



Jennings Court

A FRONT PORCH COMMUNITY

**Jennings Court, 1080 Jennings Avenue
Santa Rosa, CA 95401
(707) 527-5421**

SENIOR INDEPENDENT SUBSIDIZED HOUSING WAITING LIST TO OPEN January 2022

Jennings Court is accepting applications for our waiting list. Jennings Court offers 1 bedroom subsidized apartments for extremely low and very low income seniors.

TO BE ELIGIBLE: Single applicant must be at least 62 years of age or older. Maximum annual income for a single applicant must be less than \$41,600 and couples \$47,550. Applicant are subject to credit, criminal, drug and sex offender screening.

TO APPLY: Applications are available on our Jennings Court Senior Community website: <https://covia.org/living/senior-living/affordable-communities/jennings-court/> or contact our office to arrange a time to pick up or drop off a completed application. Applications can be returned by mail to Jennings Court Senior Community, 1080 Jennings Avenue, Santa Rosa, CA 95401, and Attn: Main Office. Applicant must return a completed application and [HUD form 92006](#) to be considered.

All applications will be placed on the waiting list by random sort based on date and time received.



Application for Admission and Rental Assistance

Name _____	Address _____
Phone _____	Email _____
Date of Application _____	Time of Application _____



Jennings Court Apartments
1080 Jennings Ave, Santa Rosa, CA 95401
P:707.527.5421 F:707.528.7892

PLEASE NOTE: The information you provide on this application will be treated as confidential. It includes both information necessary for determining your eligibility for housing, and information required for statistical purposes. The race, ethnicity, and gender information is requested in order to assure the Federal government that Federal laws prohibiting discrimination against applicants are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. Please answer each question as completely as possible. Any information found to be incomplete and/or falsified will cause the application to be denied and not processed.

Applicant Household Information: List below anyone you expect to live in your household at Move-In.

Full Name	Race	Ethnicity	Citizenship	Gender	Date of Birth	Social Security Number	Student of Higher Education Yes or No
<ul style="list-style-type: none"> • List Head of Household first • List Spouse or Co-Head second • List Dependents or other adults in order of age • List Foster Child/Adult or Live-In Aide last 	Enter all that apply: • White/Caucasian • Black/African-Amer. • Asian • Am. Indian/AK Native • Hawaiian/Pacific Is. • Other Leave blank if you wish not to report	Enter one of the following: • Hispanic • Non- Hispanic Leave blank if you wish not to report	Enter one of the following: • Citizen • Immigrant/Refugee • Visitor/Visa Holder	• Male • Female Leave blank if you wish not to report			

For marketing purposes, please let us know how you heard of us:

Newspaper/Radio/TV
 Drove by
 Resident Referral
 Word of Mouth
 Web Site
 Other: _____

State your current living situation:

Own Home
 Live with Friend/Family
 Renting
 Lack Nighttime Residence
 Fleeing Violence
 Other _____

List all States you or any household member have lived in: _____

Rental History: (If you currently own your home, or are living at your parents' home, or with friends, or are homeless or fleeing violence, enter N/A for Landlord.)

Present Landlord Name	
Address/Phone	
Move In and Move Out Dates	
Reason for Leaving	
Previous Landlord Name	
Address/Phone	
Move In and Move Out Dates	
Reason for Leaving	

Please answer each of the following questions:

- 1. ____ YES ____ NO Are you expecting any future additions to your family due to:
 pregnancy adoption foster child
- 2. ____ YES ____ NO Do you have a child who is part of a joint custody agreement who will live with you at least 50% of the time, or do you have a child who is away at school who will live at your residence during school recesses?
- 3. ____ YES ____ NO Do you have a family member who is temporarily absent from the home due to:
 employment placement in foster care, hospital, or rehabilitation facility?
- 4. ____ YES ____ NO Do you have a family member who is permanently confined to a hospital or nursing home?
- 5. ____ YES ____ NO Do you have a live-in aide for whom you have a doctor's verification showing a medical need for supportive services?
- 6. ____ YES ____ NO Are you or any member of your potential household currently a US military veteran?
- 7. ____ YES ____ NO Are you or any member of your potential household a victim of a recent Presidentially Declared Disaster?
- 8. ____ YES ____ NO Do you currently, or have you ever, received HUD assistance in housing, including the Housing Choice Voucher Program? If yes, Landlord Name/Address/Dates: _____
- 9. ____ YES ____ NO Are you or any member of your potential household subject to a state lifetime sex offender registry? If so, which family member and what states? _____
- 10. ____ YES ____ NO Do you or any member of your potential household owe money to HUD or any previous landlord? If yes, list:
Name/Address/Amount: _____
- 11. ____ YES ____ NO Have you ever committed fraud in a HUD-assisted housing program, been asked to repay money for knowingly misrepresenting information for such housing programs, or ever been evicted from rental housing? If yes, explain:

- 12. ____ YES ____ NO Does a member of your potential household have a criminal/juvenile record? If yes, describe: _____

- 13. ____ YES ____ NO Have you or any member of your potential household been convicted of a misdemeanor/felony or any crime other than a traffic violation? If yes, give details: _____
- 14. ____ YES ____ NO Are you or any member of your potential household a current user of a controlled substance, including marijuana?
- 15. ____ YES ____ NO Have you or any member of your potential household been convicted of the illegal manufacture or distribution of a controlled substance, including marijuana?
- 16. ____ YES ____ NO Are you or any member of your potential household an abuser of alcohol, or exhibit a pattern of alcohol abuse, which has interfered with the health, safety, or right to peaceful enjoyment of your premises by other residents?
- 17. ____ YES ____ NO Has any family member ever used any name or SSN other than the one they are currently using?
- 18. ____ YES ____ NO If you lack a SSN, or document, were you 62 or older on 1-31-10 and receiving any type of HUD rental assistance?

Elderly/Disabled Families and Reasonable Accommodations

Elderly families are defined by HUD as families where the head, spouse, or co-head is at least 62 years of age, or is 18 years of age or older and is a person with disabilities. If you wish to be considered as an elderly family due to a disability, HUD requires that we receive your consent to verify your disability. In addition, families that include persons with disabilities requiring accessibility features have the right to request reasonable accommodations such as the need for an accessible unit, including the need for accessible features, in order to use and enjoy a dwelling unit. Please complete both questions below.

- ____ YES ____ NO Are you 18 years of age or older and a disabled person, and give consent to have your disability verified?
- ____ YES ____ NO Do you or any family member have need for one of the following special accessibility features?
 Mobility Disability Hearing Disability Visual Disability

Total Household Income

____ YES ____ NO Does anyone regularly give you cash or help you financially in any way? If yes, explain: _____

____ YES ____ NO Does anyone regularly pay some of your bills such as rent, utilities (electric/gas), phone, cable, car payment, gas, train or bus transportation? If yes, identify: _____

____ YES ____ NO Do you receive SS benefits under someone else's number? If yes, list their SSN _____, and include the income in the chart below.

Below list all money earned or received by each member of your household, such as wages, self-employment, unemployment, child support, alimony, family financial support, Social Security/SSI, Workman's Compensation, retirement benefits, pensions, trusts, annuities, AFDC, Welfare, Veterans benefits, Military Pay, insurance benefits, etc.

Family Member Name	Employment (Rate times hours)	Monthly Public Assistance	Monthly Child Support/Alimony	Monthly SS/SSI/Pension	Weekly Unemployment	Other
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$

Asset Information

____ YES ____ NO Has any household member given away any asset for less than fair market value during the past two years?
If yes, give date and explanation: _____

____ YES ____ NO Has any household member sold any real estate in the last two years? If yes, describe: _____

____ YES ____ NO Does any household member own or have an interest in any real estate or mobile home? If yes, describe: _____

____ YES ____ NO Does any family member (including children) have assets such as cash, checking, savings, CDs, 401K, etc?
If so, list in chart below.

Account Type	Family Member Name	Account Number	Bank Name	Value	Annual Income from Asset
Cash/Deposit Box				\$	NA
Direct Express Debit Card				\$	NA
Checking				\$	\$
Savings				\$	\$
CD/Stocks/Bonds				\$	\$
Trusts				\$	\$
Retirement Fund				\$	\$
Real Estate				\$	\$
Life Insurance				\$	\$
Funeral Account				\$	\$
Other				\$	\$

Eligible Deductions from Income to Reduce Rent

HUD has allowed certain deductions to be subtracted from annual income, to enable residents to pay rent based on their ability to pay. Answering the following questions regarding deductions is voluntary. Your answers will be kept strictly confidential and the information provided will be used to help us determine any eligible deductions that you may or may not qualify for.

___ YES ___ NO Does any household member 18 or older, that is not the Head/Spouse/Co-head, attend an institution of higher education either part-time or full-time?

___ YES ___ NO Does any household member pay childcare expenses to enable them to work, seek work, or attend school?

___ YES ___ NO Does any household member pay handicap expenses to enable them to work?

___ YES ___ NO Does any household member pay medical expenses? If yes, see medical deduction qualifications below.

Medical Deduction Qualifications (for Elderly/Disabled Households only)

When a household has a Head or Co-head/Spouse that is disabled or elderly, that household qualifies for deductions when medical expenses are not covered by insurance and are paid out-of-pocket. If any family member qualifies for medical deductions, you may list their medical expenses below. Providing this information is voluntary, and any information provided will be kept strictly confidential.

Doctors:

Name of Doctor	Address	Phone
_____	_____	_____
_____	_____	_____

Prescription Medication Information:

Name of Drugstore	Address	Phone
_____	_____	_____
_____	_____	_____

Over the Counter Medication/Supplies:

Medication/Supply	Cost	Most Often Used	Number per Package
_____	_____	_____	_____
_____	_____	_____	_____

Medical Insurance: Do you have Medicare or Medicaid? YES ___ No ___

Name of Company	Amount paid	How Often Paid	Deductible Amount
_____	_____	_____	_____
_____	_____	_____	_____

Vehicles

Make/model _____ Year _____ Color _____ Tag # _____ State _____

Vehicle registered to _____ Driver's license number _____

Make/model _____ Year _____ Color _____ Tag # _____ State _____

Vehicle registered to _____ Driver's license number _____

Emergency Contacts

In cases of emergency management requests that you provide the information below. An emergency is broadly defined as a case where management feels a resident's well being is threatened and/or where management feels a resident's actions/conduct appear to be a lease violation. Some examples of this type of emergency are non-payment of rent; perceived criminal activity against persons/property; perceived abuse of an illegal substance; behavior violating the quiet enjoyment of other residents; and, housekeeping that violates safe and sanitary rules. An emergency is also defined as an urgent need for assistance or relief, or when there are unforeseen circumstances that call for immediate action.

In Case of Emergency

First Family Member to Notify Is:

Full Name: _____ Relationship: _____ Phone: _____

Address: _____

Second Family Member to Notify Is:

Full Name: _____ Relationship: _____ Phone: _____

Address: _____

Please describe any other information that will help us to process your application: _____

Certification and Consent to Release of Information

NOTE: All household members 18 and older must sign this Application. By signing this application, I certify the completeness and accuracy of the information contained herein. I understand that the Department of HUD is authorized to collect this information to determine eligibility, appropriate bedroom size, and the amount my family will pay for rent. I also understand that this will be my **only** residence. I authorize management to contact my present/prior landlords for information regarding my tenancy, and to access records pertaining to me which may be on file with credit bureau authorities. I authorize a criminal background check and a check of the state/national sex offender registry for all adult family members. I understand that all information I have listed is subject to verification and that a final decision on eligibility cannot be made until all verifications are complete. I understand that it is a crime to knowingly provide false information for the purpose of obtaining or maintaining occupancy in, and/or, for the purpose of securing a lower rent in, a subsidized housing unit, and that the penalty for knowingly providing false information is up to five years in prison and/or \$10,000 fine upon conviction.

I hereby do swear and attest that all of the information herein about me is true and correct. I understand that if no unit is currently available and I am put on a waiting list, I must **update** all information about me and all family members at the time a unit is available to be offered.

Signed _____ Date _____

Signed _____ Date _____

Signed _____ Date _____

Applications are recorded according to the date of receipt. Incomplete applications will be rejected.



Managing Agent's Fair Housing and Section 504 Designated Representative

It is the policy of this company to provide housing on an equal opportunity basis. We do not discriminate on the basis of race, color, national origin, ancestry, sex, age, disability, religion, familial status, marital status, sexual orientation, gender identity, or medical condition. If you feel you have been discriminated against in the processing of this application, please call the following representative of this company:

Name: Dianna L. Sherwood Title: Senior Property Supervisor Phone: 818.254.1410

Address: 800 Brand Avenue, FL 19, Glendale, CA 91203 Email: DSHERWOOD@frontporch.net

For Official Use Only:

Date Application Received _____ Time Received _____ O/A's Initials _____

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.