

FOR

APPLICATION FAMILY FACILITY

FOR OFFICE USE ONLY
APPLICATION #
Date Provided:
Time Received:
Assigned By: MOBILITY IMPAIRED UNIT "ONLY" SENSORY IMPAIRED UNIT "ONLY"

HF MANAGEMENT, INC. ETIREMENT HOUSING FOUNDATION 11 N. Studebaker Road ong Beach, CA 90815-4900 H: (562) 257-5100			FACILITY	N	gned By: MOBILITY IMPAIRE SENSORY IMPAIR	ED UNIT	
DD: (800) 545-1833 Ext. 359	NAN	ME OF HOU	ISING FACILITY				
04 COORDINATOR: tuart Hartman ice President of Operations							
Please answer all questions on th				r those qu	estions which	do no	t apply
o you. Applications will not be cons	sidered unles	s they are	e fully completed.				
LEASE PRINT OR TYPE		Tan	TELEPHONE NUMBER		DATE OF		
LAST NAME FIRST NAME		MI	TELEPHONE NUMBER		BIRTH		/
CURRENT ADDRESS	APT	CITY	STATE	ZIP CODE	RACE/ETHNICITY - V	OLUNTAF	RY
. LIST YOURSELF and all other occupa	nte of the unit	their relatio	nshin to you (if any) a	nes and whe	ther they are stud	ents Sc	ocial
security numbers are required for all m							
		tionship	Birthdate		ial Security #		udent
Applicant(s)	neia	uonsnip	Dirtiluate	300	iai Security #	311	uderit
Please mark which unit size(s) you a	ro applying fo	Dr. 🗆 St	udio 🗍 1 Bdrm	 ☐ 2 Bdrm	n		4 Bdrm
at another location on January 31, 20 If so, what was the location? Propert If all the occupants listed above are stu Yes - (if yes, obtain a copy of their r	y Name udents, do any	of the stude	Address				
		ar's tax retu			ome tax purposes?		
		ar's tax retu			ome tax purposes? Yes	No	Annual Amount
Please answer each of the following quality and market of your household amount of the following quality and the foll			rn) 🗌 No 🔲 Not Ap	plicable	Yes	No	Amount
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4.	Have you, or your spouse/co-applicant, ever been evicted or otherwise involuntarily removed from rental housing? ☐ Yes ☐ No If Yes, please explain:
5.	Are you, or any member of the household listed on this application, currently charged with, or ever been convicted of, any criminal activity? Yes No If Yes, describe:
	 A. If YES, was the conviction for a sex crime? ☐ Yes ☐ No B. Are you or is any member of your household subject to a lifetime state sex offender registration in ANY state. (Failure to respond to this question may jeopardize the approval of the application) ☐ Yes ☐ No C. If Yes, which state?
	 D. Do you or any member of the household engage in the use or sale of illegal drugs or abuse of controlled substance? ☐ Yes ☐ No E. Are you currently engaged in a pattern of alcohol abuse? ☐ Yes ☐ No
	2. The year canoning engaged in a pattern of alcohol ababet.
6.	Are you or a member of your household disabled? ☐ Yes ☐ No (The Fair Housing Act defines disability as a physical or mental impairment that substantially limits one or more major life activities. The Supreme Court has determined that to meet this definition a person must have an impairment that prevents or severely restricts the person from doing activities that are of central importance in most people's daily lives.) 6A. Do you or a member of your household, need a unit with accessibility features? ☐ Yes ☐ No If Yes, please describe features needed:
7.	Do you have any pets? Yes No If Yes, what kind? Weight: Height:
8.	How did you hear about this housing facility?
9.	Do you expect any changes in your income, assets, or expenses during the next twelve months? Yes No If Yes, please explain (use additional sheet if necessary).
10.	How many vehicles does the family own? List make, color, year, license plate number and state for each:
11.	If a live-in attendant is required for an elderly, handicapped, or disabled member, please enter the name of the live in attendant and the name and address of the qualified individual who can verify the need for the attendant: Name of attendant:
	Name, Address and Relationship of Person verifying Attendant Need:
12.	How many people live in your household now? Will any of these people live anywhere except the unit you are applying for? ☐ Yes ☐ No If Yes, please explain:
	Will anyone else live in the apartment on either a full-time or part-time basis? ☐ Yes ☐ No If Yes, please explain:
	Do you expect any of the above to change in the future? ☐ Yes ☐ No If Yes, please explain:
13.	If you are now renting, who is your landlord? Name: Telephone:
	Current Rent \$ Address:
	Security Deposit \$
	If you are not renting, please explain your current living arrangements:
14.	List your previous addresses for the past 5 years, Name of landlord Address Phone Dates you lived there From To
	A. Please list all states where the applicant and members of the applicant's household have resided.
15.	Have you or your spouse/co-applicant ever used different names from the names given in this application? □ Yes □ No If Yes, give name(s) and explain:
16.	☐ Ýes ☐ Ńo If Yes, please explain:
17.	Do you live or have you ever lived in subsidized housing? Yes No If Yes, where?
	When? From: To: Were you evicted?
	If Yes, did you owe rent? ☐ Yes ☐ No ☐ If Yes, how much did you owe? \$
18.	Do you as an individual or your family have either a Section 8 Certificate or Section 8 Voucher? ☐ Yes ☐ No

Pronarty Namo			
	Initial		
	First Name		
Applicant:	Last Name	ncial Information	these pages for each mamber who will live it the

to complete these pages for a live-in attendant. You may photocopy these pages if necessary. For financial information, please write the names and addresses of people Complete these pages for each member who will live in the unit who has any income or assets, or who causes any medical, handicap, or child-care expenses. You do not need who can verify the information you provide. (For example, for employment income, write your employer's address; for a medical expense, write the address of your doctor). Please use an additional sheet of paper to record additional information if there isn't enough room for an entry.

List any assets that you have disposed of, transferred, given away, or sold for less than the market value during the last 2 y

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1 Section (1) Sect	Name and address of Bank, Institution, Real-Estate Agent, or	Applaise wild call verily					
I Hal het value dui II g	Amount Disposed of						
י פיום וטו וססס נוומון נווכ	Divestiture Costs (e.g., realtor, CD Penalty)						
	Fair Market Value						CANADA IN THE PROPERTY OF THE
MANAGEMENT AND	Date Disposed of						CONTRACTOR OF CO
THE PARTY CONTROLLED TO THE PARTY OF THE PARTY.	Description of Asset						

Include Salary and Wages (Gross Amount), Social Security (Green check), Supplemental Security Income (Gold Check), IRA, Keough, V.A. Pension, other pensions or annuities, General assistance (Welfare), TANF, Child support, and any other Income: List all employment and non-employment income for all household members. source of income.

Contact Person Name and Talonhone	ימווס מוס ופוסדום							
Address of Income Source								
Est. Total Income (Circle 'wk' or 'mo')	Der	\$ wk. mo.	Der	\$ wk. mo.	per	\$ wk. mo.	per	\$ wk. mo.
Type of Income and Who Pays it								
Member Name (Last, First, Initial)								

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

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Address						
Current Value Interest Rate or Bank / Credit of Asset Annual Income Union / Appraiser	-					
Interest Rate or Annual Income						
Current Value of Asset						
Description of Asset						
Account Number						
Member Name (Last, First, Initial)						

Applicant Signature and Certification

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 me/us ineligible for a unit.

I/We certify that all information given in this application and in the attached 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 my/our application or, if move-in has occurred, terminate my/our Rental Agreement.

I/We freely and voluntarily authorize the investigation of all statements contained in this questionnaire. I/We understand that the company may request an investigative consumer report from a consumer reporting agency. I/We understand that the investigative consumer report may involve personal interviews with my/our neighbors, friends, relatives, former employers, schools and others. I/We also understand that under the Federal Fair credit Reporting Act, I/we have the right to make a written request to the company, within a reasonable time, for the disclosure of the name and address of the consumer reporting agency so that I/we may obtain a complete disclosure of the nature and scope of the investigation.

This authorization is limited to use regarding this facility.

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use.

Penalty provisions for misusing the social security number are contained in the **Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).**

Notification of Nondiscrimination on the Basis of Disability Status:

Retirement Housing Foundation does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, Part 8 dated June 2, 1988).

Stuart Hartman, Vice President of Operations 911 N. Studebaker Road Long Beach, CA 90815 562-257-5100 TDD (800) 545-1833 EXT. 359

If this application is for a household of more than one person, we consider ourselves a stable household, and all of our income is available to the household for its needs.

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.

I acknowledge that I am applying for housing at a NON SMOKING building.

Signature of Applicant	Date	Signature of Spouse or Co-Tenant	Date
Signature of Co-Tenant	Date	Signature of Co-Tenant	Date



Foundation Property Management 911 N. Studebaker Road Long Beach, CA 90815-4900

