



1004 Echo Park Avenue, Los Angeles, CA 90026 (213) 250-9481 (213) 250-9531 fax

www.projectnewhope.org

Application No.: _____

Date: _____

Time: _____

Processed by: _____

504 Coordinator: Ana Gonzalez

Instructions for Head of Household:

Answer all questions on this application. Enter "None" or "N/A" for those questions which do not apply to you or which you choose not to answer. **Applications will not be considered unless they are fully completed.**

I. Agency Information

Referring Agency: _____

Contact Person: _____ Title: _____

Telephone (including extension) _____ Fax: _____

Length of time applicant has been in your program _____

II. Application Information

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Contact Telephone _____ Other Contact # _____

Birth Date: _____ Social Security Number (SSN): _____

Email: _____ Primary Language: _____

Marital Status (check one)

- Single
 Married
 Divorced
 Separated
 Domestic Partner
 Other

List all household occupants including minors who will be applying with you:

Name	DOB	Gender	Relationship	SSN

Total Number of Persons in Household (including primary applicant) _____

Indicate the bedroom size you are interested in applying for: Zero Bedroom 1-Bedroom 2-Bedroom

III. Eligibility Criteria ****Please check all that apply**

Disability

HIV-Asymptomatic AIDS Mental Health (Diagnosis _____)

Alcohol/Drug Addiction (Substance _____)

Current Housing Situation

Homeless Shelter Transitional Housing Rental Housing Living on Streets

Other _____





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Briefly describe your current housing situation _____

Income

Household Name	Source of Income	Monthly Amount

Total amount of household income \$ _____

IV. Identification

- California Driver License (CADL)
 California Identification Card
 Disabled Bus Pass
 Passport
 Out of State Identification
 Mexican National Identification
 Other _____

V. Supportive Services

Briefly describe all supportive services (medical, mental health, case management, support groups, recovery services, etc.) you are currently receiving: _____

Application Signature & Certification

I/We request, authorize and consent to TELACU Property Management (TPM) to conduct a thorough investigation of whether I/we have a record of criminal convictions, and if so, the nature of such criminal convictions and all surrounding circumstances available through lawful means.

I/We understand the information given in this application member, financial, and verification forms is true, complete and accurate. I/We understand that if any of this information is false, misleading or incomplete, Management may decline our application or, if move-in has occurred, terminate our Rental Agreement.

I/We have been made aware of the provisions of Section 1001 of Title 18 of the U.S. code. I/we understand that it is a criminal offense, punishable by \$10,000 fine or 10 years imprisonment or both, to make willful statement or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

_____	_____	_____	_____
Applicant Signature	Date	Other household member over age 18	Date
_____	_____	_____	_____
Other household member over age 18	Date	Other household member over age 18	Date

PLEASE RETURN THIS APPLICATION TO:

TELACU Property Management
 1248 Goodrich Blvd.
 Los Angeles, CA 90022
 Telephone: 323.838.8556
 Fax: 323.838.0548
 TTY: 323.622.0006

