



Housing for New Hope

*Preventing and Ending Homelessness
One Valuable Person at a Time*



Andover Apartments

208 North Elizabeth Street
Durham, NC 27701

Office: 919.885.4750
FAX: 919.237.9273

APPLICATION

About Andover Apartments

Andover Apartments is a permanent supportive housing community for single adults who 1) are homeless, 2) have a disabling condition, and 3) have annual income at entry of at least SSI and not more than 30% of area median income. Andover Apartments is a beautiful community with 20 fully furnished efficiency apartments convenient to downtown Durham. We have two beautiful apartment buildings with a secure entry system for our residents. Each apartment building offers full service laundry facilities available only to residents. A commons room offers a large meeting room setting for residents to meet together or entertain family and friends. A full-time property manager's office is located on site. Tenant rent is 30% of income and includes all utilities.

Andover Apartments does not have a reservation policy, and a deposit is not required prior to the application process. A non-refundable application processing fee of \$25.00 must accompany the application. Applications are considered on a first come-first served basis in the order received by the property manager.

About Housing for New Hope

Andover Apartments is owned and operated by Housing for New Hope. Housing for New Hope is a nonprofit organization established in 1992 that is committed to serving the needs of homeless individuals, as well as those at risk of homelessness, in the greater Durham NC area. Programs include homeless outreach, housing and clinical support, homeless prevention, transitional housing, and permanent housing.

Housing for New Hope is supported by more than 600 individuals, 22 congregations, 20 business and civic organizations and six foundations, and by federal, state and local government agencies.

To apply at Andover Apartments

Please contact property manager Brian Marsh by email at Brian@HousingforNewHope.org, or contact the property management office via phone 919.885.4750 or fax 919.237.9273 during regular office hours.

Eligibility requirements for Andover Apartments applicants are:

- Able to verify qualifying income;
- Able to verify homeless or chronically homeless status;
- Able to verify a disabling condition AND must have a well-documented service plan; and
- Able to live independently.

Application Process

Whenever an apartment is available, the property manager will review the information provided in the application and verify applicant eligibility. Approval of the application by The Durham Center's Housing Selection Committee is also required. An eligible approved applicant will be scheduled for certification of eligibility, lease signing and orientation. If determined to be ineligible, the applicant will be notified by the property manager in writing, with the reason(s) for ineligibility.

Screening

Criminal background reports are required for all applicants. Any of the following convictions will result in automatic denial:

- Murder
- Arson
- Sex offense
- Other felony within the past 12 months

Andover Apartments does not require an applicant credit check.

Reasonable accommodation/reasonable modification

Disabled or handicapped persons who require special physical arrangements, prospective applicants who believe they may not meet minimum admission criteria, or persons who believe their application may be subject to denial due to past history may request reasonable accommodation and/or reasonable modification.

Application checklist - please verify that the following information is complete and attached:

- Application processing fee (\$25.00)
- Application complete and signed
- Copy of applicant's birth certificate or driver's license
- Copy of applicant's Social Security card
- Verification of Homelessness **OR** Verification of Chronic Homelessness
- Verification of Disability
- Copy of current SSI/SSDI award letter (if applicable)
- Verification of Employment and documentation of employment income (if applicable)
- Documentation for all other income
- Supportive services plan for applicant, and service provider agreement signed

Background Reports and Verification of Applicant Information

You are hereby notified that Andover Apartments will obtain a criminal background report during the processing of your application for housing. The report will be obtained from public or private record sources or through personal interviews with your neighbors, associates, friends and/or prior landlords for the purpose of evaluating your ability to meet established tenant selection criteria for this property.

A criminal background report will be obtained only after receipt of your written authorization. Your signature below will serve as written authorization. By signing below, you authorize property management staff to verify your reputation and character via references, law enforcement agencies, credit bureaus and/or prior landlords.

This application cannot be accepted without proof of age and cannot be processed unless all requested information is complete. Please bring with you or attach copies of the following to this application:

1. Money order for the application processing fee in the amount of \$25.00 made payable to:
'Housing for New Hope'
2. This application form completed and signed, and complete supporting documentation as required
3. Applicant's birth certificate or driver's license
4. Applicant's Social Security card
5. Verification of Homelessness **OR** Verification of Chronic Homelessness
6. Verification of Disability
7. Copy of current SSI/SSDI award letter(s) (if applicable)
8. Verification of Employment and documentation of employment income (if applicable)
9. Documentation for all other income
10. Supportive services plan for applicant, and service provider agreement signed

All of these items must be provided with the completed application.

APPLICANT CERTIFICATION

Applicant hereby certifies that the information provided in this application is true and correct to the best of her/his knowledge and belief, and that all income and all assets of the household are listed.

Applicant understands and agrees that the property manager is required to verify the information provided, and applicant agrees to authorize releases of information necessary for this purpose.

Applicant understands that the consequences of false or willfully omitted information may include rejection of this application and/or eviction.

Applicant signature: _____ Date: _____

WARNING: False claims and statements will be prosecuted. Conviction may result in criminal and/or civil penalties. 18 U.S.C. 1001

APPLICANT QUESTIONNAIRE

(For Office Use)

Date Issued/Mailed: _____

Date Received: _____

Date of Certification/Recert: _____

**** Please Print ****

Applicant name: _____ Unit #: _____

Previous or maiden name: _____ Phone: (_____) _____ - _____

Social Security #: _____ Date of birth: _____

Current Address: _____

Student: Yes, Full-time: _____ Yes, Part-time: _____ No: _____ Employed: Yes: _____ No: _____

Vehicle make: _____ Model: _____

License plate #: _____ State: _____

Driver's license #: _____ State: _____

Emergency contact(s) (one required):

#1 – Name: _____

#2 – Name: _____

Relationship: _____

Relationship: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

How long have you known this person? _____

How long have you known this person? _____

Reasonable accommodation:

Do you have a condition that requires (CHECK ANY THAT APPLY):

_____ Barrier-free apartment _____ Apartment for hearing-impaired _____ Apartment for vision-impaired

_____ Any other accommodation(s)

If you identified any requirements above, please explain exactly what you need to accommodate your situation:

Who can be contacted to verify your need for the accommodations you identified above?

Name: _____ Phone: (_____) _____ - _____

Address: _____

Does Applicant have any:	Circle Yes or No		Amount	Bank, mailing address and account number(s)
	YES	NO		
Checking Accounts	YES	NO	\$	
Savings Accounts	YES	NO	\$	
Certificates of Deposits	YES	NO	\$	
Money Market Funds	YES	NO	\$	
Stocks/Bonds	YES	NO	\$	
Treasury Bills	YES	NO	\$	
IRA/Keogh Accounts	YES	NO	\$	
Company Retirement Accounts	YES	NO	\$	
Life Insurance Policies (Whole Life)	YES	NO	\$	
Pension Funds	YES	NO	\$	
Trust Accounts	YES	NO	\$	
If yes, irrevocable?	YES	NO	\$	
Cash held in Safety Deposit Boxes, etc.	YES	NO	\$	
House/Real Estate	YES	NO	\$	
Rental Property	YES	NO	\$	
Other Investments	YES	NO	\$	
Have you received any lump sum payments such as the following:				Contact person, address and phone
Inheritances	YES	NO	\$	
Lottery or other Winnings	YES	NO	\$	
Insurance Settlements	YES	NO	\$	
Workers' Compensation Settlements	YES	NO	\$	
Social Security Disability Settlements	YES	NO	\$	
Unemployment Compensation Settlements	YES	NO	\$	
VA Disability Settlements	YES	NO	\$	
Severance Pay	YES	NO	\$	
Capital Gains	YES	NO	\$	
Other	YES	NO	\$	
Have you disposed of any assets for less than fair market value in the past 2 years?	YES	NO		
Do you receive any of the following:				Contact person, address and phone
Wages, Salary, etc. thru Employment	YES	NO	\$	
Income from a Business or Profession	YES	NO	\$	
Social Security	YES	NO	\$	
SSI	YES	NO	\$	
TANF or other Public Assistance	YES	NO	\$	
Alimony	YES	NO	\$	
Child Support	YES	NO	\$	
Unemployment Compensation Settlements	YES	NO	\$	
Workers' Compensation Settlements	YES	NO	\$	
Severance Pay	YES	NO	\$	
Retirement Income	YES	NO	\$	
Annuities Income	YES	NO	\$	
Insurance Policies Income	YES	NO	\$	
Disability or Death Benefits	YES	NO	\$	
Income from Rental Property	YES	NO	\$	
Regularly Recurring monetary gifts	YES	NO	\$	

VERIFICATION OF HOMELESSNESS

Applicant: _____ Property: Andover Apartments

Indicate which situation described below best describes the living situation of the applicant and attach any required documentation:

- A place not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings (on the street).** Certification form signed by the outreach worker or service worker verifying that the person or family is homeless. This could include a letter or certification form signed by an outreach worker or service worker from another organization that can verify that the person or family was, in fact, homeless as described in the above definition, or a written statement prepared by the participant about the participant’s previous living place (if unable to verify by outreach worker or service worker). Have the participant sign and date.
- An emergency shelter.** Shelter operator certification that the participant has been residing at the emergency shelter on agency letterhead, signed and dated.
- A transitional or supportive housing program for homeless persons who originally came from the streets or emergency shelters (make sure you have evidence that the person came from the streets or emergency shelter situation).** Certification on agency letterhead, signed and dated, if the participant is residing at the transitional housing facility, as well as written verification that the participant was living on the streets or an emergency shelter prior to living in the transitional housing facility (see above for required documentation).
- In any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution.** Certification from institution’s staff verifying that the participant has been residing in the institution for 30 days or less. There should also be written verification that the participant was residing on the street or in an emergency shelter prior to the short-term stay in the institution.
- Is being evicted within a week from a private dwelling unit and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing.** Eviction statement describing the reason for eviction (signed and dated by person evicting). No formal eviction is required. If unable to obtain an eviction statement, you must obtain a written statement signed and dated by the participant describing the situation. Outreach worker or service worker must document their efforts by providing a verification form documenting that they have made every effort to confirm that the circumstances are true and have written verification describing the efforts and attesting to their validity. The verification form should be signed and dated. You must also have information on the income of the participant to verify that they lack the financial resources and support networks needed to obtain housing.
- Is being discharged within a week from an institution, such as a mental health or substance abuse treatment facility or a jail/prison, in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing.** Certification completed by institution staff stating that the participant was being discharged within the week before receiving assistance. You must also have information on the income of the participant to verify that they lack the financial resources and support networks needed to obtain housing, documentation of efforts to obtain housing and that without the assistance, the participant would be living on the street or in an emergency shelter.
- Is fleeing a domestic violence housing situation, no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing.** Statement from the participant that he/she is fleeing a domestic violence situation. If participant is unable to prepare a written statement, staff should prepare the statement about the participant’s previous living situation and have the participant sign and date it.

VERIFICATION OF HOMELESSNESS

The information provided above and attached is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Name: _____ Title: _____ Agency: _____

WARNING: False claims and statements will be prosecuted. Conviction may result in criminal and/or civil penalties. 18 U.S.C. 1001

Housing for New Hope, Inc.

[Andover Application v2.2.doc; November 1, 2011]

VERIFICATION OF CHRONIC HOMELESSNESS

Applicant: _____ Property: Andover Apartments

Ten (10) of the twenty units at Andover Apartments have been set aside for individuals who are chronically homeless. Applicants who meet criteria for these units are served on a priority basis.

HUD defines a “chronically homeless” person as an unaccompanied homeless individual (a single homeless person who is alone, is not part of a homeless family, and is not accompanied by children) with a disabling condition who has either (1) been continuously homeless for a year or more, or (2) had at least four episodes of homelessness in the past three years.

PART I. DISABLING CONDITION

- Presence of a disabling condition is supported by the attached Verification of Disability.

PART II. HOMELESSNESS

HUD defines “homeless” as sleeping in a place not meant for human habitation, or living in a homeless emergency shelter.

- Applicant has been continuously homeless for a year or more.
- Applicant has had at least four episodes of homelessness in the last three years.

Applicant’s history of homelessness is supported by:

- Third Party Certification including dates and locations of homelessness,

OR by one or more of the following (CHECK ALL THAT APPLY):

- Certification letter(s) from an emergency shelter for the homeless.
- Certification letter(s) from a homeless service provider or outreach worker.
- Certification letter(s) from any other health or human service provider.
- Self-certification statement signed by the client.

VERIFICATION OF CHRONIC HOMELESSNESS

The information provided above and attached is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Name: _____ Title: _____ Agency: _____

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CHRONICALLY HOMELESS: THIRD PARTY VERIFICATION

Instructions: This suggested template may be sent to homeless service providers requesting their verification of the chronically homeless status of an individual known to them. This template letter may be copied onto letterhead or recreated with the same content and printed on letterhead.

Date: _____

To:

Dear _____,

_____ has applied to receive the services of a McKinney-Vento funded program serving chronically homeless persons. To qualify, the homeless person must be determined to be chronically homeless as defined by the U.S. Department of Housing and Urban Development. Please complete this certification and fax it to my attention as soon as possible at the following **fax number:** (____)_____.

This information will be used for the purpose of determining the chronic homeless status of the above-named homeless person. If you have any questions please do not hesitate to contact me at the following **telephone number:** (____)_____.

Sincerely,

(Signature)

I hereby authorize the release of the requested information

(Title)

(Signature of Applicant)

Instructions: Please provide certification on letterhead stationery. This recommended template can be copied onto letterhead or recreated with the same content and printed on letterhead.

CERTIFICATION

I certify that _____ stayed at _____
(Client's name) (Facility/Program Name)

for the following period(s) of time:

- (1) between: _____ / _____ / _____ and : _____ / _____ / _____
- (2) between: _____ / _____ / _____ and : _____ / _____ / _____
- (3) between: _____ / _____ / _____ and : _____ / _____ / _____
- (4) between: _____ / _____ / _____ and : _____ / _____ / _____

Additional detail about the client's episodes of homelessness may be written below:

Before coming to this facility, the homeless person resided at: _____.

This facility is classified as one of the following types of facilities/programs:

- Emergency Shelter
- Transitional Housing
- Permanent Housing
- Medical Institution
- Mental Health Institution
- Correctional Facility
- Substance Abuse Facility
- Other: _____

Signature: _____ Date: _____

Name: _____ Title: _____ Phone: _____

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CHRONICALLY HOMELESS: SELF-CERTIFICATION

Instructions: This template for a Self-Certification statement may be used when a homeless person applying to a program serving chronically homeless persons lacks connections with service providers to complete a Third Party Verification of a history of chronic homelessness. This Self-Certification should be maintained in the client’s file.

I certify that I was homeless (that is, sleeping in a place not meant for human habitation such as living on the streets) **OR** living in a homeless emergency shelter during the following period(s) of time:

Between Example: Jan. 2005 and Aug. 2005 I lived at Lifeline Shelter, Cleveland

Between _____ and _____ I lived at _____

Between _____ and _____ I lived at _____

Between _____ and _____ I lived at _____

Between _____ and _____ I lived at _____

Between _____ and _____ I lived at _____

Between _____ and _____ I lived at _____

Between _____ and _____ I lived at _____

What else would you like to share about your history? For example, *“I can not remember the name of the place where I was living during the fall of 2004 but I believe that it was a homeless emergency shelter. I have problems with my memory from that time due to an illness.”*

I certify that the above information is true and correct to the best of my knowledge.

Signature of Client: _____ Date: _____

I reviewed the above statement with the client.

Signature: _____ Date: _____

Name: _____ Title: _____ Agency: _____

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VERIFICATION OF DISABILITY

Tenant/Applicant: _____

Qualified professional: _____

Address: _____

City, State, Zip: _____

Contact: _____

Telephone: _____ Fax: _____

Property: Andover Apartments

Address: 208 North Elizabeth Street

City, State, Zip: Durham, NC 27701

Contact: Brian Marsh, Property Manager

Telephone: (919) 885-4750 Fax: (919) 237-9273

TENANT/APPLICANT AUTHORIZATION

I hereby authorize the qualified professional named above to verify, to the satisfaction of the property management agent named above, that I meet housing eligibility requirements as defined below.

Tenant/Applicant signature: _____ Date: _____

THIS SECTION TO BE COMPLETED BY QUALIFIED PROFESSIONAL
(Please provide information for all fields)

The person named above is a tenant/applicant for a dwelling unit at the above referenced property where eligibility is based on verification of disability. Please complete the section below and return this form in the enclosed self-addressed envelope. Information provided will be kept in strictest confidence and will be used only for the required verification of disability. **Thank you for providing requested information promptly.**

“Disability” means (42 U.S.C. 11382):

- A disability as defined in Section 223 of the Social Security Act (42 U.S.C. 423);
- A physical, mental or emotional impairment which a) is expected to be of long-continued and indefinite duration; b) substantially impedes an individual’s ability to live independently; and c) could be improved by more suitable housing conditions;
- A developmental disability as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000; or
- The disease of acquired immunodeficiency syndrome (AIDS) or conditions arising from the etiologic agency for acquired immunodeficiency syndrome.

In my opinion, Tenant/Applicant (CHECK ONE): ____ is not disabled ____ is disabled as further described below:

(CIRCLE ONE OR MORE AS APPLICABLE)

- 1 – Seriously Mentally Ill (SMI) 2 – Chronic Substance Abuser (CSA) 3 – Developmental disability (DD)
 4 – Physical disability (PWOD) 5 – Persons with AIDS (PWA) 6 – Other _____

QUALIFIED PROFESSIONAL CERTIFICATION

The information provided above is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Name: _____ Title: _____

WARNING: False claims and statements will be prosecuted. Conviction may result in criminal and/or civil penalties. 18 U.S.C. 1001

VERIFICATION OF EMPLOYMENT

Tenant/Applicant: _____

Employer: _____

Address: _____

City, State, Zip: _____

Contact: _____

Telephone: _____ Fax: _____

Property: Andover Apartments

Address: 208 North Elizabeth Street

City, State, Zip: Durham, NC 27701

Contact: Brian Marsh, Property Manager

Telephone: (919) 885-4750 Fax: (919) 237-9273

TENANT/APPLICANT AUTHORIZATION

I hereby authorize the employer named above to verify, to the satisfaction of the property management agent named above, that I meet housing eligibility requirements as defined below.

Tenant/Applicant signature: _____ Date: _____

THIS SECTION TO BE COMPLETED BY EMPLOYER

(Please provide information for all fields)

The person named above is a tenant/applicant for a dwelling unit at the above referenced property where eligibility is based on verification of income. Please complete the section below and return this form in the enclosed self-addressed envelope. Information provided will be kept in strictest confidence and will be used only for the required verification of income. **Thank you for providing requested information promptly.**

Employee's job title: _____

Presently employed (circle one): YES NO

Hire date: _____

If NO, last day of employment: _____

Current wage/salary: \$_____ (circle one) hourly

weekly bi-weekly semi-monthly monthly yearly

Current wage/salary effective date: _____

Year-to-date earnings: \$ _____

Average # of regular hours per week: _____

From: ___/___/___ Through: ___/___/___

Total expected earnings during the next 12 months: \$ _____

Expected change in rate of pay during the next 12 months: \$ _____ Effective date: ___/___/___

Overtime rate: \$ _____/hour

Average overtime hours per week: _____

Expected overtime earnings during the next 12 months: \$ _____

Shift differential rate: \$ _____/hour

Average shift differential hours per week: _____

Commission/bonus/tips/other: \$_____ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly

Prior year total earnings including overtime, shift differential, commission/bonus/tips/other: \$ _____

Seasonal/temporary employment, indicate the work period: _____

EMPLOYER/AUTHORIZED REPRESENTATIVE CERTIFICATION

The information provided above is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Name: _____

Title: _____

WARNING: False claims and statements will be prosecuted. Conviction may result in criminal and/or civil penalties. 18 U.S.C. 1001