CALIFORNIA CITY HOUSING CORPORATION

Desert Jade Villas

1 Desert Jade Cir., California City, CA 93505

Tel: (760) 373-5659

E-mail: cchousing@californiacity-ca.gov

RENTAL INFORMATION

Desert Jade is an independent senior citizen housing development with 95-unit apartments for extremely low, very low, and low income seniors. The facility features 1 bedroom units which are about 750 sq. ft., and 2 bedroom units which are about 950 sq. ft. Some standard features include a stove, microwave, dishwashers, and living room ceiling fan (does not include refrigerator). Amenities also include two on-site laundry rooms, patio with a gas barbecue, and Clubhouse with a brick fireplace. Handicap units are available, but do not contain microwaves or refrigerators.

Desert Jade does not discriminate on the basis of race, color, creed, national origin, sex or disability. However, selections of tenants are based on the following Tenant Selection Criteria:

1. Eligibility Criteria

- a) One applicant must be a minimum of 62 years of age (the 'qualifying resident' as defined by California Civil Code Section 51.3(b)(1)).
- b) All other members of the applicant's household must be "qualified permanent residents" as defined by California Civil Code Section 51.2(b)(2) and 51.3(b)(3); or "permitted health care residents" as defined by California Civil Code Section 51.2(b)(7)
- c) Total gross annual income must be within the income limits as defined in this application. Tenant must provide income statements for verification.
- d) A copy of the doctor's verification has to be attached with the application to certify an applicants' eligibility for a handicapped accessible unit.
- e) All information on the application must be filled out and documentation attached.

f) 30 Days prior to applicant being accepted, applicant must provide a credit report from TransUnion, Equifax or Experian.

2. Rejection Criteria

Management may reject an applicant who fails to meet eligibility criteria. Management may deny residency to an otherwise qualified applicant whose background information include any one of the following:

- a) Negative endorsement from former landlords regarding the applicant rental history
- b) Reasonable evidence that the applicants have established habits and practices that may be expected to have a detrimental effect on other residents and the project environment.
- c) Applicant's intentional misrepresentation of information relevant to a determination of eligibility including financial capacity, age and income, or ability to satisfy the legitimate and uniformly applied requirements of tenancy;
- d) Failure to submit/sign designated forms and/or documents upon request.

Application will be considered on a first-received, first reviewed process based on date of postmark. Applicants not accepted by reason of established rejection criteria will be so notified in writing. Rejected applicants will be informed of the reason(s) for their rejection and will be given the opportunity to respond to the determination in writing or request a meeting within fourteen (14) days of receiving the notice.

DESERT JADE VILLAS

ANNUAL INCOME LIMITS

TOTAL MAXIMUM
INCOME (vearly)

Extremely Low Income:

1 person household \$14,650

2 person household \$17,420

Very Low Income:

1 person household \$24,400

2 person household \$27,900

Low Income:

1 person household \$39,050

2 person household \$44,600

RENTS

Extremely Low:	1 person household	1 BEDROOM \$305	2 BEDROOMS \$366
Laucillely Low.	•	•	•
	2 person household	\$362	\$436
Very Low:	1 person household	\$508	\$609
	2 person household	\$581	\$697
Low:	1 person household	\$743	\$970
	2 person household	\$743	\$970

Co-pay for Water, Trash, Sewer, Cable & Internet:

1 person household \$20 2 person household \$30

Cable/Internet \$45

Rental 07/01/2021

App	olication	No.	

RENTAL APPLICATION CALIFORNIA CITY HOUSING CORPORATION

1 Desert Jade Cir California City CA 93505 (760) 373-5659

Please submit the following documents with this application: (Applications that do not have these documents attached will not be accepted)

- A copy of your SS card
- A copy of photo ID
- A copy of all your income statements (tax returns, bank or SS statement, W-2, etc.)

One Applicant must be at least 62 years old and gross income must not exceed annual maximums.

______ Name Spouse Spouse Current Address Home Telephone #:_____ Contact Telephone #:_____ Date of Birth: Applicant Soc. Sec. No. Spouse Soc. Sec. No._____ Date of Birth: Do you or your spouse wish to claim any handicap or disability? Yes___ No ___ Yes___ No ___ Can you take an apartment with steps in the front? Is there any special accommodation you or your spouse need to live independently? No Housekeeping ___ Shopping ___ Transportation ___ Type of pet, if any: dog____ cat___ bird___ fish___ turtle____ (We allow only one type of small animal per apartment, please check with the manager as to the amount of pet deposit required) Unit Desired: 1 Bedroom_____ 2 Bedroom____ Either____ Handicapped

(Handicapped unit must have notice from primary doctor that legally disabled, limited handicapped units in the complex, first come, first serve)

Employment Status : Retired	Full Time	Part-time
Employer's name:		
Employer's address:		
Your position:	Phone # to verify employn	nent:
Rental references: (REQUIRED)		
Current Landlord	Tel	ephone
Landlord Address		
How many years there? Year(s)	_Month(s) Mont	thly rent: \$
Reason for leaving:		
Your previous address:		
Previous Landlord	Telepl	hone
Landlord Address		
How many years there? Year(s)	_Month(s) Mont	hly rent: \$
Reason for leaving:		
Have you ever been evicted from or	r asked to leave any type of l	housing?
Yes No		
If yes, please explain:		
Have you or your spouse ever been Felony: Yes No		d no contest to a
If yes, explain:		

(After completing a credit review, Landlord may consider the nature of the felony and the length of time since it occurred.)

Credit References: (REQUIRED)	
(Utility companies, financial institutions, etc)	
Name	_Telephone
Account #:	_
Type of Account:	
Name	_Telephone
Account #:	_
Type of Account:	
Personal References: (REQUIRED)	
Name	Telephone
Address:	
Relationship:	
Name	Telephone
Address:	
Relationship:	
Have you been a party to an unlawful detainerYesNo	action or filed bankruptcy?
If yes, please explain:	

REGULAR INCOME	Applicant	Spouse	Total	
Social Security	\$	\$	\$	
SSI	\$	\$	\$	<u>-</u>
VA Benefits	\$	\$	\$	
Retirement Pension	\$	\$	\$	
Rental Income	\$	\$	\$	
Income from work	\$	\$	\$	
Other Income	\$	\$	\$	
		TOTAL INCOME:	\$	=====
Please certify your income b	y checking which income leve			
	MAX. ANNUAL IN			
	EXTREMELY LOW IN	ICOME:		
	1 person house			
	2 person househ	nold \$17,420		
	VERY LOW INCOME	<u>:</u> :		
	1 person househ	nold \$24,400		
	2 person househ			
	LOW INCOME:			
	1 person househ	nold \$39,050		
	2 person househ			
Selections of tenants are based on t	stand that this is an application for re he verification of information and on mplete to the best of my/our knowled	the Selection Criteria listed. I/V	e certify that the i	information
Signature of Applicant		Signature of	Spouse	Date