



Crown Pointe Management & Development, LLC
1070 Saltillo Road, Roca, NE 68430
Toll Free: 888-708-2763 FAX: 402-423-8661
Business Office: 402-423-3196

Ashland Park I Apartments
2801 Clay and 301 N. 29th Street, Ashland, NE

Thank you for your interest in the Ashland Park I Apartments. We offer an affordable housing option to persons at 60% median income or below and are regulated by USDA Rural Development and Section 42 of IRS.

Ashland Park I offer one, two and three bedroom units. All apartments have central heating and air conditioning. These units are all electric and laundry facilities are located on site and available for tenant's use.

Ashland Park I Apartments pays the water, sewer and garbage services. The tenant is responsible for the electricity. Tenants need to have utilities transferred into their name upon approval of unit.

Effective January 1, 2013, the rent structure for Ashland Park I is as follows:

		<u>Utility Allowance</u>
One Bedroom Units	\$425 Basic Rent up to \$597 Note Rent	\$66
Two Bedroom Units	\$460 Basic Rent up to \$632 Note Rent	\$92
Three Bedroom Units	\$510 Basic Rent up to \$628 Note Rent	\$118

Rental Assistance may be available to assist tenants in paying their rent. Rental assistance is based on your current income less any deductions and the tenant would pay 30% of their adjusted income. Adjustments to income include medical expenses paid by elderly and disabled and child care expenses, if applicable. Verifications of all income, assets and medical expenses must be verified for occupancy and renewed annually at the anniversary date of your move-in.

Income limits for Ashland Park I Apartments (Saunders County) are as follows:

	<u>1 person</u>	<u>2 persons</u>	<u>3 persons</u>	<u>4 persons</u>	<u>5 persons</u>	<u>6 persons</u>
60%	\$30,180	\$34,500	\$38,820	\$43,080	\$46,550	\$49,980

An application fee of \$20.95 needs to be submitted with the application to complete a credit report and criminal history. Landlord references will also be checked. In addition, a security deposit equal to the basic rent of the apartment size is required at the time of move-in.

No Pets are allowed at Ashland Park I Apartments unless the animal is a service animal or has been recommended per a signed doctor's permission slip.

Completed applications can be returned in person to *Gretna Apartments Office, 202 E. Glenmore Dr., Gretna, NE 68028* during the hours of 9:30 a.m. to 2:30 p.m. Monday thru Thursday or may be mailed to the address at the top. You can also email completed application to heather.crownpointe@yahoo.com Once received your name will be placed on the waiting list

If you have any questions, please contact Heather Coopridier at (402) 332-2888.



This is an Equal Housing Opportunity Provider & Employer



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III. SPECIAL HOUSING ACCOMMODATIONS

- A. Households where the tenant, co-tenant, or household member is disabled or handicapped, may qualify for a special handicapped accessible unit, and/or an adjustment to income when calculating their rent payment.

• Do you or members of your household qualify for a unit with handicap accessibility? ☐ Yes ☐ No

• Are there any special housing requirements necessary? ☐ Yes ☐ No

If yes, Please

explain: _____

• Do you request the adjustment to income? ☐ Yes ☐ No

- B. The Tenant Selection Policy grants a priority to those tenant applicants that are a holder of a "Letter of Priority Entitlement" issued by USDA Rural Development, and those households displaced due to housing being rendered uninhabitable.

• Do you hold a "Letter of Priority Entitlement"? ☐ Yes ☐ No

• Are you currently living in a housing unit that has been determined to be uninhabitable? Yes ☐ No ☐

If Yes, Please explain:

IV. ESTIMATED HOUSEHOLD INCOME FOR THE NEXT 12 MONTHS

A. Employment Income

Applicant:

Employer Name	Employer Address	Phone Number	Rate of Pay per Hour	Hours per Week	Annual Income

How long have you been employed at this job? _____ Date you started this job _____

Co-Applicant:

Applicant:

Employer Name	Employer Address	Phone Number	Rate of Pay per Hour	Hours per Week	Annual Income

How long have you been employed at this job? _____ Date you started this job _____

B. Other Income

Source	Description	Annual Amount (Applicant)	Annual Amount (Co-Applicant)
Social Security			
Supplemental Social Security			
Welfare (ADC)			
Child Support/Alimony			
Unemployment Benefits			
Disability Benefits			
Pensions			
401-K Annual Income			
Bank Interest			
Income from Assets			
Other			
TOTAL			

Does the Tenant or Co-Tenant regularly receive gifts of money, food, clothing, utilities, etc. from any source?

☐ Yes ☐ No IF Yes, complete and attached the "Statement of Gifts Received by the Family"

NO INCOME – If you claim to have no income, please complete and attach "Certificate of Zero Income"

C. Deductible Family Expenses

Expense	Annual Amount
Child Care – If you have child care, complete and attached "Verficiation of Child Care Expense"	
Projected Medical Expenses for 12 month period (Elderly and Handicapped Only) Complete and attached Medical Expense Projections	
Handicap care or apparatus expense	
TOTAL	

V. ASSETS

A. List assets for all household members

ASSET	\$ AMOUNT	ACCOUNT #	FINANCIAL INSTITUTION Name and Address
Cash on hand			
Checking Account			
Checking Account			
Savings Account			
IRA's			
Pensions or 401-K's			
Revocable Trust			
Stocks			
Bonds (any type)			
Life Insurance (Cash value)			
Other			
Other			

B. List Real Estate Owned by any member of the household

Description of Real Estate	Value	Debt

C. List all assets disposed of for less than FAIR MARKET VALUE during the two years proceeding the effective date of this certification or re-certification.

Item	Date Disposed	Fair Market Value	Sales Price	Fair Market Value – Sales Price

VI. OTHER INFORMATION

- A. Have you ever received housing assistance from the Department of Housing and Urban Development or USDA Rural Development? Yes ☐ No ☐
- If Yes, has your family's assistance or tenancy in a subsidized housing program ever been terminated for fraud, non-payment of rent, or failure to cooperate with re-certification procedures? Yes ☐ No ☐
- B. Are you or any other household member a current user or been convicted of using, dealing, or manufacturing a controlled substance? Yes ☐ No ☐
- C. Have you or any member of the household been convicted of a felony? Yes ☐ No ☐
If Yes, please explain
circumstances: _____
- D. How did you learn about the apartments? Newspaper Radio Drive-by Referral Other _____

VII. EMERGENCY CONTACT(s)

In case of an emergency, the Tenant or Co-Tenant desire that the following persons be contacted if possible:

Name: _____ Telephone Number: _____
Address: _____
Name: _____ Telephone Number: _____
Address: _____

VIII. SIGNATURE AND CONSENT

I certify that the housing that I am applying for will be my permanent residency and I will not maintain a separate subsidized rental unit in a different location. I declare that the statements contained in this application are true and complete to the best of my knowledge. I hereby authorize release of any information contained herewith to determine my eligibility for this housing. WARNING: WILLFUL FALSE STATEMENTS OR MISREPRESENTATION ARE A CRIMINAL OFFENSE UNDER SECTION 1001 OF TITLE 18 OF THE U.S. CODE. **NOTE: USDA RURAL DEVELOPMENT (FORMERLY FmHA) IN NEBRASKA HAS AN AGREEMENT WITH THE DEPARTMENT OF LABOR TO PROVIDE WAGE MATCHING INFORMATION FOR THE PURPOSE OF DETECTION OF FRAUDULENT STATEMENTS REGARDING INCOME.**

Applicant's Signature: _____ Date _____

Co-Applicant's Signature: _____ Date _____

Race: (Optional) American Indian or Alaska Native ☐ Asian ☐
Black or African American ☐ White ☐
Native Hawaiian or other Pacific Islander ☐
Ethnicity: (Optional) Hispanic or Latino ☐ Not Hispanic or Latino ☐

The information solicited on this application regarding sex and race (ethnic group) is requested by the apartment owner in order to assure the Federal Government, acting through USDA Rural Development, that the Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, marital status, age and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observations or surname.

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, religion, age, and disability, marital or familial status. (Not all prohibited bases apply to all programs.)"

To file a complaint of discrimination, write: USDA, Office of the Assistant Secretary for Civil Rights, 1400 Independence Ave., SW, STOP 9410, Washington, DC 20250-9410 or call toll free (866) 632-9992, (800) 877-8339 (TDD), (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay)."