



1004 Echo Park Avenue, Los Angeles, CA 90026 (213) 250-9481 (213) 250-9231 fax

www.projectnewhope.org

Mail Application To:
 TELACU Residential Management
 1248 Goodrich Boulevard
 Los Angeles, CA 90022

Fax Application To:
 (323) 838-0548

FOR OFFICE USE ONLY
 Application No.: _____
 Date: _____
 Time: _____
 Processed by: _____

504 Coordinator: Ana Gonzalez

INDICATE WHICH HOUSING DEVELOPMENT YOU ARE APPLYING FOR San Pedro Main Street
 (Only two bedroom units are available at Silverlake and Santa Monica locations) Silverlake Santa Monica

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. Application Information

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Contact Telephone _____ Other Contact # _____

Birth Date _____ Social Security Number (SSN) _____

Email _____ Primary Language _____

Household Occupants

List yourself and all other applicants (if any) that will reside in the unit and their relationship to you.

Name	Date of Birth	Gender	Relationship	Soc. Sec. No.	Age	Sex
			SELF			

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

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

II. Eligibility Criteria

Disability HIV-Symptomatic HIV-Asymptomatic AIDS

Assigning preferences to applicants who meet certain criteria is a method intended to provide housing opportunities to applicants based upon household circumstances. Applicants with preferences are selected from the waiting list and receive an opportunity for an available unit earlier than those who do not have a preference. Preferences affect only the order of applicants on the waiting list. They do not make anyone eligible who was not otherwise eligible, and they do not change an owner's right to adopt and enforce tenant screening criteria.

1. Household is currently living in transitional housing or leaving home without an alternative situation.
 Yes No If yes, please explain _____
2. Household consists of a single parent with dependent child or children
 Yes No
3. Household is living over-crowded (more than two persons per bedroom) or substandard conditions.
 Yes No If yes, please explain _____

III. Rental History

If you have moved within the past five years, give the name, address, and phone number of your previous landlords and the date you lived there (include temporary & transitional housing). Use an additional sheet if you need more space.

Address of last location	Name of Landlord	Telephone	Lived - from (MM/DD/YY)	to (MM/DD/YY)

Please answer each of the following questions:

- | | Yes | No |
|--|--------------------------|--------------------------|
| 4. Do you or a member of your household need a unit with accessibility features?
If yes, please describe _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you, or any co-applicant currently charged with, or ever been charged with, or ever been convicted of, a felony offense or any other criminal activity?
If yes, please explain _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have any pets? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. If a live-in-aid attendant is required for an elderly, handicapped, or disable member, please enter the information requested:
Name of attendant: _____
Name and Address of Doctor: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you, or spouse/co-applicant, ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reasons?
If yes, please explain _____ | <input type="checkbox"/> | <input type="checkbox"/> |

- | | Yes | No |
|--|--------------------------|--------------------------|
| 9. Do you live or have ever lived in subsidized housing?
If Yes, where? _____
When? From: _____ To: _____
Where you evicted?
If yes, did you owe rent?
If yes, how much did you owe? \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you as an individual or your family have either a Section 8 Certificate or Voucher? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you or spouse/co-applicant ever used different names from the names given in this application?
If yes, please explain _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you or any members of your household ever used social security numbers different from those listed in this Application? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Does any member of your household receive or expect to receive General Relief assistance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Does any member of your household receive or expect to receive Social Security or VA Payments? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Is any member of your household employed full-time, part-time or seasonally? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Does any member of your household expect to work for any period during the next 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Does any member of your household work for someone who pays them in cash? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Does any member of your household receive or expect to receive unemployment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Does any member of your household receive or expect to receive alimony payments? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Is any member of your household on leave of absence from work due to layoff, medical, or military leave? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Does any member of your household receive regular cash contributions from individuals not living in the unit or from agencies? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Does any member of your household receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds or income from the rental of property? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Do you expect any changes in your income, assets, or expense during the next twelve (12) months?
If Yes, please explain (use additional sheet if necessary) _____

_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. How did you hear about this housing facility? | <input type="checkbox"/> | <input type="checkbox"/> |

IV. Financial Information

FINANCIAL INFORMATION - Complete this page for each member who will live in the unit who has any income or assets. You do not need to complete this page for a live-in-attendant. For financial information, please write the names addresses of people who can verify the information you provide. (For example: income, write your employer's address; for a pension write the name and address of the agency). Please use an additional sheet of paper to record additional information if there isn't enough room for entry.

INCOME: List all employment and non-employment income for all household members. Include Social Security, Salary, Wages, SSI, IRA, Keoghs, V.A. Pension, annuities, general assistance, and any other source of income.

Member Name	Type of Income?	Estimated Total Income	Address of Income Source	Contact Person Name & Telephone
		\$ _____ week or month		
		\$ _____ week or month		
		\$ _____ week or month		
		\$ _____ week or month		
		\$ _____ week or month		

Total amount of household income \$ _____ week/month

ASSETS: List assets of all household members; include savings, checking accounts, certificates of deposit, stocks, mutual funds, credit union shares, land real estate (including your home, if you own it) and any other assets.

Member Name	Account No.	Type of Asset	Current Value of Asset	Interest Rate Bank/Credit Union Address

List any assets that YOU have disposed of, transferred, given away, or sold for less than the market value during the last 2 years. (E.g. a house, car or cash)

Description of Asset	Date Disposed of	Fair Market Value	Divesture Cost (e.g., penalty, realtor)	Amount Received	Name & Address of Bank Institution, Realtor, or Appraiser that can verify

List family members and address for emergency purpose only.

Name	Address	Phone Number	Relationship

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 Residential Management (TRM) 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. TRM has advised me that its criminal background check will focus on conviction and that a criminal record will disqualify me from renting.

Initials: Applicant

Adult Household Member
Signature

Adult Household Member
Signature

Adult Household member
Signature

I/We understand the information in this application will be used to determine eligibility for a unit and that this information will be checked. I/We understand that any false information may make us ineligible for a unit

I/We request, authorize and consent to TELACU Residential Management (TRM) 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.

This authorization is limited to use regarding this facility.

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.

For HUD Subsidized Facilities:

I/We also understand that all adult members of the household must sign the HUD required Consent Form ("Authorization for Release of Information") before I/we can be offered a unit.

Applicant Signature

Date

Adult Household Member Signature

Date

Adult Household Member Signature

Date

Adult Household Member Signature

Date



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)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
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.

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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.