



# Valley View Senior Homes

Intersection of Natalie Ln & Theresa Ave, American Canyon, CA

(510) 809-2771

Dear Applicant,

Thank you for your interest in becoming a resident of Valley View Senior Homes, owned and managed by Satellite Affordable Housing Associates. Below is some important information you should know about the process before applying. See flyer for additional information.

- We are accepting applications for **one-bedroom** and **two-bedroom** units. Please note the occupancy limits listed on page iii.
- Applications must be submitted by mail to **SAHA, P.O. Box 3299, Berkeley, CA 94703** or dropped off during an application help workshop. Applications postmarked prior to or **by June 15, 2018** or submitted during an application help workshop will be entered into the lottery for the top 360 applications.
- **Application help workshops are available** on May 17, May 24, June 7, and June 14, 2018 at the Senior Multi-Use Center from 10am-12pm. The address is 2185 Elliott Dr. American Canyon, CA 94503.
- Only complete and original applications will be accepted. Please print in ink, and please do not use white-out on the application. Instead, cross out and initial mistakes. Write "N/A" in sections that are not applicable. Only one application per household. Duplicate applications will not be entered into the lottery.
- We will evaluate the individual circumstances of each application, will consider additional information submitted by the applicant, and will provide reasonable accommodations when requested, verified, and necessary. Persons with disabilities are encouraged to apply.
- If your household is over-income, or otherwise unqualified, your application will be denied. You will receive written notification and instructions on the appeal process. Persons with disabilities have the right to request reasonable accommodations to participate in the appeal process. In addition, we will consider extenuating circumstances and may make exceptions to policy as a reasonable accommodation to afford persons with disabilities equal access to our housing.
- **It is your responsibility to notify management of address or telephone number changes.** If we are unable to contact you, your name will be removed from the waiting list.
- It is our policy to update the waiting list annually by sending all applicants a Waiting List Update Letter and removing the names of those who are no longer interested in or no longer qualify for housing. If you turn down two opportunities for housing, your application will be removed from the waiting list. You may reapply for housing when the waiting list is open.
- Federal regulations require that management recertify each household's income and assets annually. Management must also regularly inspect apartments to ensure that they are suitable for occupancy.



All applicants are subject to the following Resident Selection Criteria:

### **Background Checks**

Management will review landlord references, eviction records, unlawful detainer records, and criminal history to determine applicant suitability. No screening fees will be charged to the applicant.

### **Evictions and Unlawful Detainers**

Applicants with an eviction or unlawful detainer judgment within the last five (5) years from the judgment date will be denied. Stipulations, dismissals, and cases without a final disposition will be excluded.

### **Landlord Reference Checks**

Management will verify residency with current and prior landlords for the past two (2) years. We are specifically looking at payment history, incidents of damage and/or housekeeping issues, lease violations and eviction proceedings. If a negative landlord reference is received, the application will be denied. Lack of residential history does not necessarily disqualify you.

### **Criminal & Sex Offender Screening**

Applicants with a felony conviction within five (5) years from the end of the sentence will be denied. Criminal records resulting in a misdemeanor will be excluded.

An applicant who is subject to lifetime registration requirement under a state sex offender program will be denied.

Management will deny a household if there is reasonable cause to believe that a member's behavior from abuse or pattern of abuse of alcohol and/or illegal use or pattern of illegal use of drugs may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents. Management will deny a household containing a member who was evicted from federally assisted housing for drug-related criminal activity.

### **Applicant Conduct**

If, during the course of processing an application, it becomes evident that an applicant has falsified or otherwise misrepresented any facts about his/her current situation, history, or behavior in a manner that would affect eligibility, applicant selection criteria qualification, allowances, household composition, or rent, the application will be denied.

If an applicant or guest of an applicant exhibits blatant disrespect, or disruptive behavior towards management, the property, or other residents any time prior to move-in, the application will be denied.

**2018 Minimum & Maximum Income Limits for Napa County**

<b>Apartment Size</b>	<b>Minimum Income</b>
1-Bedroom	\$19,128
2-Bedroom	\$22,632

*(There is no minimum income requirement for households with Section 8 assistance. Minimum income figures are subject to change.)*

<b>Number of People in Household</b>	<b>Maximum Income</b>
1 Person	\$38,580
2 Persons	\$44,100
3 Persons	\$49,620
4 Persons	\$55,080
5 Persons	\$59,520

*(Income Limits are subject to change.)*

**Rent Information**

<b>Apartment Size</b>	<b>Rent</b>
1-Bedroom	\$797 or \$969
2-Bedroom	\$943 or \$1,150

*(Rent amounts are subject to change.)*

**Occupancy Limits**

<b>Apartment Size</b>	<b>Minimum Household Size</b>	<b>Maximum Household Size</b>
1 bedroom	1	3
2 bedroom	2	5

**Eligibility**

Head of household must be 55 years of age or older. Additional members must be age 45 or over, or if under age 45, must meet one of the following exceptions: 1) spouse or cohabitant of Head; 2) someone who provides primary economic or physical support for the Head; 3) a disabled child or grandchild who needs to live with the Head because of their disabling condition.

**Additional information about the property: Special Set-Asides**

There are twenty-two (22) units set-aside for Veterans. Of these twenty-two (22) units, seventeen (17) are set-aside for households with Veterans Affairs Supportive Housing (VASH) vouchers. There are also seventeen (17) units with a Project Based Voucher subsidy through the Housing Authority of the City of Napa. Of these seventeen (17) units, there are three (3) set-aside for chronically homeless persons referred directly from Napa County’s Coordinated Entry System. Applicants for these set-aside units will come directly from the referring agencies.

## Frequently Asked Questions

### **When will I be contacted after submitting my application?**

You will receive a notification after the lottery takes place, informing you if your application is placed on the waiting list. Once your name reaches the top of the waiting list, and a unit is available, we will contact you to schedule a certification interview. It is our policy to invite multiple households to start the qualification process, and housing will be offered on a “first-qualified, first-served” basis.

### **What is my waiting list number?**

It is not our policy to disclose to applicants their specific positions on the waiting list.

### **How long do I have to wait before I am contacted?**

Waiting times vary, as it depends on waiting list size, and when current tenants move out.

### **What other properties are accepting applications?**

Please visit our website at [www.sahahomes.org/apply](http://www.sahahomes.org/apply) for the most up-to-date information on which properties are accepting applications.

### **What are the move-in costs?**

The move-in costs include a security deposit and first month’s rent. The security deposit is, or approximately, equal to one month of rent.

### **Is smoking allowed in the building?**

Smoking is not allowed, except for at the owner’s designated smoking area. For more detailed information, request to see a copy of SAHA’s Agreement Regarding No Smoking Policy.

### **Are residents permitted to have pets?**

Certain pets are allowed. Residents must apply, the animal must be approved, and there is a \$200 pet deposit. For more detailed information, request to see a copy of SAHA’s pet policy.

### **Is there off-street parking?**

Off-street parking is limited, and is not guaranteed. If you are not assigned a parking space, you may request to be added to the parking lot waiting list.

### **What documents will I need for a certification interview?**

Your household will need to bring state-issued picture identification/driver’s license for all adult household members, Social Security cards for all household members, if a social security number has been issued, Birth certificates or custody agreement for all minor household members (17 years and under), proof of income, and proof of assets.

### **Is there a limit to the amount of assets a household may have?**

Not necessarily. We calculate and verify income eligibility based on income. If there is income from assets, we will include that as income. Otherwise, there is no limit to the amount of assets you may have.



# Valley View Senior Homes Rental Application

Applications accepted for one-bedroom and two-bedroom units. Applications postmarked prior to or by June 15, 2018 or submitted during our application help workshops will be entered into the lottery for the top 360 applications. Applications must be returned by mail to SAHA, P.O. BOX 3299, BERKELEY, CA 94703. See flyer for additional info. Only one application per household. Duplicate applications will not be entered into the lottery.

## Eligibility

To apply, the Head of Household must meet the following:

- Age 55 or over on November 1, 2018

To apply, additional household member(s) of the household must meet the following:

- Age 45 or over on November 1, 2018, **OR must be** a Spouse, Caretaker, or Child or Grandchild with disability

If you do not meet the above requirement, STOP here. We are unable to accept your application.

## Applicants

List below all persons who will be living with you, including Live-In Aides.

Name (please print)	Date of Birth	Social Security Number (if applicable)	Male/ Female	Relationship to Head of Household
1.			<input type="checkbox"/> Male <input type="checkbox"/> Female	Head of Household
2.			<input type="checkbox"/> Male <input type="checkbox"/> Female	
3.			<input type="checkbox"/> Male <input type="checkbox"/> Female	
4.			<input type="checkbox"/> Male <input type="checkbox"/> Female	
5.			<input type="checkbox"/> Male <input type="checkbox"/> Female	

## Contact Information

Current Address:				
	Unit #	City	State	Zip
Mailing Address: (if different)				
	Unit #	City	State	Zip
Phone 1:	Phone 2:	Email:		

## Alternate Contact Person

Examples may include case worker, relative, friend, etc.

Name:	Relationship:	Agency:
Address:		
	Unit #	City
	State	Zip
Phone:	Email:	Fax:



# Household Income Information

Provide information for every household member. Attach separate sheet if you have additional sources.

Income Sources			
1	Applicant Name:	Type of Income:	Source (company/agency name):
	Address:		
	Phone:	Fax:	<b>Gross Monthly Income:</b> \$
2	Applicant Name:	Type of Income:	Source (company/agency name):
	Address:		
	Phone:	Fax:	<b>Gross Monthly Income:</b> \$
3	Applicant Name:	Type of Income:	Source (company/agency name):
	Address:		
	Phone:	Fax:	<b>Gross Monthly Income:</b> \$
4	Applicant Name:	Type of Income:	Source (company/agency name):
	Address:		
	Phone:	Fax:	<b>Gross Monthly Income:</b> \$
5	Applicant Name:	Type of Income:	Source (company/agency name):
	Address:		
	Phone:	Fax:	<b>Gross Monthly Income:</b> \$
6	Applicant Name:	Type of Income:	Source (company/agency name):
	Address:		
	Phone:	Fax:	<b>Gross Monthly Income:</b> \$

Subsidy Information	
<p><b>Do you have a current, transferable Section 8 voucher or other similar subsidy?</b> If yes, what agency is your subsidy through?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

# Household Asset Information

Provide information for every household member. Attach separate sheet if you have additional sources.

Assets			
1	Applicant Name:		
	Account Type:	Bank:	Account #:
	If this is a joint account, please list other account holders:		Current Balance: \$
2	Applicant Name:		
	Account Type:	Bank:	Account #:
	If this is a joint account, please list other account holders:		Current Balance: \$
3	Applicant Name:		
	Account Type:	Bank:	Account #:
	If this is a joint account, please list other account holders:		Current Balance: \$
4	Applicant Name:		
	Account Type:	Bank:	Account #:
	If this is a joint account, please list other account holders:		Current Balance: \$
5	Applicant Name:		
	Account Type:	Bank:	Account #:
	If this is a joint account, please list other account holders:		Current Balance: \$
6	Applicant Name:		
	Account Type:	Bank:	Account #:
	If this is a joint account, please list other account holders:		Current Balance: \$

# Residential History

Starting with your current residence, please include the following information for the past **two years** for **all household members**.

Lack of residential history does not necessarily disqualify you (*verification may be required*).

Residential History		<i>Attach separate sheet if you have had additional residences.</i>			
Current	Applicant Name:				
	Current Address:				
	Move-in Date:	Move-out Date:	Monthly Rent: \$	<input type="checkbox"/> Rent <input type="checkbox"/> In program/shelter <input type="checkbox"/> Own <input type="checkbox"/> With family/friends	
	Current Landlord Name:		Current Landlord Address:		
	Current Landlord Phone:			Current Landlord Fax:	
Previous	Applicant Name:				
	Previous Address:				
	Move-in Date:	Move-out Date:	Monthly Rent: \$	<input type="checkbox"/> Rent <input type="checkbox"/> In program/shelter <input type="checkbox"/> Own <input type="checkbox"/> With family/friends	
	Previous Landlord Name:		Previous Landlord Address:		
	Previous Landlord Phone:			Previous Landlord Fax:	
Previous	Applicant Name:				
	Previous Address:				
	Move-in Date:	Move-out Date:	Monthly Rent: \$	<input type="checkbox"/> Rent <input type="checkbox"/> In program/shelter <input type="checkbox"/> Own <input type="checkbox"/> With family/friends	
	Previous Landlord Name:		Previous Landlord Address:		
	Previous Landlord Phone:			Previous Landlord Fax:	
If you do not have two years of residential history, please explain why below.					



## Household Information

<p><b>1. Do you expect changes to your household size within the next 12 months?</b> If yes, please explain:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>2. Is anyone in your household separated, but not divorced?</b> If yes, please list names:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>3. Are any adult household members full-time students or planning to become full-time students within the next twelve months?</b> If yes, please list names:</p> <p>_____ <input type="checkbox"/> Part-time      <input type="checkbox"/> Full-time          _____ <input type="checkbox"/> Part-time      <input type="checkbox"/> Full-time          _____ <input type="checkbox"/> Part-time      <input type="checkbox"/> Full-time</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>4. Do you or anyone else in your household have any pets?</b> If yes, please describe what type and how many:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>5. Are you or any household member required to register as a lifetime sex offender in any state?</b> If yes, list state of registration:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>6. Are you being displaced from your home by a result of a government action or a presidentially declared disaster?</b> If yes, please explain:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>7. Have you or any household member lived in another state other than in your current state?</b> If yes, please list states:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Valley View Information

<b>8. Are you applying for a one-bedroom unit?</b> Please note that one-bedroom units are limited to households with 1 to 3 members.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>9. Are you applying for a two-bedroom unit?</b> Please note that two-bedroom units are limited to households with 2 to 5 members.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>10. Do you live in Napa County?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>11. Do you work in Napa County?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>12. Do you live or work in the City of American Canyon?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>13. Are you a U.S. Veteran?</b> All U.S. Veterans, regardless of discharge status, are encouraged to apply.	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Additional Information

### Reasonable Accommodations

1. Will you or any of your family members require a live-in aide to assist you?

- Yes      If yes, please explain:  
 No

2. Do you, or does any member of your family have a condition that requires:

- Unit for mobility impairment       Unit for hearing impaired  
 Unit on first floor       Unit for vision impaired

3. Are there other reasonable accommodations that you require to provide you equal access to housing?

### Supplemental Information

1. How did you find out about this property?

2. Do you own a vehicle?

- Yes. How many? \_\_\_\_\_  
 No

3. Do you require translation or oral interpretation?

- Yes. Which language? \_\_\_\_\_  
 No

4. If there are any circumstances that may impact your qualification for housing, please use this space to provide additional information for consideration.

## Optional Information

### Ethnic Categories

Please check **one** only:

Hispanic or Latino

**Not** Hispanic or Latino

### Racial Categories

Please check **all that apply**:

White

Black/African American

American Indian/Alaska Native

Asian

Asian India

Chinese

Filipino

Japanese

Korean

Vietnamese

Other Asian

Native Hawaiian or Other Pacific Islander

Native Hawaiian

Guamanian or Chamorro

Samoan

Other Pacific Islander

Other (Please Specify): \_\_\_\_\_

## Certification

1. I/we understand that it is the responsibility of each applicant to provide any and all information required to determine eligibility.
2. I/we understand that if an applicant fails to meet the eligibility requirements of the Resident Selection Criteria, a written notice of denial stating the reason for denial will be mailed to applicant. An applicant has 14 days to request an appeal.
3. I/we understand that the above information is being collected to determine my/our eligibility for residency. I/we authorize the owner, its agents and employees to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental, or law enforcement or other public agencies, and to contact previous or current landlords or other sources for credit and/or verification information which may be released by appropriate federal, state, local agencies, or private persons to the management.
4. I/we authorize the owner, its agents and employees to obtain information about my/our background to see if there is any criminal history, including arrests or convictions which may prohibit me/us from moving onto the property, in compliance with our Resident Selection Criteria.
5. I/we understand I/we must provide written notification to management of any changes to the information on this form.
6. If my/our application is approved and move-in occurs, I/we certify that only those persons listed in this application will occupy the apartment, that I/we will maintain no other place of residence, and that there are no other persons for whom I/we have or expect to have responsibility for providing housing.
7. I/we understand that an applicant with a disability has a right to request a reasonable accommodation. All requests will be evaluated and a decision will be made based on the reasonable nature of the request.
8. I/we certify that the foregoing information is true, complete, and correct. I/we understand that false statements or omissions are grounds for disqualification, eviction, and/or prosecution under the full extent of California law.

**[Signatures to follow on next page]**

# Signature

Please ensure that your application is complete and that all adult applicants have signed and dated below.

Head of Household:                      Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant 2:                                Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant 3:                                Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_