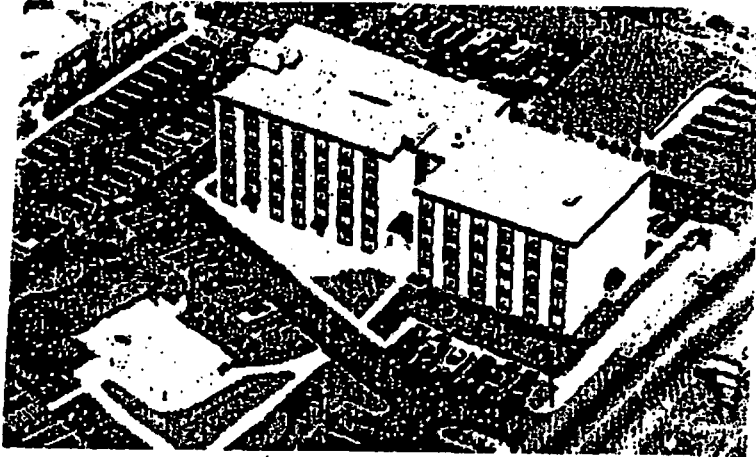


Valley Vista Apartments

36 S. County Line Rd.
Souderton, PA 18964

Telephone 215-723-0901 Fax 215-723-6033 TDD 711
Marilyn Kaiser-Patton
Property Manager

Grosse & Quade Management Co.
215-855-8700



INFORMATION ABOUT VALLEY VISTA

1. THERE ARE A TOTAL OF 100 SUBSIDIZED UNITS 53 EFFICIENCY/STUDIO UNITS AND 47 ONE BEDROOM UNITS.
2. WE HAVE TWO ELEVATORS TO SERVICE OUR SIX STORY BUILDING.
3. OUR LAUNDRY FACILITY IS LOCATED ON THE GROUND FLOOR. WE HAVE SIX WASHERS AND DRYERS WHICH ARE COIN OPERATED.
4. ALSO LOCATED ON THE GROUND FLOOR IS A RESIDENT STORAGE AREA.
5. WE HAVE A LARGE RECREATION AND ACTIVITIES ROOM FOR BOTH MEETINGS AND ENTERTAINMENT
6. VALLEY VISTA IS LOCATED ACROSS THE STREET FROM A SHOPPING CENTER. THE SEPTA BUS LINE AND COMMUNITY COASTER ARE WITHIN 200 FT OF OUR FRONT DOOR.

ALL OF THE APARTMENTS HAVE THE FOLLOWING

- WALL TO WALL CARPETING
- HEAT AND AIR CONDITIONER, CONTROLLED BY THE RESIDENT
- TILE BATH AND SHOWER WITH GRAB BARS.
- ELECTRIC RANGE AND REFRIGERATOR, GARBAGE DISPOSAL
- CONTROLLED ACCESS SYSTEM TO BUILDING, OPERATED BY YOUR TELEPHONE.

IF YOU ARE INTERESTED IN APPLYING FOR RESIDENCY AT VALLEY VISTA, THE ENCLOSED APPLICATION MUST BE COMPLETED IN FULL BEFORE YOUR NAME CAN BE PLACED ON THE WAITING LIST.





Grosse & Quade Management Company



Dear Apartment Applicant,

We take pride in our management and in our apartment communities. We actively seek good residents to make their homes with us, and we strive to provide the best services we possibly can while they live in the communities we manage.

We screen our applicants very carefully, and we completely verify all information provided to us on the rental application you complete, and from other sources available to us. We run a complete credit and criminal report, we verify employment, and we check previous rental history.

The screening and verification process is used for every applicant the same way – fairly, consistently, uniformly. We work very diligently to observe both the spirit and the letter of the fair housing laws – not just because they are the law of the land, but because we sincerely believe, personally and as a company, in fair housing and equal opportunity in fair housing for everyone.

An applicant who passes the screening criteria is offered an apartment when a suitable apartment is available. An applicant who does not satisfy the screening criteria is not accepted as a resident.

By making application for an apartment in one of our communities, you acknowledge that these checks and verifications will be done, and give your permission for us to do so.

Please completely fill in your application. If you do not provide us with complete information, we will not be able to process the application successfully. If there is any item on the application that you do not understand, please ask for assistance from the manager. If there is additional information that you feel might be of assistance to us in processing your application, please let us know. We are here to be of service to you and to others seeking housing.

We welcome your suggestions as to how we might do that task better and more effectively. We will do our best to process your application quickly and give you an answer within a reasonable time.





APPLYING FOR HUD HOUSING ASSISTANCE?

THINK ABOUT THIS...
IS IT WORTH IT?

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

CONSUMER NOTICE THIS IS NOT A CONTRACT

Marilyn Kaiser-Patton, Property Manager, hereby states that with respect to this property, Valley Vista Apartments, located at 36 S. County Line Rd., Souderton, Montgomery County, PA 18964, I am acting in the following capacity:

- (i) owner/landlord of the property;
- (ii) a direct employee of the owner/landlord;
- (iii) an agent of the owner/landlord pursuant to a property management or exclusive listing agreement.

I acknowledge that I have received this notice:

Signature (Head of Household)

Date

Signature (Co-Head)

Date

I certify that I have provided this notice:

Licensee

Date

Please return this document with the application.



Grosse & Quade Management Company



Dear Apartment Applicant,

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We screen our applicants very carefully, and we completely verify all information provided to us on the rental application you complete, and from other sources available to us. We run a complete credit and criminal report, we verify employment, and we check previous rental history.

The screening and verification process is used for every applicant the same way – fairly, consistently, uniformly. We work very diligently to observe both the spirit and the letter of the fair housing laws – not just because they are the law of the land, but because we sincerely believe, personally and as a company, in fair housing and equal opportunity in fair housing for everyone.

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By making application for an apartment in one of our communities, you acknowledge that these checks and verifications will be done, and give your permission for us to do so.

Please completely fill in your application. If you do not provide us with complete information, we will not be able to process the application successfully. If there is any item on the application that you do not understand, please ask for assistance from the manager. If there is additional information that you feel might be of assistance to us in processing your application, please let us know. We are here to be of service to you and to others seeking housing.

We welcome your suggestions as to how we might do that task better and more effectively. We will do our best to process your application quickly and give you an answer within a reasonable time.



Please sign and date this letter where indicated below, and give it to the Manager. The Manager has additional copies if you would like to keep a copy for your files. Thank you for making application at our community; we sincerely hope that you will be a satisfied resident with us.

Very Truly Yours,

Grosse & Quade Management Company

Applicant Signature	
Date	

IF YOU ARE MAILING , PLEASE SEND TO:

**Valley Vista Apartments
Marilyn Kaiser-Patton, Property Manager
36 S. County Line Rd.
Souderton, PA 18964
215-723-0901**



Date Received (Office Use Only)	Time Received (Office Use Only)	Preferred Unit Size (Office Use Only)	Unit Number (Office Use Only)

-----APPLICATION-----
PLEASE PRINT

This is an application for housing in a Federally Subsidized Program at Valley Vista Apartments. Please complete this application and return to the management Office at the address listed on the previous page. Applications are placed in order of date and time received. Application must be completed in full.

A. General Information

Applicant Name	
Address (Street Address)	
Apartment Number	
City, State, Zip Code	
Phone Number	

Do you Own or Rent	
If Rental, Amount of Current Monthly Payment	
Number of Bedrooms in Current Unit	

Check Utilities Paid by You And Approximate Monthly Cost		
Monthly Cost		✓ Check if Applies
	Electricity	
	Gas	
	Heat	
	Other	

<p><u>Program Requirement for HUD Senior Properties</u></p> <p>Please check one of the following categories for your household:</p> <p>_____ 62 years of age or older</p> <p>_____ Disabled or Handicapped under the age of 62 years</p>

Unit Type	Efficiency	One Bedroom	Accessible Unit
Please check type of apartment requested			

B. Family Composition

List ALL Persons who will live in the apartment. List head of household first.

Name	Relationship	Birthday	Sex	Social Security Number
1.				
2.				
3.				
4.				

C. Income- List All Sources of Income As Requested Below

Family Member Name	Type of Income	Source	Gross Monthly Amt.
	Social Security		
	Social Security		
	Social Security		
	Pension		
	Pension		
	Veterans Benefits		
	Veterans Benefits		
	SSI Benefits		
	SSI Benefits		
	Unemployment Comp.		
	Unemployment Comp.		
	Wages-Gross		
	Full Time Student		
	Full Time Student		
	Alimony		
	Child Support		
	Child Support		
	Interest Income		
	Other Income		
	Other Income		

EMPLOYMENT

Family Member	Employer name, address, phone #	Position Held	How Long Employed	Gross Monthly Amt.

TOTAL GROSS MONTHLY INCOME	Add all the monthly amounts listed above	
TOTAL GROSS ANNUAL INCOME	Multiply by 12	

Do you anticipate any changes in this income in the next 12 months? YES _____
 NO _____

If YES, Explain:

D. Assets

Member Name	Type of Account	Bank name And address	Account #	Balance/ Value
	Checking			
	Checking			
	Checking			
	Savings			
	Savings			
	Trusts Accounts			
	Certificates			
	Certificates			
	Credit Union			
	Credit Union			
	Savings Bonds			
	Savings Bonds			
	Life Insurance			

Property

Do you own any property? YES _____ NO _____

Type of Property	Location	Appraised Market Value	Mortgage/ Loan Bal.	Annual Insurance Premium	Most Recent Tax Bill

PROPERTY SOLD/DISPOSED Have you sold or disposed of Any property in the last two years YES _____ NO _____ If YES, complete this section	Type of Property	
	Market Value when sold/dispoused	
	Amount sold/dispoused for	
	Date of Transaction	

ASSET SOLD/DISPOSED Have you disposed of any assets in the Last two years (i.e., given money away To relatives, set up irrevocable trust Accounts) YES _____ NO _____ If YES, complete this section	Describe the Asset	
	Date of Disposition	
	Amount Disposed	

Do you have any other assets not listed above (Excluding Personal Property)?
 YES _____ NO _____

If Yes, LIST

E. Medical/Childcare/Handicap Assistance Expenses

Medical Costs: Complete this section ONLY if Head or Spouse is 62 or older, Disabled, or Handicapped.

Member Name	Type	Source & Address	Monthly Amount/ Payment
	Medicare		
	Medicare		
	Medical Insurance		
	Anticipated Medical		
	Anticipated Prescription		
	Regular Physician		
	Other		
	Other		
	Ongoing Payment Plans		

Use back of Application for Additional information

Childcare

Childcare Costs: Complete ONLY for children 12 and younger.

Name of Child	Age	Name and address of Person or Agency caring for child	Weekly Amount

Handicap Assistance Expenses

Complete Only if handicap Expenses allow the handicapped of Another household member to WORK?

Member Name	Type of Expense	Paid to whom	Weekly Amount

F. Program Information

#	Question	YES	NO
1.	Are you or any other household member qualified for a housing unit or Adjustment to income available only to persons with handicaps or disabilities or to a person with a Particular type of handicap or disability?		
2.	Are you currently Living in Subsidized Housing?		
	If Yes to #2, Name & Address: Dates of Residency: FROM _____ TO _____		
3.	Have you ever resided in a Project financed and/or Subsidized by the Government? If YES, Name and Address: Dates of Residency: From _____ To _____		
4.	Have you ever been evicted form Public Housing or any other Federal Housing Program? If Yes, WHERE Describe Reasons:		
5.	Have you ever been evicted from other Housing?		
6.	How did you hear about this housing?		
7.	Are you or any other household member a current illegal user of a controlled Substance or ever had a previous conviction of the same?		
8.	Have you or any other household member been convicted of the illegal manufacture or distribution of a controlled substance?		
9.	If yes to either question 7 or 8 above, have you or any household member successfully completed a controlled substance abuse recovery program?		
10.	Have you or any household member been convicted of a criminal offense within the last five years?		
11.	If yes to Question #10 please provide the specifics.		
12.	Are Any Household Members Full time Students? If Yes, How Many?		

13. Are any Household Members subject to a lifetime state sex offender registry?
 Yes _____ No _____

14. Please list all states that any Household Members have lived in:

G. Reference Information

Provide ALL Landlord information for the past three years
 Provide Names & Addresses of at least 2 (two) prior landlords.
 Start with your CURRENT LANDLORD and work back

Landlord Name	Address	Home Phone	Business Phone	Dates of Residency

Credit References

	Name	Address	Phone #
1.			
2.			
3.			

Personal Non-related References

	Name	Address	Phone #
1.			
2.			
3.			

H. Other Required Information

Vehicles: List any cars, trucks, or other vehicles owned. (Parking will be provided for one vehicle)

Type of Vehicle	Year/Make	Color	License Plate	State

Driver's License No. _____ State _____

Pets

Do you own any Pets? YES _____ NO _____

If Yes, describe: _____

**APPLICATION MUST BE COMPLETED IN FULL
IF IT IS NOT COMPLETED IN FULL, IT WILL BE RETURNED TO YOU**

**IT IS YOUR RESPONSIBILITY TO CONTACT THIS MANAGEMENT OFFICE
IN THE EVENT THAT YOUR ADDRESS AND/OR TELEPHONE NUMBER
CHANGES AFTER COMPLETION OF THIS APPLICATION.**

I. Certification/Authorization

CERTIFICATION

I/we hereby certify that I/we will/do not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility will be based on Federal & State income/occupancy limits and by Valley Vista Apartments selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

Signature:

_____ Dated: _____
Head of Household

_____ Dated: _____
Spouse or Adult Co-Head

Authorization

I/We do hereby authorize Valley Vista Apartments and its staff or authorized representatives to contact any agencies, offices, groups, or organizations to obtain and verify any information of materials which are deemed necessary to complete my/our application for housing in programs administered/managed by Valley Vista Apartments.

Signature:

_____ Dated: _____
Head of Household

_____ Dated: _____
Spouse or Adult Co-Head

J. Statistical Information

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability 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 ethnicity and sex of the individual applicants on the basis of visual observation of surname.

Please check the appropriate information below:

Ethnicity:

- Hispanic or Latino Not Hispanic or Latino

Race: (Mark one or more)

- American Indian/Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
 Other

Gender:

- Male Female

RD Regulations:

Applicant Provided _____ Management Observed _____

"In accordance with Federal Law and the U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice), or (202) 720-6382 (TDD)."

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:

Mailing Address:

Telephone No:

Cell Phone No:

Name of Additional Contact Person or Organization:

Address:

Telephone No:

Cell Phone No:

E-Mail Address (if applicable):

Relationship to Applicant:

Reason for Contact: (Check all that apply)

 Emergency Unable to contact you Termination of rental assistance Eviction from unit Late payment of rent Assist with Recertification Process Change in lease terms Change in house rules Other: _____

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

Check this box if you choose not to provide the contact information.

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



Valley Vista Apartments

36 S. County Line Road
Souderton, PA 18964



Telephone 215-723-0901 Fax 215-723-6033 TDD 711

Marilyn Kaiser-Patton
Property Manager

Grosse & Quade Management Co.
215-855-8700

July 1, 2013

To: All Applicants of Valley Vista

From: Marilyn Patton
Site Manager

Re: SMOKE FREE POLICY

Smoking will be prohibited everywhere on the property, including the common areas and individual residential units inside of Valley Vista effective as of September 1, 2013. Common areas include but are not limited to the community room, elevators, hallways, laundry rooms, lobbies and stairs. Smoking will also be prohibited in your apartment and on the grounds of Valley Vista which includes but are not limited to the parking lot and both patio areas.

Effective as of September 1, 2013 all residents will be responsible for ensuring that their family members, guests, and invitees also comply with this rule. Failure to comply with the no smoking policy will be a lease violation and may result in the termination of your lease.

Those who smoke are encouraged to contact the Service Coordinator for guidance with the assistance that is available to help them quit smoking. Please contact the service coordinator or the site manager if you are interested in their assistance in this matter.

Please consider this your official notification of your smoke free policy. Please let us know immediately if this policy change has a bearing on your decision to apply for housing at Valley Vista.

Thank you for your understanding and cooperation with our new smoke free policy.