

PROJECT SUPPORT

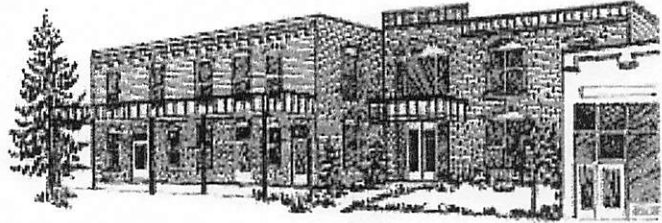
1402 Miner Street

PO Box 1231

Idaho Springs, CO

80452

(303)567-2382



EQUAL HOUSING OPPORTUNITY

This project is subject to the laws prohibiting discrimination in providing housing based on grounds of race, color, sex, creed/religion or national origin. We are committed to exercising affirmative action in recruiting and selecting residents for this project.

PROJECT SUPPORT SENIOR CENTER

APPLICATION FOR RESIDENCY

Eligibility requirements:

Applications will be reviewed by the Project Support Housing Committee and applicants will be selected according to the following guidelines, including but not limited to:

ABILITY TO LIVE INDEPENDENTLY
MEDICAL AND HEALTH EVALUATION
AT LEAST 60 YEARS OF AGE

SOCIAL COMPATIBILITY
FINANCIAL NECESSITY

An individual with a record as a sex offender will not be considered for residence.

ALL UNITS ARE ONE BEDROOM. THE ENTIRE PROJECT SUPPORT PROPERTY IS A NON-SMOKING FACILITY.

Please print.

Date: _____

(Mr. Ms. Miss) _____

Age: _____ Date of Birth: _____ SS#: _____

2nd Occupant

(Mr. Ms. Miss) _____

Age: _____ Date of Birth: _____ SS#: _____

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HOUSING APPLICATION

Check the appropriate category. Do you currently Rent _____ Own your home _____
Have other living arrangements _____ Please explain.

Present address – mailing _____
Present address – physical _____

Telephone number: Day _____ Evening _____
How long have you lived at your present location? _____
Have you ever lived in Clear Creek County? _____
If yes, when and for how long? _____

If renting, please complete the following:

Landlord name, address and phone number: _____

Monthly rent \$ _____ Utilities \$ _____ No. of bedrooms _____

Have you ever been a resident of any retirement home, nursing facility or other institution? _____

If yes, give the name of the facility, dates of residence and reasons for leaving. _____

What is your employment background? _____

Are you presently employed? _____ Where? _____

Do you own a car? _____ Year _____ Make _____ Model _____

Second car? _____ Year _____ Make _____ Model _____

What are your hobbies or leisure pursuits? _____

Would you wish to bring a pet with you to this facility? _____ Description of pet _____

Describe your present state of health. (Check one.)

Good _____ Fair _____ Reasonably Good _____ Poor _____

PAGE THREE

HOUSING APPLICATION

Name, address and telephone number of your regular attending physician:

Name, address and telephone number of an alternate physician:

Give a brief list of significant past illnesses and hospitalizations, giving the year they occurred:

List all chronic physical conditions for which you are currently receiving treatment:

INCOME INFORMATION:

List all full- and/or part-time employment for all household members:

Household Member	Name/address/phone of employer	Current gross earnings
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____

Other sources of income (example: Social Security, SSE, pensions, disability compensation, unemployment compensation, interest, welfare, babysitting, annuities, dividends, income from rental property, armed forces reserves, scholarships, grants)

Household Member	Source	Amount
_____	_____	_____
_____	_____	_____

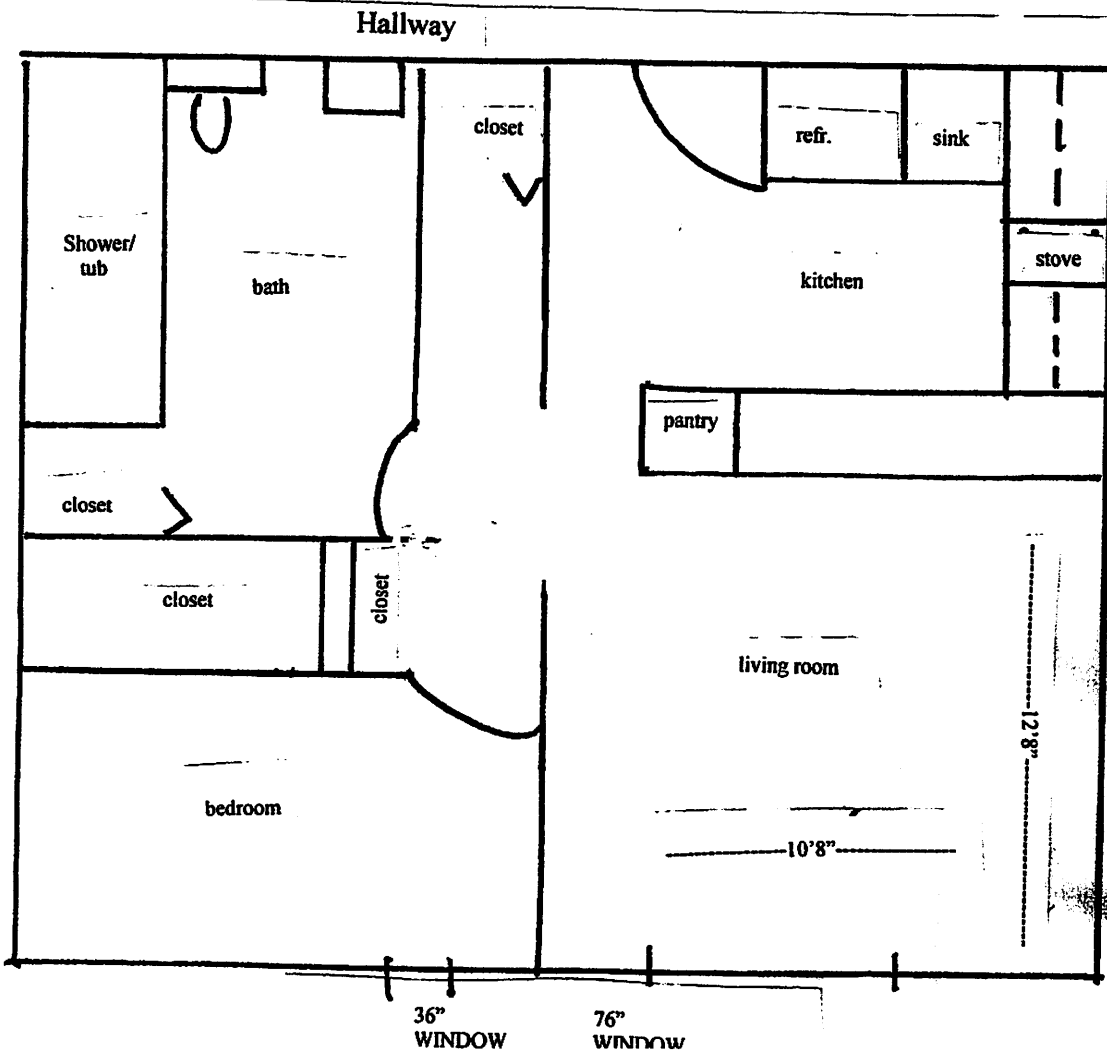
ALL APPLICATION INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

BASIC UNIT DESCRIPTION:

- Size: Approximately 420 square feet
- Kitchen: small floor space with the following:
30" refrigerator
standard stove - 30"
double sink with garbage disposal
cupboards and counters
- Living Room: 10 feet 8 inches by 12 feet 8 inches
- Bedroom: 10 feet 8 inches by 10 feet 1 inch with a 5 foot closet
- Bathroom: nice size with a linen closet
- Hallway: 2 coat closets



TENANT EVALUATION AND SELECTION¹

SELECTION PROCESS:

Applicants are approved for residency after the following has been accomplished:

1. Attached application form is fully completed, dated, signed, and turned into the Project Support Office. Please answer all questions as completely as possible.
2. Financial status as given on the application can be verified by the Project Support Senior Center Housing Committee.
3. Health History statement and independent living certification form is completed by your physician.
4. Interview with a representative of the Project Support Housing Committee is completed.

SELECTION CRITERIA:

Applicants are selected according, but not limited to, the following guidelines:

1. Unit availability.
2. Waiting list - applications are taken continuously and held on file until a unit becomes available. At that time, the first person on the waiting list is contacted and asked to complete steps 2-4 above, until selected for residency. If not selected, the next person on the list is contacted. Position on the waiting list is determined by the date the application is submitted.
3. Age: 60 years or older
4. Social compatibility-suitability for apartment living, applicant's ability to contribute to the social atmosphere of the apartment community will be considered.
5. Financial eligibility- must meet State Division of Housing requirements. There is limited housing for monthly income exceeding \$1375(single; or \$1575(couple)
6. Physical health and capability to live independently. By ability to live independently we mean that a person is generally able to safely perform for himself the common activities of daily living-bathing, dressing, toileting, getting in and out of bed, managing medications, preparing simple meals, paying bills, buying groceries, doing laundry and dishes, walking, climbing short flights of stairs, etc. We realize each individual is unique and some limitations do not necessarily disqualify a potential applicant. The goal of the selection process is to try to get a total picture by evaluating a person's physical abilities in light of both mental capacity and family or other resources that are available to provide help.

- b) The Tenant agrees to:
- 1) keep the unit clean
 - 2) use all appliances, fixtures and equipment in a safe manner and only for the purposes for which they are intended
 - 3) not litter the grounds or common areas of Project Support
 - 4) not destroy, deface, damage or remove any part of the unit, common areas, or grounds
 - 5) give the Landlord prompt notice of any defects in the plumbing, fixtures, appliances, heating equipment related to the unit or facilities
 - 6) remove garbage and other waste from the unit

11. **DAMAGES:** Whenever damage is caused by carelessness, misuse, or neglect on the part of the Tenant, his/her family or visitors, the Tenant agrees to pay:
- a) the cost of all repairs within 30 days after receipt of the Landlord's demand for the repair charges
 - b) rent for the period the unit is damaged whether or not the unit is habitable. If Tenant is not able to live in the unit while repairs are made, tenant is still responsible for the rent and any other charges or expenses incurred by said Tenant while not living in the unit..

PERSONAL PROPERTY of the Tenants is **not covered** by Project Support's insurance. Tenants are advised to secure **Renters Insurance** for themselves. **No firearms are permitted in the common areas of Project Support Senior Center.**

12. **RESTRICTIONS ON ALTERATIONS:** The Tenant agrees not to do any of the following without first obtaining the Landlord's written permission:
- a) change or remove any part of the appliances, fixtures, or equipment in the unit
 - b) paint or install wallpaper or contact paper in the unit
 - c) attach awnings or window guards in the unit
 - d) attach or place any fixture, sign, or fence on the building, the common areas, or Project Support grounds
 - e) attach any shelf, screen door, or other permanent improvement in the unit
 - f) install and/or use washing machines, dryers, fans, heaters, air conditioners, or other electrified appliances in the unit
 - g) place any aerial, antenna or other electrical connection on the unit

13. **GENERAL RESTRICTIONS:** The Tenant must live in the unit and the unit must be the only place of residence. The Tenant shall use the premises only as a private dwelling for himself/herself and the individuals listed on the Certification and Recertification of Tenant Eligibility. The Tenant agrees to permit other individuals to reside in the unit only after obtaining the prior written approval of the Landlord.

The Tenant agrees NOT to:

- a) sublet or assign the Unit, or any part of the Unit
- b) use the Unit for unlawful purposes
- c) engage in or permit unlawful activities in the Unit, in the common areas or on Project Support grounds

TENANT INCOME VERIFICATION FORM

Project Name:	Parcel No.:
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1. Name of Occupant:
2. Name of Occupant:
3. Name of Occupant:
4. Name of Occupant:

5. Household Composition and Annual Income:										
Name	Relationship Husband or Head of house- hold	Income Last 12 Months							Total Last 12 Months (Sum of all Entries)	Agency Review
		Gross Wages or Salary	Retirement		Benefits Payment					
			Social Security	Other	Disability	Unem- ployment	Public Assistance			
5. TOTAL										

NOTE: Exclude income but not names of minors (children under 18 years of age or full-time students that live at home).

<p>6. Other Income:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center; vertical-align: middle;">Total Last 12 Months</td> </tr> <tr><td>(A) Gross Overtime Pay, Commissions, Fees, Tips and Bonuses</td><td> </td></tr> <tr><td>(B) Gross Income From Operation of a Business or Profession</td><td> </td></tr> <tr><td>(C) Periodic Payments From Annuities, Social Security, Insurance Policies, Pensions, Disability, Retirement Funds or Death Benefits</td><td> </td></tr> <tr><td>(D) Alimony, Child Support or Gifts Received from Persons Not Residing in Dwelling</td><td> </td></tr> <tr><td>(E) Workers' Compensation, Unemployment or Severance Pay</td><td> </td></tr> <tr><td>(F) Military Pay (including Regular, Reserve, Special Pay and/or Allowances)</td><td> </td></tr> <tr><td>(G) Veteran's Payments or Benefits</td><td> </td></tr> <tr><td>(H) Other (Earned Income Tax Credit, Interest, Dividends From Personal or real Property)</td><td> </td></tr> <tr> <td style="text-align: right;">Total 6 (A) Through 6 (H)</td> <td style="text-align: center;">\$</td> </tr> </table>		Total Last 12 Months	(A) Gross Overtime Pay, Commissions, Fees, Tips and Bonuses		(B) Gross Income From Operation of a Business or Profession		(C) Periodic Payments From Annuities, Social Security, Insurance Policies, Pensions, Disability, Retirement Funds or Death Benefits		(D) Alimony, Child Support or Gifts Received from Persons Not Residing in Dwelling		(E) Workers' Compensation, Unemployment or Severance Pay		(F) Military Pay (including Regular, Reserve, Special Pay and/or Allowances)		(G) Veteran's Payments or Benefits		(H) Other (Earned Income Tax Credit, Interest, Dividends From Personal or real Property)		Total 6 (A) Through 6 (H)	\$	<p>7. Income Deductions:</p> <p>(A) Dependents (17 and under) \$ _____ <i>(No. of Dependents times \$480)</i></p> <p>(B) Elderly Family Allowance \$ _____ <i>(62 years or older)(\$400)</i></p> <p>(C) Child Care Expenses <i>(12 years and under)(Actual)</i> \$ _____</p> <p>(D) Handicapped Assistance of Non-Elderly family <i>(Actual)</i> \$ _____</p> <p>(E) Handicapped Asst Expenses & Medical expenses of Elderly Family \$ _____ <i>(Actual)</i></p> <p>8. Total Deductions \$ _____</p> <p>9. ADD LINES 5&6 \$ _____</p> <p>10. Subtract Line 8 from Line 9 \$ _____</p> <p>11. Total Annual Income \$ _____</p> <p>12. Total Monthly Gross \$ _____ <i>(Line 11 divided by 12)</i></p>
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Total 6 (A) Through 6 (H)	\$																				

HOUSEHOLD INCOME: VERY LOW/ LOW/ MODERATE (circle one)

I (We) certify, under the penalties of perjury, that our average monthly gross income from all sources, including salaries, wages, tips, commissions, rents, royalties, dividends, interest, profits, business operations, pensions and annuities, irrespective of expenses and voluntary or involuntary deductions, is correctly stated above. I (We) understand that inquiries may be made to verify the statements herein.

Occupant Signature and Date:	Occupant Signature and Date:
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Name of Preparer and Date Completed: