

COMMUNITY HOUSING MANAGEMENT CORP.

**COVENANT HOUSE/CHAI APARTMENTS**

8 MILLSTONE CAMPUS, #2000 • ST LOUIS, MO • 63146

PHONE: 314 432-1610 • FAX: 314 432-4058

Dear Friend,

Thank you for your interest in our Senior Citizen apartment community. Covenant House / CHAI Apartments & Community Housing Management Corporation (CHMC) do not discriminate on the basis of race, color, creed, sex, disability, familial status, or national origin in the admission or access to, treatment or employment in, its federally assisted programs and activities.

Please find enclosed an application for Covenant House I, Covenant House II, and CHAI Apartments. In order to be considered for residency, your application must be completed **in its entirety** and signed by each applicant. If there are any incomplete portions, the application will be returned to you. Once you are ready to begin the admissions process, please return your application in person or via First Class Mail to:

**COVENANT HOUSE/C.H.A.I. Apartments**  
**#8 MILLSTONE CAMPUS DR, SUITE 2000**  
**ST. LOUIS, MO 63146**  
**ATTN: ADMISSIONS**

Our Office will contact you within a short period of time to schedule a preliminary interview where you will submit proof of age, income, and citizenship/immigration status. When your name approaches the top of our waiting list, you will be invited in once more for a final verification of your income, credit history and rental history. If you meet the eligibility requirements listed in our Tenant Selection Plan, which includes those set by the U.S. Department of Housing and Urban Development, you will be eligible for an apartment. Our Tenant Selection Plan is available for review in our Management Office.

We are proud of all that our complex has to offer and invite you to come often and take part in the various activities here. For information on the JCC Meal Program, which is open to the community, call 442-3149. If you have any questions about the application process or the facility itself, please call me at (314) 432-1610 Monday through Friday between 9:00am and 4:30pm.

Attached, please find a copy of form **P-88-2 Things You Should Know** on pages 11-13. This memo was prepared by U.S. Department of Housing and Urban Development (HUD) Office of the Inspector General to provide you with important information about applying for Federally assisted housing. Please keep this information, along with this cover letter, for your records.

Sincerely,

COMMUNITY HOUSING MANAGEMENT CORPORATION

Janet Weinberg  
Executive Director  
504 Coordinator





Gender of applicants(s): #1\_\_\_\_\_ #2\_\_\_\_\_

Date of Birth (each applicant): #1\_\_\_\_\_ #2\_\_\_\_\_

Social Security Number (each applicant):

#1 \_\_\_\_\_ #2 \_\_\_\_\_

Will the applicants listed above be the sole occupants of the unit for which you are applying?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If no, what are the names and addresses of other proposed occupants?

---

---

How did you hear about Covenant House/C.H.A.I.?

\_\_\_\_\_ Resident or resident family member

\_\_\_\_\_ Employee

\_\_\_\_\_ Religious organization

\_\_\_\_\_ Advertisement (Where? \_\_\_\_\_)

\_\_\_\_\_ Yellow Pages

\_\_\_\_\_ Internet (Please list Website \_\_\_\_\_)

\_\_\_\_\_ Other \_\_\_\_\_

Size of Unit Desired: \_\_\_\_\_ Efficiency (Single Applicants Only)

\_\_\_\_\_ One Bedroom

Does any member of your household smoke? \_\_\_\_\_ Yes \_\_\_\_\_ No

Cigarettes \_\_\_\_\_ Yes \_\_\_\_\_ No

Cigars \_\_\_\_\_ Yes \_\_\_\_\_ No

Pipes \_\_\_\_\_ Yes \_\_\_\_\_ No

(Optional) Race/ethnicity of each applicant (write number of applicants that qualify under each category):

Race:

\_\_\_\_\_ White

\_\_\_\_\_ African American or Black

\_\_\_\_\_ Native Hawaiian or other Pacific Islander

\_\_\_\_\_ American Indian or Alaska Native

\_\_\_\_\_ Asian

Ethnicity:

\_\_\_\_\_ Hispanic or Latino

\_\_\_\_\_ Not Hispanic or Latino



**ACCESSIBILITY**

This facility has a limited number of units that have been made accessible for the mobility impaired (e.g. with roll-in showers, wheelchair accessible doorways, may or may not have cabinets under kitchen work areas). Do you or any member of your household have a mobility impairment that requires the special features of this type of unit?

\_\_\_\_\_Yes    \_\_\_\_\_No

Do you or any member of your household plan to use a service animal, e.g., Guide Dog, in this facility? \_\_\_\_\_Yes    \_\_\_\_\_No

If yes, please describe the type of animal to be used \_\_\_\_\_

**RESIDENTIAL HISTORY** (your rental history must be satisfactory or this rental application may be rejected by Covenant House / CHAI Apartments)

Please list all of the landlord names and addresses of homes and/or apartments where all applicants listed on this application have resided over the past five (5) years:

(Use additional sheets if necessary)

Previous Address	Dates of Residency	Landlord Name & Address	Landlord Phone Number

Have you or any other person who plans to reside at Covenant House/C.H.A.I. ever been evicted from or asked to leave any type of housing?

\_\_\_\_\_Yes    \_\_\_\_\_No

If yes, please list the residence, date of move and describe the circumstances (use additional pages if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PETS**



Covenant House/CHAI Apartments also allows certain pets with a \$300 pet deposit and proof of all necessary shots. A copy of the pet policy is available for review in our Office. Do you have a pet? Yes  No

If yes, please describe: Type of animal \_\_\_\_\_  
 Weight of animal \_\_\_\_\_

**CREDIT REFERENCES** (credit history for each applicant must be satisfactory or this rental application may be rejected by the Covenant House / CHAI Apartments.)

Credit Reference	Account Number	Address
1.		
2.		
3.		

**CRIMINAL HISTORY** (criminal history may exclude applicants from eligibility to live at the Covenant House / CHAI Apartments)

- Have you or any member of your household been convicted of any felony?  
 YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please explain \_\_\_\_\_

\_\_\_\_\_

- Have you or any member of your household been convicted of any crime of violence, fraud, theft, or any offense, which establishes that you may constitute a direct threat to the health or safety of other individuals or result in a risk of substantial physical damage to the property of others?  
 YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

- Do you or any member of your household have a history of disruptive behavior or damaging site property?  
 YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

- Have you or any member of your household been arrested or convicted for any activity concerning sexual abuse or sexual assault?



YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please explain \_\_\_\_\_

\_\_\_\_\_

- Have you or any member of your household ever been arrested or convicted for any activity concerning an illegal controlled substance?

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**FINANCIAL AND RESOURCE DATA**

The Department of Housing & Urban Development and Covenant House/CHAI Apartments require that you provide a summary of your **GROSS** income, assets, and liabilities so that Covenant House/C.H.A.I. can determine whether you meet the income requirements of this facility. Please **completely** fill in the applicable areas below for all applicants. Use a separate sheet of paper if necessary.

**APPLICANT EMPLOYMENT INFORMATION**

**(List all employers for the past 12 months)**

Applicant #1 Name: \_\_\_\_\_

Job Title \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

\_\_\_\_\_

Supervisor \_\_\_\_\_

Supervisor's Telephone # \_\_\_\_\_

\_\_\_\_\_

Applicant #2 Name: \_\_\_\_\_

Job Title \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

\_\_\_\_\_

Supervisor \_\_\_\_\_

Supervisor's Telephone # \_\_\_\_\_

**REGULAR GROSS INCOME:**

**ANNUAL AMOUNT**  
**(Enter N/A if not applicable)**



Salary #1 \_\_\_\_\_ \$ \_\_\_\_\_  
#2 \_\_\_\_\_ \$ \_\_\_\_\_

Social Security #1 \_\_\_\_\_ \$ \_\_\_\_\_  
#2 \_\_\_\_\_ \$ \_\_\_\_\_

Supplemental  
Security Income #1 \_\_\_\_\_ \$ \_\_\_\_\_  
#2 \_\_\_\_\_ \$ \_\_\_\_\_

Pension #1 \_\_\_\_\_ \$ \_\_\_\_\_  
(Company Name and Address)  
  
#2 \_\_\_\_\_ \$ \_\_\_\_\_  
(Company Name and Address)

Annuities #1 \_\_\_\_\_ \$ \_\_\_\_\_  
(Company Name)  
  
#2 \_\_\_\_\_ \$ \_\_\_\_\_  
(Company Name)

Rental Property Income \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_  
(Address)

Trust Income #1 \_\_\_\_\_ \$ \_\_\_\_\_  
  
#2 \_\_\_\_\_ \$ \_\_\_\_\_

Other Income \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_

**Regular Gross Income Sub Total** \$ \_\_\_\_\_

(Add this amount to the *Assets Subtotal* amount on the next page)

**ASSETS:**

**TOTAL FACE ANNUAL  
VALUE INTEREST**



Savings Accounts \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
(Bank and Account #)

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Checking Accounts \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
(Bank and Account #)

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Certificates of Deposit or Money Markets

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
(Name) (# of Shares)

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Stocks (Name & # of Shares)

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Bonds \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Value of Home \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
(Address)

**Assets Sub Total:** \$ \_\_\_\_\_ \$ \_\_\_\_\_

Regular Gross Income Total: + \$ \_\_\_\_\_  
(previous page)

**TOTAL =** \$ \_\_\_\_\_ \$ \_\_\_\_\_

Have you or any members of your household **transferred, disposed of or given away any assets** for less than fair market value **during the past two years?**





**complete, true and accurate statement of my (our) total income and that all of the information contained herein is true and correct to the best of my (our) knowledge. I (we) further understand that any deviation between the above figures and my (our) actual financial status can affect my (our) eligibility for admission. I (We) understand that making false statements about the information in this form is grounds for rejection or termination of my lease.**

**I (We) understand that this application is not binding upon Covenant House/CHAI Apartments or CHMC and authorize them to obtain any information from any source they deem appropriate regarding the statements in this application and agree that this application shall remain the property of Covenant House/CHAI Apartments or CHMC, whether or not this rental application is approved.**

**Title 18, section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosure or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring a civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing Social Security numbers are contained in the Social Security Act at 42 USC 408 (f), (g), and (h).**

**I (We) understand that the information provided in this application will be kept in the strictest of confidence.**

**I/We understand that Covenant House / CHAI apartments do not provide nursing care, personal care or any supervision services for residents. Residents themselves must arrange and pay for any services that will meet their needs.**

\_\_\_\_\_  
Applicant's Signature & Date

\_\_\_\_\_  
Applicant's Signature & Date

as of 10/1/2008

