



Salinas Gateway Senior Apartments

Salinas Gateway Senior Apartments offers 51 spacious apartments for rent at various income qualification levels, and unit sizes. Unit sizes range from studio to two bedroom apartments, and most units come with a private patio or balcony. Salinas Gateway is a non-smoking property. No smoking of any kind is allowed anywhere on the property.

The following criteria must be met by potential residents:

Age Requirements:

- Members of Household must be 55 years of age or older.

Income Qualifications:

- Applicant households must earn at least 2 times the rent per month,
- Or, applicants must have a residential history of having paid similar rent with similar income.
- Affordable apartments have a maximum income limit so all sources of income must be disclosed and verifiable for all household members.

2016 Maximum Income Limits for Affordable Units:

(Monterey County-Subject to change with published allowable limits)

Percentage of Area Median Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons
60%	\$30,480	\$34,800	\$39,180	\$43,500	\$46,980
50%	\$25,400	\$29,000	\$32,650	\$36,250	\$39,150
40%	\$20,320	\$23,200	\$26,120	\$29,000	\$31,320
30%	\$15,240	\$17,400	\$19,590	\$21,750	\$23,490

Credit:

- Managing agent will verify credit histories on all adult members of a household.
- No collections exceeding \$3,000, exceptions considered.

Public Record:

- No felony charges or convictions.
- No controlled substance convictions.
- No violent crimes or crimes involving weapons.
- No history of domestic violence.

Resident History:

- At least one year current and verifiable residential rental history.
- No prior evictions or unlawful detainers.
- No outstanding balance owed to any landlord.

Documentation:

- A **copy** of government issued photo ID and social security card.
- Copies of birth certificates for all minor children.
- Copies of most recent three months of pay stubs.
- Employer Information and the signed Verification of Employment form(s).
- If Self-Employed, we will need a signed copy of current federal tax return, including all attachments, such as Schedules C, E and F (if applicable). If you have been self-employed for less than one-year, you will need to sign a “Self-Employment Verification” form provided by management.
- If on Social Security/SSI, unemployment, disability or any government assistance, a copy of the most recent award letter from the agency. This letter informs the applicant what their benefits will be for the next year.
- Any pension/annuity/VA award letters. In the absence of an award letter, you will need to bring us the address of the agency, which we will need to complete the verification form. The applicant who receives this benefit must sign the corresponding verification form for any pensions/annuities.
- Copies of six months of all bank statements including account number and address of bank. The applicant who owns the asset must sign the corresponding verification form for any assets.
- A copy of you most recent statement of investments, such as stocks, bonds, IRA's, CD's, 401(k), Money Market funds, etc. which includes the account number and address of the bank. The applicant who owns the asset must sign the corresponding verification form for any assets.
- A copy of any real estate contracts for sale or rental the applicant may be holding which identifies the term, the amount and the interest rate. An amortization schedule and most recent property tax statement.
- Child Support documentation.
- On-going monetary gifts. This form will need to be notarized to be accepted.
- Records of a divorce decree, if alimony is received.
- A copy of the closing statement if any real estate has been bought or sold within the past 2 years.
- Verification of any assets that have been disposed of over the past 2 years for less than market value.
- Copy of most recent filed tax returns.

Students:

- Households with only Full-Time students are only permitted if one or more of the following Federal criteria are met:
 - All members of the household are married and file a joint IRS tax return.
 - At least one member of the household receives assistance under Title IV of the Social Security Act.
 - At least one member of the household is participating in an officially sanctioned job training program.

Residency:

- This must be your only residence; no sub-leasing or unauthorized co-occupants will be permitted.



Fees and Deposit Schedule:

- Money orders only, no personal checks or cash will be accepted for application fee, security deposit, or first month's rent.
- \$37.50 non-refundable application fee for each applicant 18 years or older will be required with completed application.
- Security deposit \$600.

2015 Maximum Rents: (Subject to change with published allowable limits)

Total Number of Units Available	Unit Size	Max. Number of persons allowed in unit	Percentage of Area Median Income (See Chart above)	Tenant Paid Rent
2	Studio	2	30%	\$373
5	Studio	2	40%	\$507
11	Studio	2	50%	\$640
7	Studio	2	60%	\$773
3	1BR	3	30%	\$395
4	1BR	3	40%	\$538
8	1BR	3	50%	\$680
6	1BR	3	60%	\$823
1	2BR	5	30%	\$467
2	2BR	5	40%	\$639
2	2BR	5	50%	\$810

Note: 25 units are set aside for the chronically-ill as defined by 26 USC 7702B.
Rents subject to unit availability.

Important Notice

With respect to the treatment of applicants, the Owner and Managing Agent will not discriminate against any individual or family because of race, color, creed, ancestry, age, religion, national origin, sex, sexual orientation, marital status, pregnancy, children, disability, handicap, Acquired Immune Deficiency Syndrome (AIDS), AIDS-related conditions (ARC), receipt of or eligibility for housing assistance under any government housing assistance program, or other arbitrary factors. No criteria will be applied or information considered, pertaining to attributes of behavior that may be imputed by some to a particular group or category. All criteria shall be applied equitably and all information considered on an applicant shall be related solely to the attributes and behavior of individual members of the household as they may affect residency at Salinas Gateway Senior Apartments

Waitlist Procedure

Applicants will be placed on the waitlist when completed application is received if the waitlist is open at time application is submitted. Applications are processed in order. Applicants will be contacted for appointment when their name comes up on the waitlist by phone and mail. Failure to respond when contacted will result in removal from the waitlist. Applicants rejected during the application process for any reason will be informed in writing of their ineligibility and given the opportunity to respond in writing.

General information

- 1) Salinas Gateway Senior Apartments is a non-smoking property. No smoking of any kind is allowed anywhere on or around the property.
- 2) 25 of the units at Salinas Gateway are reserved for chronically-ill seniors as defined by 26 USC 7702B and outlined below:
 - a) In general
 - i) The term “chronically ill individual” means any individual who has been certified by a licensed health care practitioner as –
 - (1) Being unable to perform (without substantial assistance from another individual) at least 2 activities of daily living for a period of at least 90 days due to a loss of functional capacity,
 - (2) Having a level of disability similar (as determined under regulations proscribed by the Secretary in consultation with the Secretary of Health and Human Services) to the level of disability described in clause (1), or
 - (3) Requiring substantial supervision to protect such individual from threats to health and safety due to severe cognitive impairment.
 - ii) Such term shall not include any individual otherwise meeting the requirements of the proceeding sentence unless within the preceding 12 month period a licensed health care practitioner has certified that such individual meets such requirements.
 - b) If applicant feels they meet the above requirements they can have their qualified health care practitioner complete the attached certification form.



DO NOT DUPLICATE
ONE APPLICATION PER HOUSEHOLD ONLY
Salinas Gateway Senior Apartments
25 Lincoln Ave., Salinas CA 93901
APPLICATION FOR ADMISSION

Unit Size Applying for: () Studio () 1BR () 2BR

Salinas Gateway Senior Apartments will comply with the provisions of any federal, state or local law prohibiting discrimination in housing on the basis of race, color, creed, ancestry, national origin, sex, sexual orientation, familial status, source of income, age, disability, AIDS, or AIDS relation condition.

Please notify the business office if you need auxiliary aids such as large type face, information by audio tape, computer disk, Braille and/or in a language other than English. Best efforts will be made to accommodate such requests.

I SPEAK: (Arabic) عربي ☐ ; (Cantonese) 广东话 ☐ ; (Mandarin) 国语 ☐ ; (Korean) 언어 ☐ ; (Russian) Русский ☐ ; (Spanish) Español ☐ ; (Tagalog) Tagalog ☐ ; (Vietnamese) Tiếng Việt ☐

TDD Telephone device for the deaf only California Relay Service (711).

Please fill in all blanks. Incomplete applications will not be processed.

APPLICANT NAME: _____

DATE OF BIRTH: _____ **SOCIAL SECURITY #:** _____

CURRENT ADDRESS: _____ **APT. #:** _____

CITY, STATE, ZIP CODE: _____

PREVIOUS ADDRESS: _____ **APT. #:** _____

CITY, STATE, ZIP CODE: _____

HOME PHONE #: _____ **WORK #:** _____ **OTHER WORK #:** _____

CELL PHONE #: _____ **OTHER#:** _____

FAX #: _____

E-MAIL: _____

INDICATE TWO PEOPLE WHO GENERALLY KNOW HOW TO CONTACT YOU:

1. NAME: _____ 2. NAME: _____

ADDRESS: _____ ADDRESS: _____

PHONE #: _____ PHONE #: _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

LIST ALL HOUSEHOLD MEMBERS WHO WILL BE LIVING IN THE RESIDENCE. GIVE THE RELATIONSHIP OF EACH FAMILY MEMBER TO THE HEAD OF HOUSEHOLD.

	LAST NAME	FIRST NAME	BIRTHDATE (MM/DD/YYYY)	SOC. SEC. #
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____



5. _____
6. _____
7. _____
8. _____

DO YOU OWN A CAR? _____ WOULD YOU REQUIRE A PARKING SPACE? _____

THIS IS A NON-SMOKING COMMUNITY

Smoking is prohibited on the property, including but not limited to all units and common areas.

CURRENT HOUSING STATUS

How many people live in your home now? _____ How many bedrooms do you have? _____

Have you or anyone you plan to have living with you had your residency/tenancy terminated for fraud, non-payment of rent or failure to comply with lease provisions? ____ YES ____ NO. If "YES", please explain _____

Do you plan to have anyone living with you in the future who is not listed above?

____ YES ____ NO. IF YES, PLEASE EXPLAIN: _____

If you have listed a child or children above, do you have full custody of your child(ren) listed above? ____ YES ____ NO.

Explanation of custody arrangements: _____

Have you or anyone you plan to have living with you been convicted of a felony?

____ YES ____ NO. If "YES", please list the disposition behind each incident involving all members of the proposed household: _____

Do you have any family members or friends who currently work at this property?

YES. ____ If "YES", name of employee: _____ NO. ____

Do you have a section 8 voucher or certificate? ____ Yes ____ No Expiration Date: _____

Please list at least two (2) years of rental history below.

1. **CURRENT LANDLORD:** _____

PHONE #: _____ FAX #: _____

WHAT IS YOUR CURRENT RENT? _____

LANDLORD'S ADDRESS: _____

DATE OF MOVE-IN: _____

YOUR ADDRESS/APT. #: _____

2. **PREVIOUS LANDLORD:** _____

PHONE #: _____ FAX #: _____

RENT AMOUNT: \$ _____

LANDLORD'S ADDRESS: _____



DATE OF MOVE-IN: _____ DATE OF MOVE-OUT: _____

YOUR ADDRESS/APT. #: _____

INCOME INFORMATION

Does any family member now receive or expect to receive income from any of the following sources? For each "YES" answer, provide the details in the chart below:

<u>Income</u>		<u>Monthly Gross Income</u>
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we am self-employed. (List nature of self-employment and Family Member) _____ (use <u>net</u> income from business) \$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you: <div style="display: flex; justify-content: space-between;"> <u>Name of Employer</u> <u>Family Member</u> </div> <div style="display: flex; justify-content: space-between;"> <div> 1) _____ 2) _____ 3) _____ </div> <div> \$ _____ \$ _____ \$ _____ </div> </div>
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me. \$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we receive unemployment benefits. \$ _____ \$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income. \$ _____ \$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we receive periodic social security payments. <u>Family Member</u> 1) _____ 2) _____ \$ _____ \$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.). \$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we receive Supplemental Security Income (SSI). <u>Family Member</u> 1) _____ 2) _____ \$ _____ \$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we receive disability or death benefits other than Social Security. <u>Family Member</u> 1) _____ 2) _____ \$ _____ \$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we receive Public Assistance Income (examples: TANF, AFDC) \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	

YES	NO	I/we am entitled to receive child support payments.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we am currently receiving child support payments.	\$ _____
YES	NO		
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive alimony/spousal support payments	\$ _____
YES	NO		
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. If yes, list sources _____ and _____ Family Member	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	1) _____	
		2) _____	
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive income from real or personal property.	(use <u>net</u> earned income)
YES	NO		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive student financial aid (public or private, not including student loans). <u>Family Member</u>	
YES	NO	1) _____	\$ _____
		2) _____	\$ _____
		TOTAL HOUSEHOLD MONTHLY INCOME	\$ _____
		TOTAL HOUSEHOLD ANNUAL INCOME (TOTAL MONTHLY INCOME x 12)	\$ _____

Asset Information

			Interest Rate	Cash Value
<input type="checkbox"/>	<input type="checkbox"/>	I/we have a checking account(s).		
YES	NO	If yes, list bank(s) _____ and _____ Family Member	_____ %	\$ _____
		1) _____	_____ %	\$ _____
		2) _____	_____ %	\$ _____
		3) _____		
<input type="checkbox"/>	<input type="checkbox"/>	I/we have a savings account(s)		
YES	NO	If yes, list bank(s) _____ and _____ Family Member	_____ %	\$ _____
		1) _____	_____ %	\$ _____
		2) _____		
		3) _____		
<input type="checkbox"/>	<input type="checkbox"/>	I/we have a revocable trust(s)		
YES	NO			

		If yes, list bank(s) 1) _____	_____ %	\$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO		I/we own real estate. If yes, provide description: _____		\$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO		I/we own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	\$ _____ \$ _____ \$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO		I/we have Certificates of Deposit (CD) or Money Market Account(s). If yes, list sources/bank names and Family Member 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	\$ _____ \$ _____ \$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO		I/we have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank(s) and Family Member 1) _____ 2) _____	_____ % _____ %	\$ _____ \$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO		I/we have a whole life insurance policy. If yes, how many policies _____		\$ _____

<input type="checkbox"/> YES <input type="checkbox"/> NO		I/we have cash on hand.		\$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO		I/we have disposed of assets (i.e. gave away money/assets) for less than the fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____		\$ _____ \$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO		I/we have income from assets or sources other than those listed above. If yes, list type below: 1) _____ 2) _____	_____ % _____ %	\$ _____ \$ _____

Student Status

Yes No

<input type="checkbox"/>	<input type="checkbox"/>	Does the household consist of persons who are all <u>full-time</u> students (Examples: College/University, trade school, etc.)?
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<input type="checkbox"/>	<input type="checkbox"/>	Does your household anticipate becoming a full-time student household in the next 12 months?
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PLEASE CONSIDER COMPLETING THIS OPTIONAL SECTION:

Do you require special unit design features for mobility impairment? Yes_____ No_____

Do you require special unit design features for visual impairment? Yes_____ No_____

Do you require special unit design features for hearing impairment? Yes_____ No_____

APPLICANT CERTIFICATIONS

1. I/we certify that if selected to move into this project, the unit I/we occupy will be my/our primary residence.
2. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief.
3. I/we understand that false statements or information are punishable under federal law and cause for immediate denial of housing.
4. I/we understand we must provide written notification of any changes to the information on this form, especially address and telephone number.
5. I/we understand that the above information is being collected to determine my/our eligibility for an apartment. I/we authorize the owner to verify all information provided on this application and to contact previous or current landlords, employers, or other sources for credit and verification information which may be released by appropriate federal, state, local agencies, or private persons to the owner/management.
6. I/we agree to allow management to perform a consumer credit check and criminal background check including sex offender registry on all adult household members. (I/we may request copies of these documents.) This will be required prior to an application being processed.
7. Housing is subject to availability.

HEAD OF HOUSEHOLD (PLEASE PRINT): _____

SIGNATURE OF HEAD: _____ DATE: _____

SIGNATURE ADULT APPLICANT #2: _____ DATE: _____

SIGNATURE ADULT APPLICANT #3: _____ DATE: _____

*How did you hear about our apartment community?

____Newspaper ____Flyer ____Word of mouth

____Other (please state)_____

Thank you.



Salinas Gateway Senior Apartments
APPEAL AND GRIEVANCE PROCEDURE (TAX CREDIT PROPERTIES)

If an Applicant or a Resident feels any representative of management has acted in a discriminatory manner, the first step should always be informal discussion of the incident. If this fails to resolve the grievance, the following steps should be taken:

1. Mail or give a written explanation to the Property Manager, stating the complaint, the specific time(s) of incident(s) prompting the complaint, and the desired resolution. If you are unable to provide a written account, we will accept a verbal grievance and put it into writing for you.
2. If a satisfactory resolution is not reached within fourteen (14) days following mailing (or delivery) of the complaint, a copy of that complaint should be directed to the Regional Manager responsible for the project, at The John Stewart Company. Additional information, such as the Property Manager's response as understood by the applicant/resident, should accompany this complaint.
3. If the applicant/resident is dissatisfied with the results of communication with the Regional Manager, the issue may be brought to the Director and then to Regional Vice President. Every attempt will be made to resolve grievances within five (5) business days following the final grievance meeting.
4. If all of the above action fails to resolve the matter, the Office of Fair Housing and Equal Opportunity of The Department of Housing and Urban Development (HUD) may be asked to review the matter.
5. If you feel you have been discriminated based on a disability you may contact the local 504 Coordinator, Mari Tustin at 831-438-5725

Persons with a disability have the right to request reasonable accommodations to participate in the informal hearing process. If the applicant/resident is a person with a disability, we will consider extenuating circumstances where this would be required as a matter of reasonable accommodation. Please contact the local 504 Coordinator at the telephone number above.

TDD Telephone device for the deaf only (415) 345-4470 or California Relay Service (711).

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Signature

Date



To be attached to all applications and resident files.

**THIS SECTION TO BE COMPLETED BY APPLICANT AND VERIFIED BY QUALIFIED
HEALTH CARE PROVIDER**

PLEASE RETURN THIS CERTIFICATION WITH YOUR APPLICATION.

Name: _____

Address: _____

The individual named directly above is an applicant/tenant of the federal Housing Tax Credit Program (Internal Revenue Service). Housing is set aside for chronically ill seniors as defined by 26 USC 7702B. To determine if the above named individual qualifies as “chronically ill” a qualified health practitioner must certify that they are chronically ill as defined by 26 USC 7702B.

THIS SECTION TO BE COMPLETED BY QUALIFIED HEALTH CARE PROVIDER

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

INFORMATION BEING REQUESTED

- Does the Applicant/Tenant meet the definition of chronically ill as defined by 26 USC 7702B?
() **Yes** () **No**

Name & Title of Person Supplying the Information (print)

Physician, Agency or Organization

Signature

Date

Phone#

Fax#

E-mail

