

Kottinger Gardens Phase 1 Senior 62+ Apartments Affordable Housing Community Now Accepting Applications for 1-bedroom Waiting Lists



Applications will be available starting July 16, 2020, at the rental office during office hours at the address listed below:

Kottinger Gardens Phase 1
240 Kottinger Drive
Pleasanton, CA 94566

Phone: (925) 574-1701 or (650) 357-9773 TTD

Email: kottingergardens@midpen-housing.org

The rental office will accept completed applications from July 23, 2020 through August 6, 2020, during office hours. All applications will be date/time stamped at the time received and added to the waitlist by date/time order. No fax or email applications will be accepted. If sending by US Mail, the application must be postmarked by August 6, 2020.

For a full list of qualifications, including income limits and other criteria please refer to the application packet and Resident Selection Criteria which are available at the above listed leasing office.

Amenities:

- Community Room
- Laundry Facilities
- Library/Computer Lab
- Exercise Room
- Garden Boxes

Services Offered:

- Healthcare Assistance
- Wellness Classes
- Connections to Community Resources



Kottinger Gardens Phase 1 Fact Sheet

Kottinger Gardens Phase 1 operates under affordable housing programs for individuals or families with low, very low, and extremely low incomes and is managed by MidPen Housing Property Management. This program is operated by Kottinger Gardens Phase 1 without regard to race, color, sex, creed, religion, national origin, physical or mental status, familial status, age, ancestry, marital status, source of income, sexual orientation, gender, or any other arbitrary personal characteristic.

This fact sheet is only an outline of the requirements necessary to qualify for a home in this community. There may be other restrictions which apply to this community. Please refer to the **Resident Selection Criteria** for any additional requirements. The Resident Selection Criteria is available in the Management Office or can be sent electronically by request to kottingergardens@midpen-housing.org.

SELECTION CRITERIA SUMMARY

Age Eligibility: One member of the household must be 62 years of age or older.

Income Eligibility: Household income must be below the maximum limits indicated for this community's housing programs included on the income limit table on the back of this document. Minimum income limits also apply.

Minimum/Maximum Occupancy Requirements

One Bedroom	1-3 occupants	Two Bedroom	2-5 occupants
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Additional occupancy requirements may apply. More information is available in the Management Office or can be sent electronically by request to kottingergardens@midpen-housing.org

Priorities, Preferences and Eligibility Restrictions

1. 62 years of age or older (head of household, co-head, or spouse)
2. One household member must be a citizen or national of the United States or an eligible non-citizen as defined by HUD.
3. Live or Work Preference to applicants that live or work in the City of Pleasanton.
4. Credit, Criminal and Rental History: Kottinger Gardens Phase1 evaluates the credit, criminal and rental history for any person aged 18 or over and emancipated minors. Negative reports may disqualify applicants.

RESIDENT SELECTION PROCESS

1. When your pre-application is considered for a unit, we will contact you to come into the Management Office for an interview and to complete a more detailed full application at that time. *Interviews and verifications may be processed in advance of unit availability. Your application may be processed in anticipation of an upcoming vacancy and will be held for the next available vacant unit.*
2. Third party verification will be obtained from all related sources to confirm certain components of the eligibility/qualification requirements; for example, income, assets, landlord references, and preference eligibility.
3. It is your responsibility to inform the management in writing of any change to the information on your pre-





application or application (e.g., address, household size, and total household income). You must respond to the waitlist update letter when mailed to your address on file, which typically occurs every six months. Failure to contact the Management Office about a change in information or failure to respond to the waitlist update letter can result in removal of your application from the waiting list.

A full, detailed **Resident Selection Criteria** describing application and qualification processes is available to all applicants in the Management Office or electronically by request to kottingergardens@midpen-housing.org.





Kottinger Gardens Phase 1 Apartments Income Limits & Rents

*Income Limits Per Household Size for Alameda County (published April 2020)
Income Limits at time of Move-In are used for final qualification*

<i>Income Limit</i>	<i>1 person</i>	<i>2 person</i>	<i>3 person</i>	<i>4 person</i>	<i>5 person</i>
30% AMI	\$27,420	\$31,320	\$35,250	\$39,150	\$42,300
40% AMI	\$36,560	\$41,760	\$47,000	\$52,200	\$56,400
50% AMI	\$45,700	\$52,200	\$58,750	\$65,250	\$70,500
60% AMI	\$54,840	\$62,640	\$70,500	\$78,300	\$84,600

Tenant Rent Levels per Unit (2020 AMI)
Floor Plan – Excluding any Utility Allowance
Inquire with Management for any Maximum and Minimum rent Clarification

<i>AMI</i>	<i>1 Bedroom</i>	<i>2 Bedroom</i>
30%	\$734	\$881
40%	\$979	\$1175
50%	\$1223	\$1468
60%	\$1468	\$1762

**All Rents are subject to change as set by the governing agency. Not all AMI Rent limits shown above are available for all units.*



Kottinger Gardens Phase1 Apartments

PRE-APPLICATION FOR HOUSING

FILL IN ALL SECTIONS AND FIELDS; IF NOT APPLICABLE INSERT 'N/A'. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

A. Household Contact Information

Name:

Last First MI Relationship to Household

Address:

Email Address:

Contact Phone #:
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Preferred Apartment Sizes(can choose more than 1, contact management for unit sizes specific to the property you are applying)

First Choice : 1BR 2BR 3BR
 Second Choice: 1BR 2BR 3BR
 Third Choice: 1BR 2BR 3BR

Alternate Phone #:
() -

B. Household Composition

Please see Resident Selection Criteria for Occupancy Standards

Please be sure to include your HOH information (from above) if applicable in this section, Member #1 - HOH

All persons who will reside in unit	Relationship to Head of Household	Name Last, First MI	Social Security Number	Date of Birth (mm/dd/yyyy)	Full-Time Student Y/N
Member #1	Head of Household				
Member #2					
Member #3					
Member #4					
Member #5					
Member #6					
Member #7					

Do you anticipate any household changes within the next twelve months? YES NO

If Yes, Expected # of: Additions: _____ or Reductions: _____

Anticipated changes may not qualify you at move-in.

Race and Ethnic Data Reporting

Member #	Household Member Name	Select All that Apply: (Fill out both Ethnicity AND Race sections for each household member.)			
Member #1		ETHNICITY: Hispanic or Latino Decline to Report	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	RACE CONTINUED: Black or African American Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
		RACE: American Indian or Native American Asian	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	White Other Decline to Report	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
Member #2		ETHNICITY: Hispanic or Latino Decline to Report	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	RACE CONTINUED: Black or African American Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
		RACE: American Indian or Native American Asian	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	White Other Decline to Report	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
Member #3		ETHNICITY: Hispanic or Latino Decline to Report	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	RACE CONTINUED: Black or African American Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
		RACE: American Indian or Native American Asian	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	White Other Decline to Report	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO

Member #	Household Member Name	Select All that Apply: (Fill out both Ethnicity AND Race sections for each household member.)			
Member #4		ETHNICITY: Hispanic or Latino Decline to Report	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	RACE CONTINUED: Black or African American Native Hawaiian or Other Pacific Islander White Other Decline to Report	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
		RACE: American Indian or Native American Asian	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
Member #5		ETHNICITY: Hispanic or Latino Decline to Report	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	RACE CONTINUED: Black or African American Native Hawaiian or Other Pacific Islander White Other Decline to Report	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
		RACE: American Indian or Native American Asian	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
Member #6		ETHNICITY: Hispanic or Latino Decline to Report	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	RACE CONTINUED: Black or African American Native Hawaiian or Other Pacific Islander White Other Decline to Report	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
		RACE: American Indian or Native American Asian	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
Member #7		ETHNICITY: Hispanic or Latino Decline to Report	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	RACE CONTINUED: Black or African American Native Hawaiian or Other Pacific Islander White Other Decline to Report	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
		RACE: American Indian or Native American Asian	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO

C. Community Resident Selection Preferences

This community may participate in programs requiring residency preferences; please check with management prior to completing this section. Preference eligibility will be verified prior to housing being offered.

Do you have a transferable Housing Choice Voucher?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>	Does any household member require a live-in attendant?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
Does any member of your household require a unit accessible to those living with specific disabilities? Please check if applies: Mobility <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>	Are any household members military veterans?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
Were you or any member of your household listed above displaced by natural causes, redevelopment or agency?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>	Are you currently homeless?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
Do you or any member qualify for any local live/work preference (confirm with management)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>	Do you or any member qualify for other property preferences (confirm with management)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>

To be completed if the Federal Funding box is checked. If not, please check N/A.

Federal Funding: YES NO

Are you a National Citizen of the United States of America?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you not contending eligible immigration status?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Are you subject to a lifetime Sex Offender registration program in any state?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you a Non-Citizen with eligible immigration status with one of the following: Form I-551, I-94, I-688, 688B, I-151 or receipt issued by DHS	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>

D. Income & Assets

List below total combined gross income received from all sources by all members of the household. Show amount on annual (yearly) basis:

COMBINED HOUSEHOLD INCOME FOR ALL HOUSEHOLD MEMBERS	ALL SOURCES (Include all sources of employment (gross) except self-employment (net), Social Security, SSI, pensions, interest and dividends, disability, unemployment, gift income, alimony and child support on an annual (yearly) basis)	Annual Amount \$ _____
COMBINED HOUSEHOLD ASSETS FOR ALL HOUSEHOLD MEMBERS	ALL SOURCES (Include NET liquid assets such as Checking and Savings account balances, Life Insurance value, 401K, Real Estate Equity, Stocks, Bonds, Mutual Funds, etc.)	Value or Balance \$ _____

E. Signature & Consent

1. To the best of my/our knowledge and belief, I/we certify that the foregoing information is true, complete and correct.
2. I/we certify that if selected to move into this property, the unit I/we occupy will be my/our only residence.
3. I/we understand that the above information is being collected to determine my/our eligibility for an apartment with rent below market rate.
4. I/we understand that adverse credit reports may disqualify my/our application for occupancy.
5. I/we understand that false statements or information are punishable under federal law.
6. I/we understand we must provide written notification of any changes to the information on this form, especially address changes.
7. I/we understand that this pre-application is solely to obtain a place on the waiting list for Tice Oaks and does not guarantee the availability or act as an offer of housing.
8. I/we understand that the completion of a full application and participation in an eligibility interview that includes verification of the information provided must occur prior to an offer of housing.

PLEASE REVIEW THE PRE-APPLICATION TO ENSURE ALL ITEMS HAVE BEEN FILLED OUT. ALL MEMBERS AGED 18 OR OVER MUST SIGN AND DATE THIS APPLICATION.

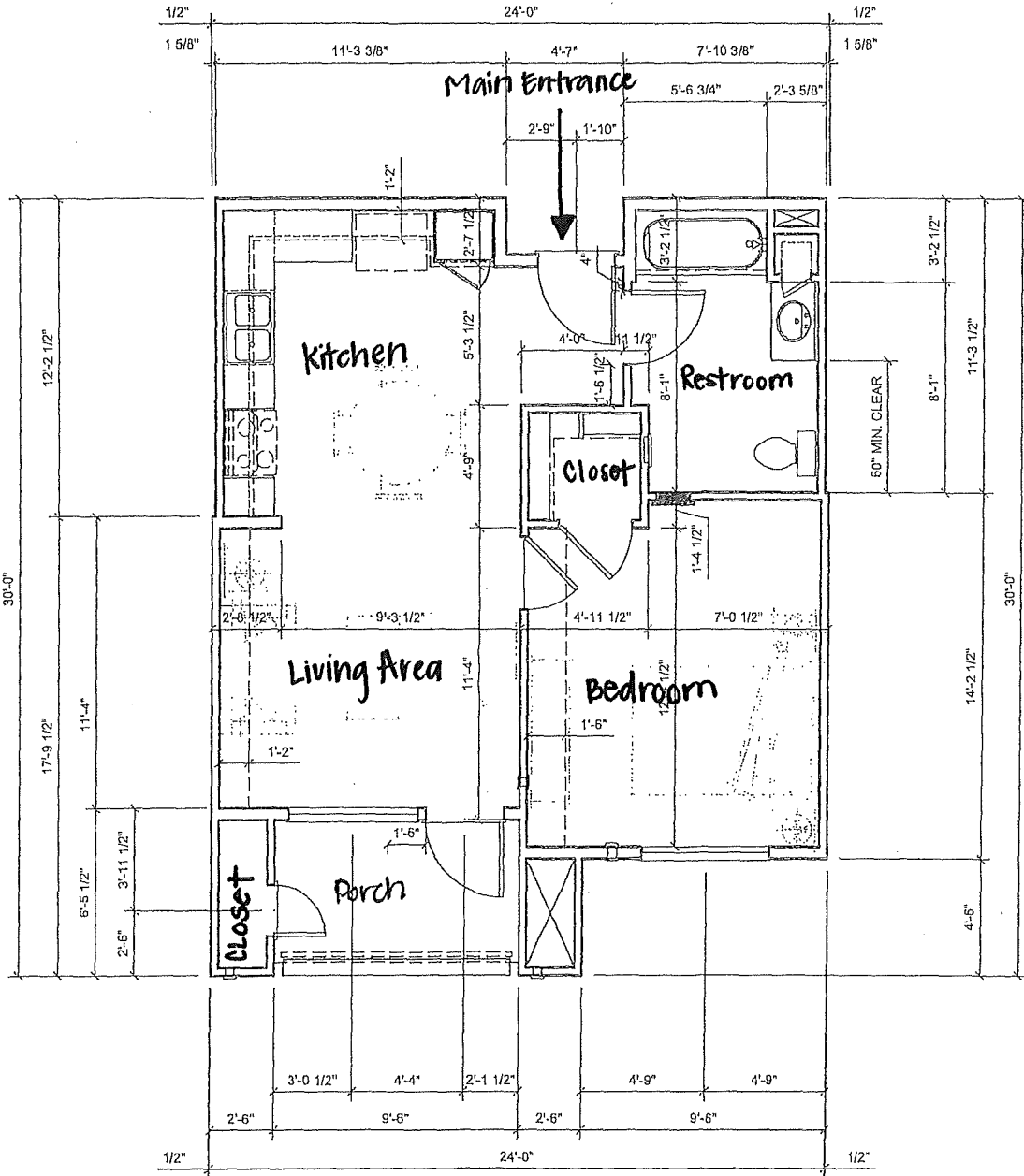
APPLICANT Signature: _____	DATE: _____
APPLICANT Signature: _____	DATE: _____
APPLICANT Signature: _____	DATE: _____
APPLICANT Signature: _____	DATE: _____
APPLICANT Signature: _____	DATE: _____
APPLICANT Signature: _____	DATE: _____

The undersigned agent certifies that the information sought herein is for the purpose of evaluation of the applicant's tenancy and for no other purpose.

_____	_____	_____
Community Manager Signature	Printed Name	Date

RETURN COMPLETED PRE-APPLICATION BY 4:00 pm on August 6, 2020 TO:
Kottinger Gardens Phase 1 Leasing Office in person or by mail to:
240 Kottinger Drive, Pleasanton CA 94566
Leasing Office Phone #: 925-574-1701

MidPen Housing Management Company and its affiliates comply with the Fair Housing Act, the Rehabilitation Act of 1973 and the Fair Housing Act Amendments of 1988 prohibiting discrimination based on race, color, national origin, disability, sex, religion, and familial status and Title VI of the Civil Rights Act of 1964 prohibiting discrimination on the basis of disability in any program or activity receiving federal financial assistance. We do not discriminate and do not deny or limit services, terms, conditions, privileges or facilities based on race, color, creed, religion, sex, sexual orientation, age, disability, medical condition, marital status, familial status, source of income, national origin or gender, in any and all aspects of applicant/ resident relations, including without limitation, accepting and processing applications, selecting residents from eligible applicants on the waiting list; assigning units, certifying and re-certifying eligibility for assistance, granting accommodation, and terminating tenancies



UNIT PLANS
TYPES A1a, A2a, A3a (TYPICAL)

584 SF LIVING (1-BEDROOM)
 52 SF PATIO
 11 SF PATIO CLOSET
 647 SF TOTAL