

# KINNERET APARTMENTS

## PRE-APPLICATION FOR HOUSING

515 S. Delaney Avenue, Orlando, Florida 32801

Phone: (407) 425-4537 • FL Relay TTY: 1-800-955-8771 • Fax: (407) 425-7361 • [kinneret@carteretmgmt.com](mailto:kinneret@carteretmgmt.com)



### To be eligible to be placed on the waiting list, applicant must meet the below requirements:

1. Be at least 62 years old or have a mobility impaired disability
2. Have a gross annual income that does not exceed current HUD limits. Further specified below:

#### Kinneret I

- 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

#### Kinneret II

- To be eligible, the 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

### Instructions-Please read carefully before completing the pre-application

1. Choose which building you are applying for and which type of apartment you are applying for. You may not apply for multiple units.
2. You must complete the Pre-Application using an ink pen only, ensuring that you print clearly and legibly. All questions must be answered. Incomplete Pre-Applications will not be accepted.
3. Pre-Applications can be mailed or delivered to the address above. You may also email your completed Pre-Application to [kinneret@carteretmgmt.com](mailto:kinneret@carteretmgmt.com) or fax at (407) 425-7361.
4. All complete Pre-Applications will receive a date and time stamp upon submission, and your name will be entered into a waiting list in the order the Pre-Application was received.
5. When your name reaches the top of the waiting list, you will receive an in-person interview letter via postal mail along with a full application.
6. At time of your initial interview, you will be required to complete a "full" application. On the date of your scheduled interview, you must provide verification of all income and assets and originals of the following documents: **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.**
7. If 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.
8. Requests for reasonable accommodation, including materials in alternate formats, may be made by contacting the property at (407) 425-4537; TTY 1-800-955-8771; or email at: [Kinneret@carteretmgmt.com](mailto:Kinneret@carteretmgmt.com).
9. All inquiries or changes to the Pre-Application or information (change of address, family make-up, etc.) must be made *in writing*. We do not accept phone calls regarding status of applications.
10. Enclosed is a *Tenant Selection Plan*. Please read carefully.

Completing and submitting this Pre-Application is the first step of the process and does not entitle you to rental assistance nor is it an offer for housing and/or housing assistance. The Pre-Application simply allows you to get your name on the Kinneret waiting list. Final determination of your eligibility will be completed at a later date.



*Professionally Managed by Carteret Management Corporation*

**FOR OFFICE USE ONLY--TO BE COMPLETED  
UPON RECEIPT OF APPLICATION**

Date & Time:	Mgmt Initials:
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**Community and type of apartment you are applying for (chosed only one):**

**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

**APPLICANT INFORMATION**

Applicant First Name:	Applicant Last Name:	
Mailing Address:		
City:	State:	Zip Code:
Phone Number:	Email:	

Do you speak English? Yes  No  If not, what language 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.

Full Name of Household Member	Date of Birth	Sex-M/F	Marital Status	Relationship to Head
				<b>HEAD</b>

**INCOME INFORMATION**

What is the total ANNUAL household income received by your entire household: \$ \_\_\_\_\_.

**DISABILITY**

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

A. Do you claim a Disability?  Yes  No  
 B. Do you need accommodation to help you complete the application process?  Yes  No  
 C. Do you need an accommodation in housing features due to your disability?  Yes  No

If "yes" to b or c, what accommodation do you request? *(If necessary, attach additional sheets to explain.)*

**EQUAL OPPORTUNITY COMPLIANCE**

*The following information is being requested to comply with equal opportunity requirements and to assure that no discrimination occurs. Your answer will not affect your selection for the program. Please check the appropriate box.*

**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

**GENERAL INFORMATION**

<u>Yes</u> <input type="checkbox"/>	<u>No</u> <input type="checkbox"/>	Have you or anyone in your household ever been arrested or convicted of a drug related crime or violent criminal activity?
<input type="checkbox"/>	<input type="checkbox"/>	Is any household member subject to a lifetime registration requirement under a state sex offender registration program?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been evicted from a federally assisted housing program?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever received assistance from a federally assisted housing program? <i>If yes, have you ever committed any fraud in a federally assisted housing program or ever been requested to repay money for knowingly misrepresenting information for such housing program?</i>
<input type="checkbox"/>	<input type="checkbox"/>	Are you seeking protection from domestic violence under the <i>Violence Against Women Act (VAWA)</i> guidelines?

**I understand that by completing and submitting this Pre-Application, that it is not an offer for housing and/or housing assistance and that I should not make any plans to move or end my present tenancy based on this form. I also understand that it is my responsibility to inform Kinneret Apartments of any change in address, phone number, household income, household composition and/or disability/elderly status and that failure to comply may affect my placement on the waiting list or result in my Pre-Application being withdrawn. I do hereby certify that all information that I have provided on this Pre-Application is complete and accurate to the best of my knowledge and belief and understand that the information will be verified and understand that any false statements or misrepresentations on this application will be just cause to disqualify my pre-application for housing assistance. I am also aware that submitting false information is fraud and may result in loss of current/future housing assistance, assessment of fines and/or imprisonment.**

ALL adult members of the household must sign below:

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

**THIS INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL**