THIS IS AN EQUAL HOUSING OPPORTUNITY FACILITY AND ALL ARE WELCOME TO APPLY

To apply for an apartment you must complete the entire application, leaving no blanks or unanswered questions. Cross out and initial any errors. Do not use correction tape or "white-out". If you believe that a particular question does not apply to you, write "N/A".

The criteria for selection are verification of the following:

- The Applicant must be determined to be chronically homeless as defined by the Housing and Urban Development (HUD).
- Be 18 years of age or older (head, co-head or spouse) and have Acquired Immunodeficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV).
- The household's annual income may not exceed the applicable income limits.
- The applicant must be willing to pay the rent calculated under the Shelter Plus Care program administered by the Housing Authority of the City of Los Angeles (HACLA).
- The unit must be the household's only residence. At the time of admission, the applicant may not be receiving assistance for any other unit.
- Applicant must be able to meet the owner/management Resident Selection Plan.
- All adult members must sign consent forms and, as necessary verification documents so that management can verify sources of income and eligibility.

HUD defines a Chronically Homeless person as: an unaccompanied homeless person (a single homeless person who is alone and is not part of a homeless family and not accompanied by children) with:

**Part I. A Disabling Condition. Check ONE:**
- HIV/AIDS
  - Part I is supported by a letter from a medical professional attesting to the presence of the condition.
  - □ Yes □ No

**Part II. Chronically Homelessness Status. Check ONE:**
- Has been continuously homeless for a year or more.
  - (HUD defines “homeless” as “a person sleeping in a place not meant for human habitation (e.g. living on the streets for example) OR living in a homeless emergency shelter.)
- Has had four (4) episodes of homelessness in the last three (3) years.
  - (HUD defines “homelessness” as “sleeping in a place not meant for human habitation (e.g. living on the streets for example OR living in a homeless emergency shelter).”

Part II is supported by Third Party Certification, which includes dates and locations of homelessness, from one or more of the following: Check ALL that apply
- Certification letter(s) from an emergency shelter for the homeless.
- Certification letter(s) from a homeless service provider or outreach worker.
- Certification letter(s) from any other health or human service provider.
- Certification Self-Statement signed by the client.

PLEASE SEND YOUR HOUSING APPLICATION ALONG WITH THE DOCUMENTATION REQUESTED TO:

TELACU Property Management, Inc.
1248 Goodrich Blvd.
Los Angeles, CA 90022
Telephone: 323.838.8556
Fax: 323.838.0548
TTY: 323.622.0006
Email: trmreception@TELACU.com

Rev. 02/15
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: ___________________________________________ Title: ________________________________
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:

<table>
<thead>
<tr>
<th>Name</th>
<th>DOB</th>
<th>Gender</th>
<th>Relationship</th>
<th>SSN</th>
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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 ☐ Chronically Homeless

☐ Other ___________________________________________
Briefly describe your current housing situation
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Income

<table>
<thead>
<tr>
<th>Household Name</th>
<th>Source of Income</th>
<th>Monthly Amount</th>
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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 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 ____________

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