

In order to process your application we need copies (if applicable) of the following:

SOCIAL SECURITY BENEFITS

OTHER PENSIONS

BANK ACCOUNTS

CD'S, SHARES, SAVINGS, MONEY MARKET ACCOUNTS

MEDICAL AID CARDS

ANY HEALTH INSURANCE PREMIUMS

A PRINTOUT OF CO-PAYS FOR LAST YEAR

A PRINTOUT OF PRESCRIPTIONS

DETAILS OF COST OF HOME CARE SERVICE

ANY OTHER MEDICAL EXPENSES

BIRTH CERTIFICATE (IF POSSIBLE)

SOCIAL SECURITY CARD

DRIVER'S LICENSE OR STATE IDENTIFICATION CARD

Disclosure and Authority to Release Information: Tenant/Resident

I understand that in consideration for residency at SEM Villa, Inc., an investigative consumer report may be conducted to obtain and verify information relating to my past activities and background. Information may include, but is not limited to; consumer credit history, criminal records, employment, salary, rental history and other information pertinent to qualification for residency including reason for termination of past residency contracts.

If currently employed: My current employer may be contacted YES NO

I authorize the appropriate individuals, companies, institutions or agencies to release information, and I release them from any liability as a result of such inquiries or disclosures.

I further understand and waive my right of privacy in this investigation and release and hold harmless SEM Villa, Inc., and its agent Verified Credentials, Inc., from any liability.

An investigative consumer report may be generated summarizing this information. I have a right under the "Fair Credit Reporting Act" to obtain a copy of this report by providing proper identification and directing a written request to Verified Credentials Incorporated, 20890 Kenbridge Court, Lakeville, MN 55044. 1-800-473-4934. I may also obtain a copy of this report by checking the "YES" box below.

If renting in CA, MN or OK: I would like a copy of any report regarding me. YES NO

I hereby certify that all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that if any statements and/or answers are found false or the information has been omitted, such false statements or omissions may be cause for rejection or termination of my tenant/resident agreement.

| | | |
|-----------------|------------------|-------------------|
| Legal Last Name | Legal First Name | Legal Middle Name |
| Street Address | | |
| City | State | Zip Code |

Please list any additional addresses you have lived, worked and attended schools in during the past 7 years (Please include the city, state, zip and county if known):

Other Name(s) Used and Date(s) Changed:

| | | | |
|------------------------|--------------|-----------------|---------------|
| Drivers License Number | State Issued | Expiration Date | Date of Birth |
|------------------------|--------------|-----------------|---------------|

(To be used for background information ID only)

I AUTHORIZE A PHOTOCOPY OF THIS RELEASE TO BE ACCEPTED WITH THE SAME AUTHORITY AS THE ORIGINAL AND IF EMPLOYED BY THE ABOVE NAMED COMPANY THIS RELEASE WILL REMAIN IN EFFECT THROUGHOUT SUCH EMPLOYMENT.

| | |
|-----------|------------------------|
| Signature | Social Security Number |
| Date | |



Dear Prospective Resident:

Thank you for your interest in our community!

SEM Villa is an independent congregate living facility. These rooms are designated for elderly persons ages 62* and over. In order for a person to move into and remain at SEM Villa, they must be both physically and mentally able to care for themselves.

Once all the certification documents have been returned, we will be able to give you the exact amount of your rent. This entire application must be completed and returned to SEM Villa prior to moving in.

Our current monthly rates being charged are as follows:

| | |
|-----------------|---|
| Rent | 30% of the residents adjusted income |
| Food | \$300.00 |
| Refrigerator | \$ 10.00 |
| Air Conditioner | \$ 15.00 May thru October if applicable |
| Tray Carrying | \$ 30.00 |

It is understood and agreed the information submitted in this application constitutes the inducement upon which the applicant(s) will be considered for residency, and that this application shall become a part of any subsequent agreement between SEM Villa and the resident. Neither party, applicant nor SEM Villa is under any obligation until the application has been approved by SEM Villa, and the lease agreement executed.

I make this application for residence in SEM Villa, of my own free will and accord. I understand fully the questions herein asked and the requirements for admission. I certify and warrant that this is an accurate statement for my total income, assets and expenses and that all information herein is true and correct to the best of my knowledge. I further understand that any deviation between the noted figures and the actual financial status can affect my occupancy.

*(A temporary "Age Waiver" has been granted to accept those 55 yrs. or older thru May 31, 2009.)

Applicant's Signature

Date

SEM Villa Representative

Date

For Office Use Only

Time of Application

Date of Application

SEM VILLA
APPLICATION FOR ADMISSION AND RENTAL ASSISTANCE

APPLICANT NAME _____

CURRENT ADDRESS _____

HOME PHONE _____ WORK PHONE _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS:

1. List the head of household and all other members who will be living in the unit. Give the relations of each family member to the head.

Members full name Relationship Birth Date Age Sex Social Security Number.

Members full name Relationship Birth Date Age Sex Social Security Number

2. Race of Head of Household: (for statistical purposes only)
 White Black American Indian/Alaskan Native Asian/Pacific Islander

3. Ethnicity of Head of Household: (for statistical purposes only)
 Hispanic Non-Hispanic

4. Are you enrolled as a student in an institute of higher education yes no
If you check yes, you must complete a student verification.

5. Do you have any pets? yes no, If yes, what kind _____

6. How many vehicles does the family own: _____

List make, year, license, state and color for each:

7. Do you expect a change in your household composition? yes no

Explain if you answered yes _____

8. Is head of household or spouse handicapped or disabled? yes no

9. Are any other household members handicapped or disabled? yes no

10. Please identify any special housing needs your household has: _____

11. Are you now living in a Federally subsidized housing unit? yes no
If yes, Name of complex _____
Phone Number _____

INCOME AND ASSET INFORMATION

Please answer each of the following questions. For each "yes," provide details in the charts below.
Does any member of your household:

- yes no 1. Work full time, part time or seasonally?
- yes no 2. Expect to work for any period during the next year?
- yes no 3. Work for someone who pays them cash?
- yes no 4. Expect a leave of absence from work due to lay-off, medical, maternity or military leave?
- yes no 5. Now receive or expect to receive unemployment benefits?
- yes no 6. Now receive or expect to receive alimony?
- yes no 7. Have an entitlement to receive alimony that is not currently being received?
- yes no 8. Now receive or expect to receive public assistance (welfare)?
- yes no 9. Now receive or expect to receive Social Security Benefits?
- yes no 10. Now receive or expect to receive income from a pension or annuity?
- yes no 11. Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit?
- yes no 12. Receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds or income from rental property?
- yes no 13. Own real estate or any assets for which you receive no income (checking account or cash)?
- yes no 14. Have you sold or given away real property or other assets (including cash) in the past two years?
- yes no 15. Do you receive financial assistance as a student in a institute of higher education?

| <u>Member Name</u> | <u>Source of income/type of income</u> | <u>Annual Income</u> |
|--------------------|--|----------------------|
| | | |
| | | |
| | | |

ASSETS:

1. List all checking and savings accounts (including IRAs, Keogh accounts and Certificates of Deposit) of all household members.

| <u>Member Name</u> | <u>Bank Name</u> | <u>Type of Account</u> | <u>Account #</u> | <u>Balance</u> | <u>Annual Interest</u> |
|--------------------|------------------|------------------------|------------------|----------------|------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

2. List the value of all stocks, bonds, trusts, pensions, or other assets owned by any household member.

3. List the value of any assets disposed of for less than fair market value during the past two years.

EXPENSES

yes no Do you have Medicare? If yes, what is your monthly premium? _____
 yes no Do you have any other kind of medical insurance? If yes, answer the following:

Name of Carrier _____
Monthly Premium _____

yes no Do you have outstanding medical bills? If yes, please list them _____

yes no Do you take any prescriptions on a continuing basis? If yes, answer the following:
Name of pharmacist _____
Monthly amount spent _____

PREVIOUS RENTAL HISTORY

Name and address of your Present Landlord: _____
Phone Number _____ How long have you lived at that address? _____

Reason for leaving _____
Name and address of your Former Landlord
Landlord: _____

Phone Number _____ How long did you live there? _____
Reason for Leaving _____

Person to be contacted in case on an emergency: _____
Phone No. _____
Address _____
Relationship to you _____

How did you hear about SEM Villa? _____

We understand the information in this application will be used to determine eligibility for a unit and that this information will be checked. We understand that any false information may make us ineligible for a unit. We certify that all information given in this application is true, complete and accurate. We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate our Rental Agreement.

We authorize Management to make any and all inquiries to verify this information, directly or through information exchanged now or later with rental and credit screening services, and to contact pervious and current landlords or other sources for credit and verification information which may be released to appropriate Federal, State or local agencies.

If our application is approved, and move-in occurs, we certify that only those persons listed in this application will occupy the apartment, that they will maintain no other place of residence, and that there are no other persons for whom we have, or expect to have, responsibility to provide housing.

We agree to notify management in writing regarding any changes in household address, telephone numbers, income and household composition.

We have read, and understand, the information in this application.

We authorize Management to obtain one or more "consumer reports" as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a(d), seeking information on our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

If this application is for a household of more than one person, we consider ourselves a stable household, and all of our income is available to the household for its needs.

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATION OF ANY MATERIAL FACT INVOLVING THE USE OF OR OBTAINING FEDERAL FUNDS.

Signature of Head of Household Date

Signature of Spouse or Co-Applicant Date

DIVESTURE DISCLAIMER VERIFICATION

I HEREBY CERTIFY THAT I HAVE NOT DISPOSED ON ANY OF MY ASSETS FOR LESS THAN FAIR MARKET VALUE WITHIN THE PAST TWO (2) YEARS.

Signature Date

I HEREBY CERTIFY THAT I HAVE DISPOSED OF ASSETS FOR LESS THAN FAIR MARKET VALUE WITHIN THE PAST TWO (2) YEARS.

ASSET DISPOSED OF : _____

FAIR MARKET VALUE: _____

AMOUNT RECEIVED FOR ASSET: _____

Signature Date

SEM VILLA HOUSE RULES

The following Rules and Regulations are designed to insure the maximum enjoyment and privacy of all residents, to preserve the character and maintenance of buildings and grounds and to develop a good relationship between residents and management. All residents must be physically and mentally able to care for themselves in order to remain residents of SEM Villa.

1. Drug Free Housing Policy

SEM Villa is committed to providing a safe, drug free environment for its residents. That commitment is jeopardized when any SEM Villa resident uses illegal drugs, possess, distributes, or sells drugs in the project. SEM Villa has established the following policy in regards to drugs to ensure that we can meet our obligations to our residents.

The goal of this policy is to balance our respect for individuals with the need to maintain drug-free housing. The intent of this policy is to send a clear message that illegal drug use is incompatible with living at SEM Villa.

2. It is a violation of our policy for any resident to possess, sell, trade, or offer for sale illegal drugs or otherwise engage in the use of illegal drugs on the project grounds. Violation of this Policy terminates your lease agreement and is grounds for eviction.
3. It is the goal of SEM Villa, Inc., to provide the advantages of living at SEM Villa to those who desire pets as well as to protect the interests of those who do not. All tenants wishing to have a pet are subject to the Pet Rules as per the Lease, attachment No. 4 and agree to comply with the Pet Rules. Tenants agree to comply with these rules and that a violation of these rules maybe grounds for removal of the pet or termination of the pet owner's tenancy (or both).
4. There are no heating (space heaters) or cooking appliances of any kind other than a microwave is permitted in the room. Small refrigerators (1.3 cu. ft.) are permitted.
4. Snacks are to be kept in tightly closed containers.
5. Residents are encouraged to attend at least two meals per day.
6. Proper dress for meals is required. Pajamas, house coats, robes, t-shirts, sleeveless shirts and tank tops are not suitable attire for the dining room.
7. Residents are not permitted in any of the kitchen, food preparation or storage areas.
8. Food, dishes, and silverware are to be left in the dining room. Coffee may be taken out of the dining room only in a mug with a lid.
9. Residents are asked to observe meal time hours. Breakfast: (8:00am to 9:00am).
Lunch: (12:00pm to 1:00pm). Dinner: (5:00pm to 6:00pm).
10. As of January 1, 1998, SEM Villa is a smoke free facility. Residents may smoke in

the lower level smoking room.

11. Radios, Televisions, Record players, Piano and other musical instruments must be played at reasonable levels during the day and softly before 9:00 a. m. and after 10:00 p.m.
12. Locks may not be added or changed without the consent of management.
13. Outside aerials for radio and television may not be installed.
14. Explosive, obnoxious or illegal substances (including weapons) are not permitted in the resident's room or on the premises.
15. Residents will not deface and/or damage ceilings, floors windows, walls, wiring, fixtures, plumbing, or equipment in the rooms or building and will pay for the cost of repair or replacement of such items should damage take place.
16. Residents are liable for damage by stoppage and/or overflow of water from Commodes, tubs, wash basins, etc. or fire.
17. Residents will allow, during the required period prior to move-out, the management to show his/her apartment to prospective residents.
18. Residents are responsible for any damage or loss to personal property which occurs either in individual apartments or within the community. **DO NOT KEEP LARGE AMOUNTS OF MONEY OR VALUABLES IN YOUR ROOM.** It is strongly suggested that each resident obtain adequate renter's insurance coverage.
19. Wallpaper and painting are prohibited.
20. Normal office and maintenance hours are 9:00 a.m. to 5:00 p.m. Monday through Friday. No resident or employee will be permitted to do maintenance work unless authorized through the Management office.
21. Laundry room facilities are for residents use only.
22. Car repairs will not be permitted on the premises, other those of an emergency nature, such as battery charges or tire changes. Inoperable vehicles or unregistered vehicles are not permitted on the premises.
22. Do not plug more than two items into each electrical outlet.
23. Mattresses, couches, chairs, appliances, etc. may not be stored outside or in storage rooms. Each resident is responsible for proper disposal of these large items. If a large item is being picked up by an organization such as Goodwill or Salvation Army, it must be kept in the resident's room until it is picked up.
24. Residents are responsible for placing trash in the trash chutes or trash can nearest their room. Trash must be in a plastic trash bag, securely closed before placing in the chute or can. Please put papers in plastic container. Incontinence supplies must be

placed in (2) plastic bags securely and disposed of correctly.

- 25. Residents are not permitted to give their keys (room or front door) to anyone without the permission of the management. There will be a charge of \$ 3.00 for replacing keys that have been lost.
- 26. Residents are encouraged to get their own telephone. The office is not a message center, therefore, we are not able to take messages for residents.
- 27. For security purposes the building doors are locked at 6:00 p.m. each evening except the front door which is locked at 10:00 p.m. The side doors remain locked during the weekend. Please request a key if you intend to be out beyond 10:00 p.m.
- 28. Entry doors are to be kept clean. No stickers or tape should be attached to the doors. Floor mats are to be kept on the inside of the apartment along with door snakes.

I have read the Rules and Regulations contained herein, and questions have been answered to my satisfaction. It is understood that these Rules and Regulations will be subject to change from time to time at the option of the Owner upon the approval of HUD. Any infraction of the Rules and Regulations is grounds for eviction.

Resident

Date

Resident or POA

Date

Management

Date

It is the goal of SEM Villa, Inc. to provide the advantages of living at SEM Villa to those who desire pets as well as to protect the interest of those who do not. Therefore, the following Rules and Agreement for pet ownership have been established to promote understanding between those desiring the companionship of a pet and those who are not tolerant of pets.

1. *Pets will be limited to fish, caged birds, hamsters, gerbils, cats, dogs, (under 19 inches tall at the shoulder and weighing less than 30 lbs.) The fish tank may not exceed 10 gallon capacity.*
2. *All pets must be registered at the office.*
3. *Each dog and cat must wear an appropriate local license, a valid rabies tag and a tag reflecting owner's name, apartment number, and phone number.*
4. *Ownership will be limited to two (2) birds or two (2) small caged animals or gerbils, one (1) cat, or one (1) dog.*
5. *All cats and dogs must be treated for fleas by a veterinarian or professional groomer before residing in the building.*
6. *Prior to admittance of a cat or dog, the resident is required to complete and comply with the terms of the pet ownership application.*
 - A. *All dogs and cats must be neutered. Cats must be declawed.*
 - B. *For the well being of the pet and for the protection of all residents, dogs must be attended by a veterinarian at least twice yearly, be vaccinated for rabies every three (3) years, receive immunizations annually and be licensed as required by the laws of the County and the State of Ohio.*
 - C. *When the pet owner is away from the apartment overnight, arrangements must be made to board the pets away from the facility. Pet owners are required to make prior arrangements for emergency care of the pet. Arrangements include: (1) incapacitated. (2) a signed consent authorizing management to remove a pet and place it with a designated person or veterinarian if the resident is hospitalized,. and (3) signed agreement between the resident and a boarding kennel which assures payment for pick up and care of a pet if the resident is incapacitated.*
7. *Pets must be properly cared for, including periodic bathing and grooming, feeding and exercising. Pet owners are required to keep the apartment clean and free of pet odors, pet feces, urine, waste and litter. The cleaning of cages, litter boxes and beds must be done within the pet owner's apartment. Cat litter must be put into two (2) plastic bags that are sealed before placing it through the trash chutes. This care will be noted during annual apartment inspections.*
8. *Dogs must be trained to avoid excessive barking and disruptive behavior before moving in. The pet exercise area is behind the south wing. Owners are expected to clean up after their pet, using strong plastic bags to dispose of the waste in designated containers. Should an accident occur in the pet owner's suite or elsewhere in the building, the pet owner shall follow the same procedure for disposing of the feces*
9. *All pets must be leashed and controlled when outside the apartment unit. Pets are not permitted in the dining room, recreation room, craft room, lobby or lounge areas. When dogs or cats are moved through the building, they must be moved from the resident's apartment to the nearest exit, without passing through lobby areas. In case of an emergency that requires everyone to leave the building, pet owners must not delay their departure because of their pet.*
10. *Residents are not permitted to keep pets belonging to non-residents in the building.*

A Pet Damage Deposit (separate from the security deposit) of \$300.00 is required of owners of a dog or cat. This amount must either be paid upon move-in or gradual payments of \$50.00 down (upon moving in) and \$50.00 per month in addition to monthly rent. This is a damage deposit and may be used to pay for repair of personal property damage caused by the pet. When applied as such by SEM Villa, the pet owner shall within thirty days of notification of use of such deposit or part thereof by SEM Villa bring his/her deposit back to its former amount. Receipt by residents of three (3) violations and a letter of intent describing these violations is grounds for removal of the pet and/ or termination of tenancy of the resident who owns the pet.

I HAVE READ THE FOREGOING RULES AND AGREEMENT AND UNDERSTAND THAT FAILURE TO COMPLY WITH THESE RULES MAY BE GROUNDS FOR REMOVAL OF THE PET AND/OR TERMINATION OF TENANCY OF THE RESIDENT WHO OWNS THE PET.

Resident

Date

SEM Villa

Date



201 Mound Avenue
Milford, Ohio 45150
Telephone (513) 831-3262
Fax (513) 831-2251

Date: _____

Dear Prospective Resident:

Section 214 of the Housing Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than the United States Citizens, nationals, or certain categories of eligible noncitizens in the following HUD programs:

- a. Public and Indian Housing Programs
- b. Section 8 Housing Assistance Payments programs
- c. Section 235 of the National Housing Act
- d. Section 236 of the National Housing Act
- e. Section 101/Rent Supplement Program

You have applied, or are applying for assistance under one of these programs; therefore, **you are required** to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance. To do this you should:

1. Complete a Family Summary Sheet, using the attached blank format (identified as Attachment 5) to list all family members who will reside in the assisted unit.
2. Have a Declaration Format (Attachment 7) completed by each family member (including yourself) who is listed on the Family Summary sheet. If there are 10 people listed on the Family Summary Sheet, you should have 10 completed copies of the Declaration Format. The Declaration Format has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each Declaration Format.
3. Submit the Family Summary Sheet, the Declaration Formats and any other forms and/or evidence to SEM VILLA, 201 MOUND AVENUE, MILFORD OHIO 45150, by
_____.

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached formats or determining the type of documentation required, please contact Sheila Beatty at 831-3262. She will be happy to assist you.

Also, if you are unable to provide the required documentation by the date shown above, you should immediately contact this office and request an extension, using the block provided on the Declaration Format. **Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.**

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for proration of assistance. That means that when assistance is available, a reduced amount may be provided for your family, based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, it may be provided to you prior to the final determination of this Section 214 review, depending on how far the review has progressed and the information that is available at that point. You will be contacted as soon as we have further information regarding your eligibility for assistance.

Sincerely,

Sheila Beatty
Administrator

Attachments



**APPLICANT
DECLARATION FORMAT**

INSTRUCTIONS: Complete this format for each member of the household listed on the Family Summary Sheet.

Last Name _____

First Name _____ Middle Name _____

Relationship to Head of Household _____ Sex _____ Date of Birth _____

Social Security No. _____ Alien Registration No. _____

Admission Number _____ if applicable, (this is an 11-digit number found on INS form I-94, Departure Record)

Nationality _____ (enter the foreign nation or country to which you owe legal allegiance. This is normally, but not always the country of birth.)

Save Verification No. _____
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

DECLARATION

I, _____ hereby
(print or type first name, middle initial, last name)

declare, under penalty of perjury, that I am:

_____ 1. A citizen or national of the United States

If you checked this block, no further information is required. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

_____ 2. A noncitizen with eligible immigration status in the category checked below:

_____ (i) A noncitizen lawfully admitted for permanent residence, as defined by section 101(a) (20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by section 101 (a) (15) of the INA (8 U.S.C. 1001 (a) (20) and 1101 (a) (15), respectively). [immigrants]. (This category includes a noncitizen admitted under section 210 or 210A, of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker], who has been granted lawful temporary resident status);

_____ (i i) A noncitizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since, then and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA (8 U.S.C. 1259);

_____ (i i i) A noncitizen who is lawfully present in the United States pursuant to and admission under section 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under section 203 (a) (7) of the INA (8 U.S.C. 1153 (a) (7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity;

_____ (i v) A noncitizen who is lawfully present in the United States as a result of an exercise of discretion by the Attorney General for emergent reasons or reason deemed strictly in the public interest under section 212 (d) (5) of the INA (8 U.S.C. 1182 (d) (5)) [parole status];

_____ (v) A noncitizen who is lawfully present in the United states as a result of the Attorney General’s withholding deportation under section 243 (h) of the INA (8 U.S. C. 1253 (h)) [threat to life or freedom]; or

_____ (v i) A noncitizen lawfully admitted for temporary or permanent residence under section 245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].

If you checked this block and you are 62 years of age or older and receiving assistance on June 19, 1995, you should submit a proof of age document, together with this format, and sign here:

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

OR

If you checked this block and you are under 62 years of age, you must submit the following documents:

a. Verification Consent Format (Attachment 8)

AND

b. One of the following documents:

(1) Form I-551, Alien Registration Receipt Card (for permanent resident aliens);

(2) Form I-94, Arrival-Departure Record, with one of the following annotations:

(i) “Admitted as Refugee Pursuant to section 207”;

(ii) “Section 208” or “Asylum”

(iii) “Section 243(h)” or “Deportation stayed by Attorney General”;

(iv) “Paroled Pursuant to Sec. 212 (d) (5) of the INA”;

(3) If Form I-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents:

(i) A final court decision granting asylum (but only if no appeal is taken);

(ii) A letter from an INS asylum officer granting asylum (if application is filed on or after October 1, 1990) or from an INS district director grant asylum (if application filed before October 1, 1990);

(iii) A court decision granting withholding or deportation; or

- (iv) A letter from an INS asylum officer granting withholding of deportation (if application filed on or after October 1, 1990).

- (4) Form I-688, Temporary Resident Card, which must be annotated “section 245A” or “section 210”;

- (5) Form I-688B, Employment Authorization Card, which must be annotated “Provision of Law 274a.12 (11” or “Provision of Law 274a.12”;

- (6) A receipt issued by the INS indicating that an application for issuance of an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant’s entitlement to the document has been verified.

- (7) Form I-151, Alien Registration Receipt Card

If this block is checked, sign and date below and submit the documentation required above with this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult residing in the unit and responsible for the child should sign and date the format.

If for any reason, the documents shown in paragraph b. above are not currently available, complete the request for an extension block review.

Signature Date

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be under-taken to obtain this evidence.

Signature

Date

Check here if adult signed for a child: _____

_____ 3. Not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required and the person named above is no eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

ATTACHMENT 7: APPLICANT DECLARATION FORMAT

Family Summary Sheet

| Member No. | Last Name of Family Member | First Name | Relationship to HOH | Sex | Date of Birth |
|------------|----------------------------|------------|---------------------|-----|---------------|
| Head | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
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Attachment No. 11
Drug Related or Criminal Activity Policy

No resident, no member of the resident's family or household, nor a guest or any other person under the resident's shall engage in criminal activity, including drug related criminal activity, on or near the apartment complex. "Drug related criminal activity" means the illegal manufacture, sale, distribution or use of a controlled substance.

No resident, nor member of the resident's household or family, nor a guest or any other person under the resident's control shall engage in any act intended to facilitate criminal activity, including drug related activity on or near the apartment complex.

No resident, nor member of the resident's household or family, will permit the dwelling unit to be used for, or to facilitate, criminal activity, including drug-related criminal activity, regardless of whether the individual engaging in such activity is a member of the household, family or guest.

No resident, nor member of the resident's household or family, will engage in the manufacture, sale or distribution or illegal drugs on or near the apartment complex or elsewhere.

No resident, nor member of the resident's household or family, nor guest or other person under the resident's control shall engage in acts of violence, including, but not limited to, the unlawful discharge of firearms on or near the apartment complex.

Violation of these provisions shall be a material violation of the lease and good cause for termination of the lease. A single violation of any of these provisions shall be deemed a serious violation and material noncompliance with the lease. It is understood and agreed that a single violation shall be good cause for termination of the lease. Unless otherwise provided by law, proof of violation shall not require criminal conviction, but shall be by a preponderance of the evidence.

Tenant / Applicant

Date

SEM Villa

Date



NO SMOKING POLICY

SEM Villa is dedicated to providing a quality environment which includes the health, safety and comfort of its residents, visitors, and staff.

Effective January 1, 1998, SEM Villa has instituted a **No-Smoking policy**.

Any current residents who are smokers may continue to smoke only in their rooms and outside of the building.

Any **new** resident moving in **after** January 1, 1998, **will not** be permitted to smoke in the building, including private rooms.

Any violation of this policy will result in a 30 day notice to vacate your unit.

The above policy is an addendum to your current Residency Agreement.

I have read and understand the above **Non-Smoking Policy**.

Tenant / Applicant

Date

Tenant / Applicant

Date

SEM Villa

Date

Attachment No. 12
Disclosure of Tenant Income Verification Letters

I, _____, consent to provide SEM Villa with information about my family's income as derived from IRS and/or Social Security Administration. In most cases, this will be a letter sent to me from the Real Estate Assessment Center (REAC), and must be provided to SEM Villa within the time frame specified in the letter.

I understand that if I refuse to provide SEM Villa with the letter received from REAC within the specified time-frame, my assistance will be terminated.

If the income information in the letter is disputed, SEM Villa is required to verify the income information in the letter that was received from HUD. Where there are discrepancies, SEM Villa must recertify tenants at the appropriate rent and requires, where necessary, the application reimbursement.

Tenant/Applicant

Date

SEM Villa

Date

SEM VILLA MEAL PROGRAM

SEM Villa is a congregate living facility since there are no kitchens in the apartments, and no cooking appliances are permitted, our Residents must come to the dining room for their meals. Residents are encouraged to attend at least two meals per day.

We are not a Licensed Health Care Facility; therefore there is no Dietician on staff. We provide three wholesome & balanced meals per day. All Residents must participate in the meal program.

We do not prepare any special diets.

If a Resident is returning from the Hospital or Nursing Home we will take a sick tray to the Resident for a period of three days.

The current charge for meals is \$300.00 per month. This amount is subject to change. The Resident will be given a 30 day advanced notice when an increase is approved from HUD. This addendum is part of the lease and carries the same obligations.

If a Resident has a paying job and is required to miss meals on a regular basis, a reduction in the monthly charge can be made.

If a Resident is in the Hospital or Nursing Home or on vacation for one or more weeks, an adjustment can be made. A seven day notice must be given to the office and approved.

“Tray Carry” service is available to those residents who are unable to carry their own trays from the serving line to their table for an additional fee of \$30.00 per month.

Resident

Resident or POA

SEM Villa

Date

PLEASE FILL OUT THIS FORM COMPLETELY. This information will be used strictly for Emergency Information Data for the back of your door in case of a 911 emergency. The Life Squad requests this information be readily available in the event of an emergency. It is also encouraged to have a current list of all medications on your door as well.

PERSONAL INFORMATION

NAME _____ APT# _____

DATE OF BIRTH _____ PHONE # _____

EMERGENCY INFORMATION: Please list 2 persons in case of emergency.

NAME _____ RELATIONSHIP _____

COMPLETE ADDRESS _____

HOME # _____ WORK# _____

NAME _____ RELATIONSHIP _____

COMPLETE ADDRESS _____

HOME # _____ WORK # _____

MEDICAL INFORMATION

DOCTOR _____ PHONE # _____

HOSPITAL _____ MEDICARE # _____

ALLERGIES _____

Please list any medical conditions (include with this any past conditions you feel should be known in case of an emergency).

*Please notify the office of any changes to your information so that an updated Emergency Medical Information sheet can be posted on your door.

I _____ verify this is my correct medical information to the best of my knowledge. I also understand that I am giving the above mentioned contacts the right to enter my apartment in case of an emergency or in the event of my illness or death.

NAME _____ DATE _____

ETHNICITY AND RACIAL DATA

Provide Your Name: _____
(Last, First and MI)

Your Relationship to the Head of Household (Select One):

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Head of Household | <input type="checkbox"/> Spouse |
| <input type="checkbox"/> Co-Head | <input type="checkbox"/> Dependent |
| <input type="checkbox"/> Foster Child/Adult | <input type="checkbox"/> Other Adult |
| <input type="checkbox"/> Non-Member | |

Your Social Security Number: _____ - _____ - _____
TRACSID

Ethnicity (Select One):

- | | |
|---|---|
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Not-Hispanic or Latino |
|---|---|

Race (Select all which apply):

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Your Signature and Date Signed: _____

Head and Co-Head Mandatory