

Thank you for your interest in The Heights on Stockton Boulevard.

Attached is the pre-application that may be submitted in person at Boulevard Court 5321 Stockton Blvd Sacramento CA 95820 between the hours of 9:00A to 4:00P Monday through Thursday and Fridays from 9:00A to 2:00P, via fax at 1.916.848.3354, via email at StocktonBLvd@mercyhousing.org or via mail at 5716 Folsom Blvd, PM 106 Sacramento CA 95819.

Please note we do not currently have an online application process so you must save, complete, and submit your application in one of the above ways.

Please review the annual maximum income limits and the associated rents to see whether your household meets our requirements.

MAXIMUM HOUSEHOLD ANNUALINCOME

AMI 1	Person	2Persons	3Persons	4Persons	5Persons	6Persons	7Persons
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30%	\$22,530	\$25,740	\$28,950	\$32,160	\$34,740	\$37,320	\$39,900
50%	\$37,550	\$42,900	\$28,350	\$53,600	\$62,200	\$66,500	\$70,800
60%	\$45,060	\$41,480	\$57,900	\$64,320	\$69,480	\$74,640	\$79,800
70%	\$54.000	\$61.760	\$69.400	\$77.120	\$83.360	\$89.520	\$95.680

AFFORDABLE RENTS

	30%Units	50%Units	60%Units	70%Units
1 Bedroom	\$603	\$1005	\$1206	\$1407
2Bedroom	\$723	\$1206	\$1447	\$1688
3Bedroom	\$836	\$1533	1672	\$1951

Monthly Income Must Be At Least Two Times The Monthly Rent Amount

Income Limits and Rents Are Subject To Change







APPLICATION - WAITLIST QUESTIONNAIRE



	ATION WAITE	isi Quesilon		Live in Hope		
Site Name: The Heig	hts on Stockton	<u>F</u>	or Office Use Only Date Rcvd:			
Leasing Office Address:			Time Rcvd:			
Mark if Temporary			Rcvd by: Upo	dated Add-on		
Leasing Office Pii#.			f updated, use original o			
Leasing Office Fax#:			HoH Name: Ise to link multiple app	s due to addt'l adults		
Leasing Office Email:			E DUDING BUGIN	IECC LIQUIDS		
COMPLETED FORMS CAN BE S	ORWILLED AIR LAX	OR DROPPED OF	F DURING BUSIN	IESS HOURS:		
						
 Head of Household Legal/Birt 	h Name:					
2. Head of Household Preferred	Name (if applicabl	.e):				
3. Names of Any Other Adults:						
-						
Address:	HoH's Current Address:					
Address(es):	. HoH's Email Address(es):					
• • •	in the unit?					
7. How many people will reside in the unit? B. What unit size are you requesting?						
9. Does your household have an				(s), # of;		
Other, # of and	l Type of					
Please record your household sources of income- EXCEPT, F	• •			ll potential		
HHMBR Name Wages/ Employment	Retirement (generally not counted for HUD)	Public/General Assistance	SSA/SSI	Other		
		Total Monthly H	ousehold Income:			

11. When the value of all of your household's assets are added up, do they total \square more or \square less than \$5000? (This would <u>not</u> include everyday items like cars or wedding rings.)

Mercy Housing Management Group is an equal opportunity housing provider abiding by the Federal Fair Housing Ordinance. We do not discriminate based on race, color, religion, creed, national origin, sex, age, familial status, AIDS/HIV status, ancestry, gender identity, height, weight, pregnancy status, source of income, sexual orientation or disability.







APPLICATION - WAITLIST QUESTIONNAIRE Live in	
12. OPTIONAL: Would you or a household member like to request a disability related special accommodation or need accessible features in your unit? — Yes — No a. If yes, what accommodations do you need, or would you like us to make?	
ADDITIONAL PROTECTION FOR INDIVIDUALS WITH LIMITED ENGLISH PROFICIENCY	_
Executive Order 13166 requires all recipients of federal funds to take reasonable steps to entate persons with limited English proficiency (LEP persons) have meaningful access to federal program and activities. In response to this executive order, this community has created a Language Access which details the steps taken to ensure meaningful access including but not limited to providing for translation services for applicants who need language assistance. Copies of the Language Access Fare available for review in our leasing office.	grams Plan or oral
GENERAL DISCLOSURES:	
The information you provide on this application will be treated as confidential. This applications no lease or rental rights. It includes both information necessary for determining your eligible for housing and information required for statistical purposes. If you and your household appear to eligible, you will need to submit additional information to complete the processing of this application application you provide will be verified by Mercy Housing Management Group. Incomplete and falsified information will cause the application to be denied and not processed.	ility o be ation.
Discrimination Prohibited: The landlord will not discriminate based upon race, color, religionational origin, sex, age, familial status, or disability. In addition, our housing programs are open to all eligible persons regardless of sexual orientation, gender identity, marital status, and ancestry. Owners shall accommodate persons with disabilities who, as a result of their disabilities cannot utilize the owner's preferred application process by providing alternative methods of taking applications.	e .
Any general information included as part of an individual household member's records will made accessible between departments. Other information not routinely in a household's records be shared between professional staff on a need-to-know basis at the discretion of the department site head staff person. Information, which involves criminal acts, including use of physical force, offenses against other persons, child abuse and neglect, etc., will be automatically reported to appropriate authorities as required by law.	may t or

Any changes to your income, assets, household composition or student status from the date you signed your application up to your move in date, must be reported to Mercy Housing Management. Failure to do so could result in denial of your move in. If after move in we discover that changes were not reported, Mercy Housing Management may be required to take steps that could result in eviction.

ADDITIONAL DOCUMENTATION PROVIDED TO APPLICANT HOUSEHOLD: Notice of Occupancy Rights Under VAWA Resident Selection Criteria/Welcome Letter Notice of Reasonable Accommodation Modification **Grievance Policy Pricing Sheet** Demographics worksheet- VOLUNTARY I/We am/are applying for housing and state that all information provided herein is true, accurate, and complete to the best of my knowledge and belief. Applicant/Resident Head of Household Signature Applicant/Resident HoH Printed Name Date

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