



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

WAITING LIST REQUESTS

NAME: _____

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

Please Check ☒ Below:

	COVENANT PLACE I - 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 <i>Qualifying Income Range One Person: Below \$39,000 Two Persons: Below \$44,600</i>
	COVENANT PLACE I - ONE BEDROOM (Must be 62 years of age or older to qualify) Market Rate (Current Rate \$891.00 per month—No Rent Assistance) <i>Qualifying Income Range One Person: \$32,076 - \$62,400 Two Persons: \$32,076 - \$71,360</i>
	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 <i>Qualifying Income Range One Person: Below \$39,000 Two Persons: Below \$44,600</i>
	COVENANT PLACE III - 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 <i>Qualifying Income Range One Person: Below \$39,000 Two Persons: Below \$44,600</i>
	COVENANT PLACE III - ONE BEDROOM (Must be 62 years of age or older to qualify) Market Rate / LIHTC Program (Current Rate \$750.00 per month - No Rent Assistance) <i>Qualifying Income One Person: Between: \$27,000- \$46,800 Two Persons: Between: \$27,000 - \$53,520.</i>

Date _____

Signature _____

OFFICE USE ONLY Complete _____	Incomplete _____	2 nd Submission
Received Date _____	Returned to Prospective Resident on _____	Received Date _____
Time _____	By _____	Time _____
By _____		By _____

Covenant Place does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The Executive Director of Community Housing has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24CFR, part 8 dated June 2, 1988) Sponsoring Organization: Jewish Federation of St. Louis.



INCOME LIMITS

The Department of Housing and Urban Development annually sets the Income-Eligibility Limits. For 2023 the Income Limits are as follows:

This is the maximum income for our Section 8/ HUD/ Affordable: (1-Person \$39,000 2-Persons \$44,600)
The maximum income for our Covenant Place I Market Rate Units: (1-Person \$62,400 2-Persons \$71,360)
The maximum income for our Covenant Place III Market Rate Units: (1-Person \$46,800 2-Persons \$53,520)

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 yes, what 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.

THE FOLLOWING SECTION IS OPTIONAL:

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	
CHECK THIS BOX IF YOU DECLINE TO REPORT	



Please do not use whiteout on this form. This form will be returned if incomplete or whiteout is used.

HOUSEHOLD COMPOSITION AND CHARACTERISTICS:

This page is to be completed by the HOH only.

List the Head of Household and all other people who will live in the unit.

Provide the Relationship of each family member to the Head of Household.

PROSPECTIVE RESIDENT INFORMATION - Name of Prospective Resident(s):

(List Head of Household first)

HOUSEHOLD MEMBER #	HOUSEHOLD MEMBER'S FULL NAME	RELATIONSHIP TO HOH
1		Head of Household
MEMBER #	FULL NAME	Relationship to Head of Household
2		<input type="checkbox"/> *Co-head <input type="checkbox"/> *Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult <input type="checkbox"/> Foster adult/child <input type="checkbox"/> None of the Above <input type="checkbox"/> Live-in Aide

Current Address:

(City) (State) (Zip)

Email

Telephone: Home: _____ Work: _____

Marital Status: Single _____ Married _____ Separated _____ Widowed _____ Divorced _____

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

(Optional) 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 _____

Will there be any animals living in the unit? Yes _____ No _____



INCOME:

In order to determine eligibility and to ensure that your family receives the correct assistance, please provide the following information.

Are you employed?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide the name and address of your present employer below.					
Employer					
Address					
Address 2					
City, State, Zip					
Contact		email			
Phone		Web address			
How much employment income did you receive in the last 12 months?				\$	<input type="checkbox"/> NA
How much employment income do you expect to receive in the next 12 months?				\$	<input type="checkbox"/> NA

Do you currently have more than one employer? ☐ NA ☐ Yes ☐ No

If yes, please provide additional employment information on a separate sheet.

How much do you expect to receive in other income in the next 12 months?					
Fixed Income					Monthly Amount
Monthly Social Security	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Debit Card	<input type="checkbox"/> None	\$
Monthly SSI	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Debit Card	<input type="checkbox"/> None	\$
Retirement Benefits including RMD	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Debit Card	<input type="checkbox"/> None	\$
If receiving Retirement Benefits...	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually	<input type="checkbox"/> None	\$
Regular Periodic Payments from a pension Amount received in the last 12 months	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Debit Card	<input type="checkbox"/> None	\$
Regular Periodic Payments from an Annuity Amount received in the last 12 months	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Debit Card	<input type="checkbox"/> None	\$
Monthly VA Benefits	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Debit Card	<input type="checkbox"/> None	\$
VA Aid & Attendance	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Debit Card	<input type="checkbox"/> None	\$

Monthly Unemployment Benefits – Regular	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Debit Card	<input type="checkbox"/> None	\$
Monthly Public Assistance Amount received in the last 12 months	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Debit Card	<input type="checkbox"/> None	\$
Periodic Payments from Long-Term Care Insurance, Disability or Death Benefits Amount received in the last 12 months	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Debit Card	<input type="checkbox"/> None	\$
Income That is Not Fixed Income					
Monthly Income from Gig Source (<i>Lyft, DoorDash, Rover, etc.</i>) Amount received in the last 12 months	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Debit Card	<input type="checkbox"/> None	\$
Monthly Alimony Amount received in the last 12 months	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Debit Card	<input type="checkbox"/> None	\$
Contributions from organizations Amount received in the last 12 months	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Debit Card	<input type="checkbox"/> None	\$
Contributions from family, friends or other organization for rent, childcare, other bills. Amount received in the last 12 months	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Debit Card	<input type="checkbox"/> None	\$
Financial Aid to Pay for School	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Debit Card	<input type="checkbox"/> None	\$
Amount received in the last 12 months					\$
Contributions to or from Your Crowdfunding Account Amount received in the last 12 months	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Debit Card	<input type="checkbox"/> None	\$

Other Income?	\$
Other Income?	\$

ASSETS:

Non-necessary Personal Property				
Type of Asset	Owned by	Current Balance	Interest %	Annual Income
Checking Account		\$	%	\$ <input type="checkbox"/> Unknown
Checking Account		\$	%	\$ <input type="checkbox"/> Unknown
Savings Account		\$	%	\$ <input type="checkbox"/> Unknown
Savings Account		\$	%	\$ <input type="checkbox"/> Unknown
Peer-to-peer Payment Account (e.g., Venmo, PayPal, Apple Pay, etc.)		\$	%	\$ <input type="checkbox"/> Unknown
Peer-to-peer Payment Account (e.g., Venmo, PayPal, Apple Pay, etc.)		\$	%	\$ <input type="checkbox"/> Unknown
Money Market Account		\$	%	\$ <input type="checkbox"/> Unknown
Debit Card including Direct Express Card or Other Benefit Card		\$	%	\$ <input type="checkbox"/> Unknown
Crypto Currency (e.g., Bitcoin, Altcoins, Crypto coins, etc.)		\$	%	\$ <input type="checkbox"/> Unknown
Sport vehicle or other like Non-necessary Personal Property		\$	%	\$ <input type="checkbox"/> Unknown
Collection or other like Non-necessary Personal Property		\$	%	\$ <input type="checkbox"/> Unknown
Cash		\$	0%	\$0
Deed of Trust/Loan (you have loaned someone money and they are paying you back with or without interest)		\$		\$ <input type="checkbox"/> Unknown

Non-necessary Personal Property				
Type of Asset	Owned by	Current Balance	Interest %	Annual Income
		\$		\$ <input type="checkbox"/> Unknown

Non-necessary Personal Property				
INVESTMENT ACCOUNTS				
Account Type	Owned By	*Cash Value	% Income	Annual Income
Annuity		\$	%	\$ <input type="checkbox"/> Unknown
Is the annuity making regular periodic payments?				
Certificate of Deposit		\$	%	\$ <input type="checkbox"/> Unknown
Crowd Funding Account (<i>e.g., GoFundMe, Kickstarter, etc.</i>);		\$	%	\$ <input type="checkbox"/> Unknown
Bonds		\$	%	\$ <input type="checkbox"/> Unknown
Other Education Savings Account		\$	%	\$ <input type="checkbox"/> Unknown
Insurance		\$	%	\$ <input type="checkbox"/> Unknown
Investment Accounts (<i>accounts that include stocks, bonds, and other like investments</i>)		\$	%	\$ <input type="checkbox"/> Unknown
Investments in Precious Metals including Gold, Silver, Copper, etc.		\$	%	\$ <input type="checkbox"/> Unknown
Revocable Trust		\$	%	\$ <input type="checkbox"/> Unknown
Special Needs Trust		\$	%	\$ <input type="checkbox"/> Unknown
Other		\$	%	\$ <input type="checkbox"/> Unknown

REAL PROPERTY				
Does Any Family Member Own...	For Sale?	Market Value	Cost to Sell	*Cash Value
<input type="checkbox"/> No <input type="checkbox"/> Yes Do you own a home or dwelling where you have present ownership interest in and the effective legal authority to sell and the property is suitable for occupancy by you as a residence?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> NA	\$	\$	\$
<input type="checkbox"/> No <input type="checkbox"/> Yes Rental Property- Do you have a home or dwelling where you have present ownership interest in and the effective legal authority to sell and the property is suitable for occupancy by the family as a residence but where there is a lease and the resident does not have a legal right to reside in?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> NA	\$	\$	\$
Rental Income \$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> NA	Annual Expenses \$		
<input type="checkbox"/> No <input type="checkbox"/> Yes Do you have equity in a property when the family does not have legal authority to sell such property?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> NA	\$	\$	\$
<input type="checkbox"/> No <input type="checkbox"/> Yes Do you have equity in a property when the family does have legal authority to sell such property?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> NA	\$	\$	\$
<input type="checkbox"/> No <input type="checkbox"/> Yes Do you have interest in Indian trust land?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> NA	\$	\$	\$
<input type="checkbox"/> No <input type="checkbox"/> Yes Do you have real estate not used for a business but your family has legal authority to sell such property?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> NA	\$	\$	\$
<input type="checkbox"/> No <input type="checkbox"/> Yes Do you have real estate used for a business but your family has legal authority to sell such property?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> NA	\$	\$	\$

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc. Basically, how much money would you receive if you converted the asset to cash? If you do not know, please leave this field blank and we will assist you in deriving the cash value of your assets.

Assets Disposed of for Less Than Fair Market Value (choose one)

- ☐ I have not disposed of any assets for less than fair market value.
- ☐ I have disposed of assets for less than fair market value during the previous two-year (24-month) period as indicated below

Asset Type	None	Date Disposed	Amount
Cash Contributions or Gifts (to Churches, Charities, Individuals, etc.)	<input type="checkbox"/>		\$
Property sold for less than fair market value (this identifies property that was given away or sold for <u>substantially less</u> than current real estate market would bear such as a Quit Claim)	<input type="checkbox"/>		\$

Trust/Savings/Investment Accounts opened for another person	<input type="checkbox"/>		\$
Transfer of Assets for Free or For Less Than Market Value (for example, giving a child stock or mutual funds or setting up a trust for someone who does not live in the unit)	<input type="checkbox"/>		\$
Other	<input type="checkbox"/>		\$

How did you hear about us?

By signing this document, I certify that the information provided is true and correct.

Resident Name (please print)

Signature

Date

Resident Name (please print)

Signature

Date

PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C 408 (a) (6), (7) and (8).