



Thank you for your interest in **Kinneret Apartments**.

Kinneret I is pleased to offer rental assistance for 164 of its 168 units through a Project-Based Voucher (“PBV”) contract with the Orlando Housing Authority (“OHA”). In order to apply for housing in this community, you must meet the following eligibility requirements:

1. Be at least 62 years old;
2. To be eligible for the PBV units, the applicant’s annual household income **MUST NOT** exceed the applicable *VERY LOW INCOME LIMIT (50% AMI)*. The current income limits are:

1 Person: \$29,050 2 Persons: \$33,200

To be eligible for the non-PBV units, the applicant’s annual household income **MUST NOT** exceed the maximum allowable *LOW-INCOME LIMIT (80% AMI)*. The current income limits are:

1 Person: \$46,450 2 Persons: \$53,050

Note: There are additional requirements in order to qualify for rental assistance under the PBV program through OHA.

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. Be at least 62 years old or have a mobility impaired disability;
2. Applicant’s annual **MUST NOT** exceed the maximum allowable *LOW-INCOME LIMIT (80% AMI)*. The current income limits are:

1 Person: \$46,450 2 Persons: \$53,050

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. 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; **FL Relay TTY:** 1-800-955-8771; **FAX:** 407-425-7361; **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 • Email: Kinneret@carteretmgmt.com

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

Date & Time Application Received:

Management Signature:

COMMUNITY AND TYPE OF APARTMENT YOU ARE APPLYING FOR

Kinneret I-Rent based on 30% of gross annual income; no minimum income requirement.

Efficiency Unit (approx. 440 sq. ft.) **OR** 1 Bedroom Unit (approx. 625 sq. ft.)

Kinneret II-Rent based on 30% of adjusted annual income; no minimum income requirement.

1 Bedroom Unit (approx. 625 sq. ft.) **OR** 1 Bedroom Accessible Unit

How did you hear about our community? Newspaper Ad Signage Drive By Other; specify?

INSTRUCTIONS TO APPLICANT

1. 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.
2. If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change. White-out is not permitted.
3. 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.
4. 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):

Please list any names any member of the household has used, including maiden names or any alias:

Home Address:

City:

State:

Zip:

Mailing Address:

City:

State:

Zip:

Phone Number:

Email:

Do you speak English? (Please check one) Yes: No: If no, what language is spoken? _____

Do you need an interpreter? Yes: No:

HOUSEHOLD COMPOSITION

List your name and the names of persons who **will be** living with you. Please list the head of household first. A Social Security Number is not required for Applicants who are not claiming legal immigration status.

Full Name of Household Member	Date of Birth	Sex M/F	SSN	Marital Status	Relationship to Head
					HEAD

RESIDENCE HISTORY

You **must** report **all** places you have lived for the past five years. Attach additional sheet if necessary.

Do you currently: Own your home? Rent? Live with others?

Are you seeking protection from domestic violence under the VAWA guidelines? Yes: OR No:

Current Address:

From: ____/____/____ To: Current Reason for Moving:

Landlord Name: Landlord Phone:

Landlord Address:

Is this Subsidized Housing? Yes No Amount of Rent:

Previous Address:

From: ____/____/____ To: ____/____/____ Reason for Moving:

Landlord Name: Landlord Phone:

Landlord Address:

Is this Subsidized Housing? Yes No Amount of Rent:

You **must** report **ALL** states you have resided in. It is not necessary to repeat the addresses listed above. All household members are required to report this information. Attach extra sheet if necessary.

State	From	To	State	To	From

HOUSEHOLD INFORMATION

- If you do not have a social security number, were you or any other member of your household age 62 or older as of January 31, 2010 and receiving HUD rental assistance at another location? Yes: No: N/A:
- Has any household member ever been evicted for drug related activity? Yes: No:
If YES, please explain with notes on the back of this page (where, when, why?).
- Has any household member ever been convicted of a felony and/or sexual offense? Yes: No:
If YES, please explain with notes on the back of this page (provide State and County).
- Is any household member subject to a lifetime state sex offender registration program in any state? Yes: No:
If YES, please explain with notes on the back of this page (provide State and County).
- 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:
- Do you have any **ANIMALS**? Yes: No:
If YES, what type of animal(s)? _____ Weight? _____ How many? _____
If YES, Is this Animal an Assistance Animal? or Pet?
- Do you expect to have recurring medical expenses during the next 12 months? Yes: No:
- Are you or have you ever been in the military service? Yes: No:
- Is anyone in the household **currently** a **STUDENT**? Yes: No:
a. *If YES, Full Time? or Part Time?*

HOUSEHOLD INCOME

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

Household Member:

<input type="checkbox"/> Employment	\$ _____/month	Employer: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____
<input type="checkbox"/> SSI/SSDI/Social Security Benefits	\$ _____/month	Source: Provide current Award Letter
<input type="checkbox"/> Retirement Benefits	\$ _____/month	Source: _____
<input type="checkbox"/> Veteran's Benefits	\$ _____/month	Source: _____
<input type="checkbox"/> Worker's Compensation	\$ _____/month	Source: _____
<input type="checkbox"/> Contributions	\$ _____/month	Source: _____
<input type="checkbox"/> Other: _____	\$ _____/month	Source: _____

Household Member:

<input type="checkbox"/> Employment	\$ _____/month	Employer: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____
<input type="checkbox"/> SSI/SSDI/Social Security Benefits	\$ _____/month	Source: Provide current Award Letter
<input type="checkbox"/> Retirement Benefits	\$ _____/month	Source: _____
<input type="checkbox"/> Veteran's Benefits	\$ _____/month	Source: _____
<input type="checkbox"/> Worker's Compensation	\$ _____/month	Source: _____
<input type="checkbox"/> Contributions	\$ _____/month	Source: _____
<input type="checkbox"/> 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	Value of Asset

DISABILITY

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

Do you claim a Disability? Yes No

Do you need accommodation to help you completed the application process? Yes No

Do you need an accommodation in housing features due to your disability? Yes No

If "yes" to any of the above, what accommodation do you request? *(If necessary, attach additional sheets to explain.)*

EMERGENCY CONTACT

Name:	Relationship to you:
Phone:	Email:
Mailing Address:	
I authorize the Landlord to contact my Emergency Contact to assist in resolving any issues that may arise in connection with my application or tenancy. Applicant's Initials: _____	

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 or Alaskan Native Native Hawaiian or Pacific Islander Other
ETHNICITY: Hispanic Non-Hispanic

Household Member #2: _____
Race: White Black Asian American Indian or Alaskan Native Native Hawaiian or Pacific Islander 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.

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.

Form HUD- 92006 (05/09)