them. Remember, you will only receive one offer of an apartment. If you decline that apartment, you will be considered to have withdrawn your application.



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12 Month Lease Term

Leases will be for a minimum term of one year.

Pets

Residents may not keep any type of pet on the premises, with the exception of those persons with disabilities requiring service animals, or as otherwise required by law.

Parking

There are a limited number of resident spaces at Winnetka Village. Parking is restricted to cars owned by residents of Winnetka Village. All cars must be registered in the name of the resident; and residents must provide proof of current auto insurance and must provide a valid driver's license. All cars must be for personal use only, be in working order, and be maintained in a safe condition at all times. Vehicles not in compliance will be towed at the owner's expense. No exceptions. Accessible spaces are available.

What if I need changes in the way I communicate with you as a result of a disability?

If as a result of a disability you need changes in the way we communicate with you, please contact us by calling The John Stewart Company at (213) 787-2748.

INTERVIEW CHECKLIST

****DO NOT SUBMIT THIS INFORMATION WITH YOUR APPLICATION. THIS IS ONLY REQUIRED AT THE TIME OF INTERVIEW.****

If you choose to apply and we contact you for an interview, you will be required to provide the following information:

For household members 18 and older:

- **Valid state or national picture ID (i.e. Driver's License, Passport, etc).**
- **Employment:** Copies of the first pay-stub for the current calendar year and the most current 3 months of consecutive pay-stubs (7 stubs if paid bi-weekly; 6 stubs if paid semi-monthly; 13 stubs if paid weekly) or equivalent proof of other income. A copy of the most recent IRS tax return is required for cash paid employment.
- **Unemployment Insurance:** Printout of statement or copy of last letter showing current monthly benefit.
- **Self-Employment:** Copy of last year IRS Tax Return including Schedule C and list of current or most recent clients.
- **GA/AFDC/TANF:** Printout of benefits paid in last 12 months or last Notice of Action letter (dated within 120 days)
- **Pensions & Annuities:** Copy of the most current statement
- **Real Estate:** Copy of the most recent mortgage statement, & other relevant owner information.
- **Student:** Name and Address of school & copy of the unofficial class transcript.

For all household members of any age:

- **Social Security Cards (for all members) and Birth Certificates (for minors only)**
- **SSI or SSA/Disability:** Printout of the benefit letter (the date on the letter needs to be within 120 days prior to move in).
- **Bank accounts and Assets:** Copies of the 6 most recent bank statements for checking accounts; 2 most recent bank statements for savings account. (For electronic paycards: printout or receipt with current balance and copy of the paycard)
- **Child Support/Alimony:** Current notice from D.A. Office, a court order or a letter from the provider with copies of last 2 checks.
- **Financial Assistance:** This is regular gifts or payments from anyone outside of the household (includes anyone paying your bills). We will require a notarized written letter from the person providing assistance stating the amount and length of assistance, and bank/asset statements showing funds equaling 10 times the monthly assistance.
- **Other:** Documentation for regular pay as a member of the Armed Forces, severance payments, settlements, lottery winnings or inheritances, death benefits or life insurance dividends, trust benefits, or any other source of income not listed.





DO NOT DUPLICATE
ONE APPLICATION PER HOUSEHOLD ONLY
WINNETKA VILLAGE – a senior 62+ community



APPLICATION FOR ADMISSION

Winnetka Village will comply with the provisions of any federal, state or local law prohibiting discrimination in housing on the basis of race, color, creed, ancestry, national origin, sex, sexual orientation, familial status, source of income, age, disability, AIDS, or AIDS related condition.

TDD Telephone device for the deaf only California Relay Service (711).

Please fill in all blanks. Incomplete applications will not be processed.

APPLICANT NAME: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

CURRENT ADDRESS: _____ APT. #: _____

CITY, STATE, ZIP CODE: _____

PREVIOUS ADDRESS: _____ APT. #: _____

CITY, STATE, ZIP CODE: _____

HOME PHONE #: _____ **WORK #:** _____ **OTHER WORK #:** _____

CELL PHONE #: _____ **OTHER#:** _____

FAX #: _____

E-MAIL: _____

INDICATE TWO PEOPLE WHO GENERALLY KNOW HOW TO CONTACT YOU:

1. NAME: _____ 2. NAME: _____

ADDRESS: _____ ADDRESS: _____

PHONE #: _____ PHONE #: _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

LIST ALL HOUSEHOLD MEMBERS WHO WILL BE LIVING IN THE RESIDENCE. GIVE THE RELATIONSHIP OF EACH FAMILY MEMBER TO THE HEAD OF HOUSEHOLD.

LAST NAME	FIRST NAME	BIRTHDATE (MM/DD/YYYY)	SOC. SEC. #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

DO YOU OWN A CAR? _____ WOULD YOU REQUIRE A PARKING SPACE? _____

CURRENT HOUSING STATUS

How many people live in your home now? _____ How many bedrooms do you have? _____

Have you or anyone you plan to have living with you had your residency/tenancy terminated for fraud, non-payment of rent or failure to comply with lease provisions? ____ YES ____ NO. If "YES", please explain _____

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

____ YES ____ NO. IF YES, PLEASE EXPLAIN: _____

If you have listed a child or children above, do you have full custody of your child(ren) listed above? ____ YES ____ NO.
Explanation of custody arrangements: _____

Have you or anyone you plan to have living with you been convicted of a felony?
____ YES ____ NO. If "YES", please list the disposition behind each incident involving all members of the proposed household: _____

Do you have any family members or friends who currently work at this property?
YES. ____ If "YES", name of employee: _____ NO. ____

Do you have a section 8 voucher or certificate? ____ Yes ____ No Expiration Date: _____

Please list at least two (2) years of rental history below.

1. **CURRENT LANDLORD:** _____
PHONE #: _____ FAX #: _____
WHAT IS YOUR CURRENT RENT? _____
LANDLORD'S ADDRESS: _____
DATE OF MOVE-IN: _____
YOUR ADDRESS/APT. #: _____
2. **PREVIOUS LANDLORD:** _____
PHONE #: _____ FAX #: _____
RENT AMOUNT: \$ _____
LANDLORD'S ADDRESS: _____
DATE OF MOVE-IN: _____ DATE OF MOVE-OUT: _____
YOUR ADDRESS/APT. #: _____

INCOME INFORMATION

Does any family member now receive or expect to receive income from any of the following sources? For each "YES" answer, provide the details in the chart below:

Income

Monthly Gross Income

<input type="checkbox"/>	<input type="checkbox"/>	I/we am self-employed. (List nature of self employment and Family Member)	(use <u>net</u> income from business)
Yes	No	_____	\$ _____

<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you: <u>Name of Employer</u> / <u>Family Member</u> 1) _____ 2) _____ 3) _____	\$ _____ \$ _____ \$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me.	\$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we receive unemployment benefits.	\$ _____ \$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____ \$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we receive periodic social security payments. <u>Family Member</u> 1) _____ 2) _____	\$ _____ \$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).	\$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we receive Supplemental Security Income (SSI). <u>Family Member</u> 1) _____ 2) _____	\$ _____ \$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we receive disability or death benefits other than Social Security. <u>Family Member</u> 1) _____ 2) _____	\$ _____ \$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we receive Public Assistance Income (examples: TANF, AFDC)	\$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we am entitled to receive child support payments.	\$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we am currently receiving child support payments.	\$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we receive alimony/spousal support payments	\$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. If yes, list sources _____ and _____ Family Member 1) _____ 2) _____	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive income from real or personal property.	(use <u>net</u> earned income)

YES	NO		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive student financial aid (public or private, not including student loans).	
YES	NO	Family Member	
		1) _____	\$ _____
		2) _____	\$ _____
		TOTAL HOUSEHOLD MONTHLY INCOME	\$ _____
		TOTAL HOUSEHOLD ANNUAL INCOME (TOTAL MONTHLY INCOME x 12)	\$ _____

Asset Information

			Interest Rate	Cash Value
<input type="checkbox"/>	<input type="checkbox"/>	I/we have a checking account(s).		
YES	NO	If yes, list bank(s) and Family Member		
		1) _____	_____ %	\$ _____
		2) _____	_____ %	\$ _____
		3) _____	_____ %	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have a savings account(s)		
YES	NO	If yes, list bank(s) and Family Member		
		1) _____	_____ %	\$ _____
		2) _____	_____ %	\$ _____
		3) _____		
<input type="checkbox"/>	<input type="checkbox"/>	I/we have a revocable trust(s)		
YES	NO	If yes, list bank(s)		
		1) _____	_____ %	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we own real estate.		
YES	NO	If yes, provide description:		\$ _____

<input type="checkbox"/>	<input type="checkbox"/>	I/we own stocks, bonds, or Treasury Bills		
YES	NO	If yes, list sources/bank names		
		1) _____	_____ %	\$ _____
		2) _____	_____ %	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have Certificates of Deposit (CD) or Money Market Account(s).		
YES	NO	If yes, list sources/bank names and Family Member		
		1) _____	_____ %	\$ _____
		2) _____	_____ %	\$ _____
		3) _____	_____ %	\$ _____

<input type="checkbox"/>	<input type="checkbox"/>	I/we have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank(s) and Family Member		
<input type="checkbox"/>	<input type="checkbox"/>	1) _____	_____ %	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	2) _____	_____ %	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have a whole life insurance policy. If yes, how many policies _____		\$ _____

<input type="checkbox"/>	<input type="checkbox"/>	I/we have cash on hand.		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have disposed of assets (i.e. gave away money/assets) for less than the fair market value in the past 2 years. If yes, list items and date disposed:		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	1) _____		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	2) _____		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have income from assets or sources other than those listed above. If yes, list type below:		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	1) _____	_____ %	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	2) _____	_____ %	\$ _____

Student Status

Yes No

<input type="checkbox"/>	<input type="checkbox"/>	Does the household consist of persons who are all <u>full-time</u> students (Examples: College/University, trade school, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Does your household anticipate becoming a full-time student household in the next 12 months?

PLEASE CONSIDER COMPLETING THIS OPTIONAL SECTION:

Do you require special unit design features for mobility impairment? Yes_____ No_____

Do you require special unit design features for visual impairment? Yes_____ No_____

Do you require special unit design features for hearing impairment? Yes_____ No_____

APPLICANT CERTIFICATIONS

1. I/we certify that if selected to move into this project, the unit I/we occupy will be my/our primary residence.
2. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief.
3. I/we understand that false statements or information are punishable under federal law and cause for immediate denial of housing.

4. I/we understand we must provide written notification of any changes to the information on this form, especially address and telephone number.
5. I/we understand that the above information is being collected to determine my/our eligibility for an apartment. I/we authorize the owner to verify all information provided on this application and to contact previous or current landlords, employers, or other sources for credit and verification information which may be released by appropriate federal, state, local agencies, or private persons to the owner/management.
6. I/we agree to allow management to perform a consumer credit check and criminal background check including sex offender registry on all adult household members. (I/we may request copies of these documents.) This will be required prior to an application being processed.
7. Housing is subject to availability.

HEAD OF HOUSEHOLD (PLEASE PRINT): _____

SIGNATURE OF HEAD: _____ DATE: _____

SIGNATURE ADULT APPLICANT #2: _____ DATE: _____

SIGNATURE ADULT APPLICANT #3: _____ DATE: _____

*How did you hear about our apartment community?

____ Newspaper ____ Flyer ____ Word of mouth

____ Other (please state) _____

Thank you.



Winnetka Village – Senior 62+ Apartments Community
GROUND FOR DENIAL OF RENTAL APPLICATION

We welcome your application to rent an apartment at Winnetka Village. 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 \$2,500.
 - b) A bankruptcy (within the last three years). A total of five (5) 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

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