



Please complete this form and the attachments and forward to the Leasing Department at the address provided.

## WAITING LIST REQUESTS

NAME: \_\_\_\_\_

If I qualify, I wish to be placed on the following waiting lists: (it is to your advantage to choose more than one list).

**N/A** COVENANT PLACE I - ONE BEDROOM (Must be 62 years of age or older to qualify)  
Affordable Rate (HUD Section 8 Rent Subsidy) **TEMPORARILY CLOSED**

\_\_\_\_\_ COVENANT PLACE I - ONE BEDROOM (Must be 62 years of age or older to qualify)  
Market Rate (Current Rate **\$824.00** per month through 08/01/2021—**No Rent Assistance**)  
Qualifying Income Range one Person: \$29,051- \$46,450 | Two Persons: \$33,201 - \$53,050

**N/A** COVENANT PLACE II - ONE BEDROOM (Must be 62 years of age or older to qualify)  
(HUD Section 8 Rent Subsidy) Rent is based upon 30% of renter's monthly income.  
**TEMPORARILY CLOSED**

**N/A** CHAI APARTMENTS - ONE BEDROOM (Must be 62 years of age or older to qualify)  
(HUD Section 8 Rent Subsidy) Rent is based upon 30% of renter's monthly income.  
**TEMPORARILY CLOSED**

**N/A** CHAI APARTMENTS - **ONE BEDROOM FOR PERSONS WITH DISABILITIES**  
(Must be 18 years of age or older to qualify) (HUD Section 8 Rent Subsidy)  
Rent is based upon 30% of renter's monthly income. **TEMPORARILY CLOSED**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**OFFICE USE ONLY** Complete \_\_\_\_\_

Received Date \_\_\_\_\_

Time \_\_\_\_\_

By \_\_\_\_\_

Incomplete \_\_\_\_\_

Returned to Prospective Resident on \_\_\_\_\_

By \_\_\_\_\_

**2<sup>nd</sup> Submission**

Received Date \_\_\_\_\_

Time \_\_\_\_\_

By \_\_\_\_\_



# **ELIGIBILITY QUESTIONNAIRE FOR COVENANT PLACE**

## **INCOME LIMITS**

The Department of Housing and Urban Development annually sets the Income-Eligibility Limits. For 2020 the Income Limits are as follows:

This is the maximum income for our <b>Section 8/ HUD/ Affordable:</b> (1-Person <b>\$29,050</b>   2-Persons <b>\$33,200</b> )
The maximum income for our <b>Reduced Rate Market Units:</b> (1-Person <b>\$46,450</b>   2-Persons <b>\$53,050</b> )

Based on the information you provide in this eligibility questionnaire, we will make a preliminary determination of your eligibility. Please answer ALL questions. Use "N/A" when not applicable. *Please do not use whiteout on this form.* This form will be returned if incomplete or whiteout is used.

## **PROSPECTIVE RESIDENT INFORMATION**

Name of Prospective Resident(s): (List Head of Household first)

#1 \_\_\_\_\_ #2 \_\_\_\_\_  
(Last) (First) (M.I.) (Last) (First) (M.I.)

Current Address:

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_

Is any member of the household a student? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, who: \_\_\_\_\_

Gender of prospective resident(s): #1 \_\_\_\_\_ #2 \_\_\_\_\_ Decline to report \_\_\_\_\_

Date of Birth (each prospective resident): #1 \_\_\_\_\_ 2 \_\_\_\_\_

Will the prospective resident(s) listed above be the sole occupant(s) of the unit for which you are applying? Yes \_\_\_\_\_ No \_\_\_\_\_



### **TRANSLATION ASSISTANCE**

Will you require assistance communicating with Covenant Place management during the leasing process? This may include interpreter services and/or written materials translated into languages other than English. Yes\_\_\_\_\_ No\_\_\_\_\_

If you answered YES, you will need assistance communicating between English and what other language? \_\_\_\_\_

Will you require sign language assistance? Yes\_\_\_\_\_ No\_\_\_\_\_

### **SPECIAL NEEDS**

Do you have any special needs regarding your potential tenancy at Covenant Place? Please describe any needs or accommodations you may require.

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#### **Applicant Worksheet**

Applicant Worksheet					
Household Member Number		Household Member Name			Age
1					
2					
Income					
Gross Documented Current Income Amount		Member	Frequency of Income	Number of Payments per Year	Annual Gross Income - (Gross = before any deductions)
Do you receive Social Security/ SSI / Disability - What is the amount before deduction (Gross Income)?	Yes or No?	1			\$
		2			\$



Are you employed? Do you receive Employment or Unemployment Income?	<b>Yes or No?</b>	1			\$
		2			\$
Do you receive Veteran's Benefits?	<b>Yes or No?</b>	1			\$
		2			\$
Do you get retirement income or pensions?	<b>Yes or No?</b>	1			\$
		2			\$
Do you receive- Alimony or maintenance from a divorce or separation?	<b>Yes or No?</b>	1			\$
		2			\$
Do you own property that you rent to others? If so, what is your rental income?	<b>Yes or No?</b>	1			\$
		2			\$
Do you have an annuity? What is the amount of payments?	<b>Yes or No?</b>	1			\$
		2			\$
Do you receive money from family members to assist in your household expenses? How much annually?	<b>Yes or No?</b>	1			\$
		2			\$
Do you receive any other ongoing income what is the source and how much do you receive annually?	<b>Yes or No?</b>	1			\$
		2			\$
<b>Your Total Annual Gross Income from all Sources</b>					\$



Assets					
Do you have a Checking Account?	Yes or No?	1			\$
		2			\$
Do you have a Savings Account?	Yes or No?	1			\$
		2			\$
Do you have an IRA? What is the mandatory distribution per year?	Yes or No?	1			\$
		2			\$
Do you own any Stocks or Bonds? What is their value?	Yes or No?	1			\$
		2			\$
Do you have a money market account? What is the value?	Yes or No?	1			\$
		2			\$
Do you own a home? What is the value?	Yes or No?	1			\$
		2			\$
Your Total Annual Gross Income from all Assets					\$

I (We) understand that the above information is required to determine my (our) eligibility for residency. I (We) certify and warrant that the information I (we) have provided is a complete, true and accurate statement of my (our) total income and that all of the information contained herein is true and correct to the best of my (our) knowledge. I (We) further understand that any deviation between the above figures and my (our) actual financial status can affect my (our) eligibility for admission.

I (We) understand that the information provided in this eligibility questionnaire will be kept in the strictest of confidence. I (We) understand that Covenant Place does not provide nursing care, personal care or any supervision services for residents. Residents themselves must arrange and pay for any services required to meet their needs.

\_\_\_\_\_  
Prospective Resident's Signature & Date

\_\_\_\_\_  
Prospective Resident's Signature & Date

