

2-3 BEDROOM UNITS AFFORDABLE RENTS

Rent Levels have "Maximum Income Limits" (Gross Household Income) based on the number of persons in the household. For "Maximum Income Limits" specific to your household, contact the Office (above).

Rents/Occupancy Standard

- 2-Bedroom Units: Rent based on income
"Occupancy Standards": minimum 2 persons & maximum 5 persons
- 3-Bedroom Units: Rent based on income
"Occupancy Standards": minimum 3 persons & maximum 7 persons

Marymead Park has 68 units:

- 60 - 2-bedroom units (including 3 wheelchair-accessible units, 1 vision-audio-assisted unit)
- 8 - 3-bedroom units (including 1 vision-audio assisted unit)

Each unit is furnished with refrigerator, gas range, garbage disposal, dishwasher, central heat and air conditioning, and ceiling fans. Tenant pays gas, electric, water and sewer. Owner pays garbage. Community features a large common room with kitchen (suitable for birthdays, family events, etc.), computer lab and swimming pool.

HOUSEHOLD APPLICATION PACKET

- All Application Packets must be completely filled out. Do not leave any blanks. If the information does not pertain to you, please write "None" or "N/A" in the blank.
- Applicants must provide:
 - Each adult must provide a copy of a valid Driver's License or Photo ID, and
 - Social Security Numbers or Individual Taxpayer I.D. Numbers should be disclosed and copies provided for all household members.
(The Management Office can make copies of IDs and Social Security Cards.)
- Birth certificates for all members.
- We run a credit and criminal background check on all adult applicants.
- The Rental Application form must be signed and dated by all adult household members.

Applications are processed on a 'first come, first served' basis as Apartments become available. For more information on the Marymead Park Waiting List, please contact the Resident Manager. Applications may be submitted during Office Hours Only.

OFFICE HOURS
Mon, Wed, Fri 9am-12pm
Tues, Thurs 1pm-5pm



Instructions: Please follow carefully- incomplete applications will be returned

1. Complete all areas. If an item does not apply to you mark "N/A" on that line

2. We need copies of Social Security Cards. The government requires that all applicants, except those who are not U.S. Citizens who do not claim eligible immigration status, submit a copy of their Social Security card with the attached housing application. If you do not have social security card, we can accept one of the following, as long as your social security number appears on the document:

Driver's License

Medicare Card

Medical Insurance Card

Bank Statement

Retirement Benefit Letter

Benefit Letter from Government Agencies

Note: Copies of metal social security cards are not acceptable.

If you cannot provide us with any of these documents and are claiming eligible immigration status, it will be necessary for you to certify that you have applied for a new card through the Social Security Office before we accept your housing application. You may not need a social security card if you were 62 or older January 31, 2010 and living in HUD subsidized housing at that time.

3. Proof of Citizenship: The Department of Housing & Urban Development will only provide subsidy in Section 8, Rent Supplement, RAP or Section 236 communities to household members who are U.S. Citizens, Nationals or certain categories of eligible noncitizens. If you are applying to one of these types of Communities, you **must** have the attached Declaration of 214 Status forms completed by **EACH** family member (including yourself). Please make sure you follow the instructions on the Declaration Form.

4. Signatures are required by all adult applicants.

5. Return your application to:

Marymead Park

612 E 17th Street

Marysville, CA 95901

Note: Pets are only allowed in our senior citizen properties or for persons with disabilities who require a service/companion animal.

Your application is being returned because:

- You did not complete all areas or you did not sign the application
- You did not provide the required social security cards for all household members
- The Declaration of 214 Status and Family Summary Sheet were not completed/signed as instructed above.

Please return your application, along with the information that was missing if you want to be considered for HUD Multifamily Housing.



APPLICATION FOR HUD ASSISTED HOUSING

- If the information provided by or about any applicant from any source at any time during the screening process reveals negative information relating to the applicant’s ability to meet the obligations of tenancy, the information will be researched as part of the tenant selection screening process and that applicant will be asked to explain this information as part of a uniformly applied policy applicable to all applicants.
- All applicants must be able to meet essential obligations of tenancy. They must be able to pay rent, to care for their apartment, to report required information to Marymead Park, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.
- Community Housing Improvement Program is an Owner and/or Management Company that provides low rent housing to eligible households, elderly households and single people. Marymead Park is not permitted to discriminate against applicants on the basis of their race, color, religion, sex, national origin, disability, handicap or familial status. In addition, Marymead Park has a legal obligation to provide reasonable accommodations to applicants if they or any household member have a disability or handicap.
- A Reasonable Accommodation is some modification or change this company can make to its apartments or procedures that will assist an otherwise eligible applicant with a disability to take advantage of government programs.
- If you or a member of your household have a disability or handicap and you think you might need or want a reasonable accommodation, or qualify for a handicap adjustment to income or any other adjustment you are eligible for, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with the Owner/Agent, that is your right.
- The Fair Housing Act/Federal Law prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, national origin, sex, religion, age, disability, marital status and familial status. HUD applicants may file any complaints of discrimination to the U.S. Department of Housing & Urban Development, Assistant Secretary for Fair Housing & Equal Opportunity, Washington DC 20410

Marymead Park does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development’s regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Name: Wendy Phillips
 Address: 1001 Willow Street, Chico, CA. 95928
 Phone (Voice): (530) 891-6931 ext. 246
 Phone (TTY): (530)-896-2261

A. Family Summary- List all persons, including yourself who will be living in the apartment. List head of household first.



NAME	RELATIONSHIP	GENDER	SOC.SEC. NUMBER	BIRTH DATE	PLACE OF BIRTH
	HEAD				

Have there been any changes in household composition in the last twelve months? _____ No _____ Yes (if yes explain): _____

Do you anticipate any changes in household composition in the next twelve months? _____ No _____ Yes (if yes, explain): _____

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? _____ No _____ Yes if yes, answer the following questions:

Are any full-time student(s) married and filing a joint tax return?	YES	NO
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	YES	NO
Are any full-time student(s) a TANF or a Title IV recipient?	YES	NO
Are any full-time student(s) a single parent living with his/her minor child who is not a dependent on another's tax return?	YES	NO
Were any full-time student(s) formerly in Foster Care?	YES	NO

Mailing Address: _____ City _____ State _____ Zip _____

Physical Address: _____ City _____ State _____ Zip _____

Phone # _____ MSG. # _____ Email address _____

Applying to Property(s): _____ Requested Unit Size: _____ Bedroom

How did you hear about us? _____

If you require an accessible unit check here _____ If you require any modification to a unit check here _____



B. INCOME. All sources of regularly received monies must be listed regardless of recipient's age.

Family Member Name	Sources of income	Gross Monthly Amount
	Social Security	
	Social Security	
	Pension	
	Source:	
	Address:	
	Claim #:	
	Pension	
	Source:	
	Address:	
	Claim #:	
	VA Benefit (Claim #)	
	SSI Benefit	
	Unemployment Compensation	
	Address:	
	AFDC/CalWorks/TANF	
	Wages	
	Employer:	
	Address:	
	Wages	
	Employer:	
	Address:	
	Alimony	
	Child Support	
	Other Income: (example: rental income)	



C. ASSETS:

Have you sold or disposed of any asset(s) valued over \$1,000 in the last two years? _____ No _____ Yes, if yes, type of assets (eg. Money,land,house) _____

Market value when sold/disposed \$ _____ amount sold /disposed for \$ _____ Date of transaction _____

Provide the following information for all members of the household (use another sheet if necessary)

CHECKING ACCOUNTS

Bank		Bank	
Address		Address	
Account #		Account #	
Int. Rate	Balance	Int. Rate	Balance

SAVINGS ACCOUNTS

Bank		Bank	
Address		Address	
Account #		Account #	
Int. Rate	Balance	Int. Rate	Balance

CERTIFICATES OF DEPOSIT

Bank		Bank	
Address		Address	
Account #		Account #	
Int. Rate	Amount	Int. Rate	Amount
Penalty for Early Withdrawal	Maturity Date	Penalty for Early Withdrawal	Maturity Date

STOCKS

IRA's/401K's

Name		Name	
Address		Address	
Value	Div. Rate	Value	Div. Rate

BONDS

TRUST ACCOUNTS

Bank		Bank	
Address		Address	
Present Value		Account #	
Maturity Date		Int. Rate	Balance



REAL ESTATE

Do you own any property? _____ No _____ Yes If yes, type and location of property: _____

Appraised market value _____ Mortgage or outstanding loan due _____

Name and Address of Broker/Realtor who provide verification of market value: (Name): _____
(Address): _____

D. MEDICAL AND CHILD CARE EXPENSES

Child care expenses- complete for children 12 and younger- Weekly cost for child care _____

Name and Address of Person/Agency caring for child(ren): _____

FOR ELDERLY, DISABLED, HANDICAPPED APPLICANTS ONLY

Medical costs- Complete only if head or spouse is 62 or older, handicapped or disabled AND ONLY if these medical expenses are paid for out of your own pocket and NOT reimbursed by any insurance.

MEDICARE

.Monthly Amount	.Monthly Amount
-----------------	-----------------

MEDICAL INSURANCE

Name	Name
Address	Address
Claim #	Claim #
Monthly Amount	Monthly Amount

PHARMACY

.Name	.Name
.Address	.Address
Anticipated prescription costs not covered by insurance- Monthly Amount	Anticipated prescription costs not covered by insurance- Monthly Amount

PHYSICIAN

Are you seeing a physician regularly?	Yes _____ No _____
.Name	.Name
.Address	.Address
Anticipated costs not covered by insurance- Monthly Amount	Anticipated costs not covered by insurance- Monthly Amount

OUTSTANDING MEDICAL BILLS FOR WHICH YOU ARE MAKING MONTHLY PAYMENTS

.Name	.Name
.Address	.Address
Anticipated costs not covered by insurance- Balance Due	Anticipated costs not covered by insurance- Balance Due
Monthly Amount	Monthly Amount



E. PROGRAM INFORMATION

Are you currently living in subsidized housing? Yes _____ No _____

F. APPLICANT INFORMATION-Please place a checkmark in the box if any of the following statements apply to you.

Do you have a Section 8 Voucher? Yes _____ No _____

1. You have been served a Notice to Quit or been asked to leave by a previous landlord? Yes _____ No _____
2. You have been served with lease violations from a previous landlord? Yes _____ No _____
3. You have been evicted? Yes _____ No _____
4. You or any household member have been evicted from Federally Assisted Housing for drug-related criminal activity? Yes _____ No _____
5. You or a household member have been convicted of a sex related crime or are subject to a lifetime registration in a State sex offender online registration program? Yes _____ No _____ List all states, other than the one that you reside in now, in which you have lived in during the last seven years _____

G. REFERENCE INFORMATION

Current Landlord: Name _____

Address _____ Phone _____

How long have you lived there? _____ Is this landlord related to you? _____ Yes _____ No

List all previous landlords for ALL ADULTS in the Household (attach another sheet of paper if needed)

Landlord Name	Landlord Name
Address	Address
Landlord Phone #	Landlord Phone #
Address of unit	Address of unit
How long did you live there?	How long did you live there?
Is this landlord a related to you? _____ Yes _____ No	Is this landlord a related to you? _____ Yes _____ No

List two Professional Personal References for ALL ADULTS in Household (Attach a sheet of paper if needed)

Name	Name
Address	Address
Phone	Phone
Relationship	Relationship

Name	Name
Address	Address
Phone	Phone
Relationship	Relationship

All information received by _____ during the application process regarding the applicant or applicant’s household will be taken into consideration as part of the application.

Other Information



Please provide us with the name, address and phone number(s) of an emergency contact.

Name: _____ Relation _____
Address: _____ Phone: _____

Vehicles: (List any vehicles owned)

Type: _____ Year _____ Make _____

Color: _____ License Plate: _____

Do you own a pet? _____ Yes _____ No If yes, describe: _____

Certification

I/we hereby certify that I/we don't and will not maintain a separate, subsidized rental unit in another location. I/we understand I/we must pay a security deposit for this apartment prior to occupancy. I/we certify that the housing I/we will occupy is/will be my/our permanent residence.

I/we understand that eligibility for housing will be based on the Department of Housing and Urban Development's eligibility criteria and _____ resident selection criteria. I/we understand that this application in no way ensures occupancy and that my/our application can be rejected based on, but not limited to (1) a history of unjustified and/or chronic nonpayment of rent and/ or financial obligations; (2) a history of living or housekeeping habits that would pose a direct threat to the health and safety of other individuals or whose tenancy would result in substantial physical damage to the property of others; (3) a history of disturbance of neighbors; (4) a history of violations of the terms of previous rental agreements, especially those resulting in eviction from housing or termination from residential programs; (5) police records indicating any type of criminal activity or convictions; and (6) any records which show the applicant's behavior to be unacceptable, even if it is a manifestation of an applicant's disability.

PENALTIES FOR MISUSING THIS FORM: 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, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (5),(7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (5), (7) and (8).

I/we certify that the information given in this application is true to the best of my/our knowledge. I/we understand that any false information or any omission of any significant information is punishable by law, and could be grounds for cancellation of this application or termination of residency after occupancy.

Authorization: I/we do hereby authorize _____ and its staff to contact any agencies, offices, credit bureaus, landlords, or professional references for the purpose of verifying the information I/we have provided on the application. The information provided will be used solely for the determination of my/ our eligibility and admission to the housing I/we are applying for and the information that is supplied will be kept confidential.

Signature _____ Date _____

Signature _____ Date _____

Management _____ Date _____



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

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.

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)

Marymead Park

13635613

612 E 17th St.

Name of Property

Project No.

Address of Property

CHIP

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 in compliance 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 provided 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 not require any special protection.

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)

Marymead Park	13635613	612 E 17th St.
Name of Property	Project No.	Address of Property
CHIP		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	<input type="checkbox"/>
Not-Hispanic or Latino	<input type="checkbox"/>
Racial Categories*	Select All that Apply
American Indian or Alaska Native	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>
White	<input type="checkbox"/>
Other	<input type="checkbox"/>

***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

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