

FORM 0928A Section K Homes for the Elderly or Disabled

This information must be completed by any organization that indicated in Section I that it provides housing for the elderly and/or disabled.

1.				of housing your organization provides.
2.	·			ıblic is made aware of your facility.
3.	Describ	e each	faci	lity your organization operates.
4.	Indicate	wheth	er re	esidents at each facility rent or purchase housing.
5.	Indicate the total number of residents each facility can accommodate.			
6.	Indicate the current number of residents at each facility.			
7.	Do you finance			contract with another organization to develop, build, market or ng?
	Yes		No	

	If yes, identify the entity, explain how it is selected, how the terms of any contract(s) are negotiated at arm's length, and how your organization determines it will pay no more than fair market value for services provided.			
8.	Do you or will you manage your activities or facilities through your own employees			
	or volu	nteers?		
	Yes	No		
9.	If no, describe the activities that will be managed by others, the names of the persons or organizations that manage or will manage your activities or facilities, and how these managers were or will be selected. Explain the major terms of any contracts (or provide copies), how the contracts or other agreements were or will be negotiated, and explain how you determine you will pay no more than fair market value for services provided. Do you participate in any government housing programs?			
	Yes	No		
	If yes, o	describe the p	programs.	
10.	Does your organization own the facility?			
	Yes	No		
	If no, e	xplain from w	hom and on what basis you are leasing it.	

11.			ifies for your housing in terms of age, disability, infirmity, income teria, and explain how you select persons for your housing.			
12.	Do you charge an entrance or founder's fee?					
	Yes	No				
	determ	ined, whethe	re, describe what it covers, whether it is a one-time fee, how it is rit is payable in a lump sum or on an installment basis, whether it is circumstances under which it may be waived.			
13.	Do you	ı charge per	iodic fees or maintenance charges?			
	Yes	No				
14.	If yes, describe the charges, what they cover and how they are determined. Is your housing affordable to a significant segment of the elderly or disabled persons in the community?					
	Yes	No				
	If yes, identify your community.					
	If yes, explain how you determine whether your housing is affordable.					

15.	Do you have an established policy concerning residents who become unable to pay their regular charges?					
	Yes	No				
	If yes, o	describe the	policy and how you make this policy known to residents.			
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16.	Do you have arrangements with government welfare agencies or others to absorb all or part of the cost of maintaining residents who become unable to pay their regular charges?					
	Yes	No				
	If yes, o	describe thes	se arrangements.			
17.	Do you	ı have arran	gements for the healthcare needs of your residents?			
	Yes	No				
	If yes, o	describe thes	se arrangements.			
18.	Are your facilities designed to meet the physical, emotional, recreational, social, religious, and/or other similar needs of your elderly or handicapped residents?					
	Yes	No				
	If yes, describe these design features in detail.					
19.	Please confirm whether you are providing a copy of your organization's admission application form.					
	Yes	No				

	If no, p	If no, please explain why you are not providing a copy.					
20.		Please confirm whether you are providing a copy of your organization's residency or homeownership contract or agreement.					
	Yes		No				
	If no, p	lease ex	plain	why you are not providing a copy.			
21.	Does o	r will y	our o	rganization participate in any joint ventures?			
	Yes		No				
	of your describ	investme how y	nent, t ou ex	venture and for each include your ownership percentage, the amount the tax status of other participants, the activities of each joint venture, xercise control over the activities of each joint venture, and describe ure furthers your exempt purposes.			