

CFSC Properties
HOUSING APPLICATION

380 Encinal St. Ste. 200
Santa Cruz, CA 95060
Phone: 831-469-1700
Fax: 831-425-2415
TTY (831) 427-9670

To All Applicants:

Please follow instructions carefully. Ensure that you complete all sections of the application and all attached forms. If any portion of the application is incomplete, it will not be accepted and will be returned to you.

All housing listed below is specifically for people with a psychiatric disability and are subject to income limit requirements.

Instructions:

1. Check the boxes indicating which properties you would like to be considered for. Be sure to check the preferences for each property carefully.
2. Read through and fill out all portions of the application. Please remember to sign and date.
3. All CFSC, Inc properties accept Section 8 vouchers.

FOR OFFICAL USE ONLY:

Date/Time Stamp:

RCVD By (Initials/date):

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Please check the appropriate box, indicating which properties you are applying for.

***Asterisk before description means this is a shared living environment, each person has a bedroom of their own and share all other living spaces.**

CFSC, Inc.:

536/538 Lincoln Street, Watsonville

- *2-3 bedroom houses-Shared Housing
 1-1 bedroom apt.

2718 Freedom Blvd., Watsonville-LIST CLOSED-4 SHP ELIGIBLE BEDS ONLY-01.03.2018

- 2-2 bedroom houses
 1-3 bedroom house (Occupancy limit 6 people)
Flat rate rent applies to this unit
 4-1 bedroom apartments

120 Anderson, Watsonville-LIST CLOSED-01.03.2018

***5 bedroom house-Shared Housing**

720 Water Street, Santa Cruz-LIST REOPENED 9.21.17

- *1-3 bedroom house-Shared Housing
 *1-4 bedroom house-Shared Housing
 2-1 bedroom houses (list is closed effective 12/1/10)

817 Broadway, Santa Cruz

- *1-4 bedroom house-Shared Housing

222 Van Ness, Santa Cruz

- *1-8 bedroom house-Shared Housing

159 Mission Street, Santa Cruz (list is closed effective 12/1/10)

2-1 bedroom apartments
 3-studio apartments

Date: _____

Applicant Name: _____

Applicant's Current Address: _____

City: _____ State: _____ Zip Code: _____

****Applicant's Mailing Address:** _____

City: _____ State: _____ Zip Code: _____

Phone #s:

Home _____ Cell _____ Work _____ Message _____

****Very important to include a mailing address in order to receive communication regarding your waiting list status.**

List name, address and telephone of a relative, friend or support person who generally will know how to contact you:

Name _____

Address _____

City, State, Zip _____

Phone #s: Home _____ Cell _____ Work _____

Do you have a psychiatric disability that can be verified? Yes No

These properties are set aside for those with a verifiable psychiatric disability

Are you or anyone in your household currently required to register as a sex offender in any state?
Yes No

Do you require an accessible unit or a unit with accessible features? Yes No

If Yes, please specify which special features you require (subject to third party verification):

Mobility accessible Communication Accessible (hearing/visual)

Do you have a Section 8 Voucher or receive housing assistance from HUD? Yes No

Are you a Veteran of the Armed Forces? Yes No

Have you ever been evicted? Yes No

If yes, dates of eviction: _____

HOUSEHOLD COMPOSITION & CHARACTERISTICS

List all people (including applicant) who will be living in the unit.

Applicant Name: _____

Applicant Social Security Number: _____

Full Time Student: Yes No

Co-Applicant Name: _____

Co-Applicant Social Security Number: _____

Full Time Student: Yes No

Dependent Name: _____

Dependent Social Security Number: _____

Is this person a minor? Yes No

Full Time Student: Yes No

Dependent Name: _____

Dependent Social Security Number: _____

Is this person a minor? Yes No

Full Time Student: Yes No

CURRENT RENTAL INFORMATION

Current Address: _____

Dates of residence: _____

Landlord/Manger's Name: _____ Phone: _____

Landlord/Managers Address: _____

RENTAL HISTORY

Please provide rental history for the past five years. Use back of form if necessary.

1. Previous Address: _____

Dates lived at Address: _____

Reason for moving: _____

Landlord/Manager's Name: _____

Landlord/Manager's Address: _____

2. Previous Address: _____

Dates lived at Address: _____

Reason for moving: _____

Landlord/Manager's Name: _____

Landlord/Manager's Address: _____

3. Previous Address: _____

Dates lived at Address: _____

Reason for moving: _____

Landlord/Manager's Name: _____

Landlord/Manager's Address: _____

ASSET INFORMATION

List all current checking, savings, payees (i.e. MMP or Public Guardian)

1. Bank Name/ Branch: _____

Current Balance: _____

2. Bank Name/Branch: _____

Current Balance: _____

Do you own any real estate? Yes No

Do you have any retirement accounts (IRA, 401K, stocks/bonds) Yes No

INCOME INFORMATION

For each type of income that your household receives, give the source of the income and the amount of income that can be expected each month.

Source of Income	Applicant	Co-Applicant	Child
Social Security Benefits (SSI/SSA)	\$ _____	\$ _____	\$ _____
Employment	\$ _____	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____	\$ _____
General Assistance	\$ _____	\$ _____	\$ _____
Veterans Administration Benefits	\$ _____	\$ _____	\$ _____
Disability (State or SSDI)	\$ _____	\$ _____	\$ _____
Welfare/AFDC	\$ _____	\$ _____	\$ _____
Alimony/Child Support	\$ _____	\$ _____	\$ _____
Retirement/Pension	\$ _____	\$ _____	\$ _____
Income from Family/Others	\$ _____	\$ _____	\$ _____
Trust Funds	\$ _____	\$ _____	\$ _____
Other Income	\$ _____	\$ _____	\$ _____
<u>Total Monthly Income:</u>	\$ _____	\$ _____	\$ _____

How did you learn of this housing opportunity?

Newspaper Ad Flyer Friend Other-Please Specify _____

I certify that if selected, the unit I will occupy will be my only residence. I understand that the above information is being collected to determine my eligibility for rental assistance. I authorize the owner to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information which may be released to appropriate Federal, State or Local agencies. I certify that the statements made in this application are true and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal/State law and could result in this application being rejected.

Signature of Applicant _____ Date _____

Signature of Co-Applicant _____ Date _____

Signature of Owner/Agent _____ Date _____

It is illegal to Discriminate Against Any Person Because of Race, Color, Religion, Sex, Handicap, Familial Status, or National Origin

NOTICE OF RIGHT TO REASONABLE ACCOMMODATION AND MODIFICATION

Reasonable Accommodation:

At any stage in the housing process (including the application process, during tenancy, and during termination), you may request a reasonable accommodation if you have a disability and as a result of your disability you need:

- A change in rules, policies or how we do things that would give you an equal chance to live here and use the housing facilities or take part in programs on site;
- A special type of room or housing unit that would give you an equal chance to live here and use the housing facilities or take part in programs on site;
- A second chance if you violated a housing rule or policy as a result of your disabilities and have a reasonable plan for complying with the rules and policies in the future; or
- A change in the way that we communicate with you or give you information.

Reasonable Modification:

You may request a reasonable modification if you have a disability and as a result of your disability you need:

- A physical change in your room or housing unit that would give you an equal chance to live here and use the housing facilities or take part in programs on site; or
- A physical change in some other part of the housing site that would give you an equal chance to live here and use the housing facilities or take part in programs on site.

If you can show that you have a disability, the accommodation/modification is necessary because of your disability, and your request is reasonable (meaning that it does not pose an undue financial or administrative burden or fundamentally alter the nature of the housing services), we will try to make the change you requested.

You can obtain a Reasonable Accommodation and Modification Request Form from Asset Management at 380 Encinal Street, Suite #200, Santa Cruz, California 95060 or (831) 469-1700. If you need help filling out the Reasonable Accommodation/Modification Request Form, or if you want to make your request in some other way, we will help you. Requests for reasonable accommodations and reasonable modifications may be directed to the Encompass Community Services Housing Director at 380 Encinal Street, Suite #200, Santa Cruz, California 95060 or (831) 469-1700.

The Housing Support Team is available to assist and support tenants who need reasonable accommodations and modifications. If you want support and assistance in understanding the process for requesting a reasonable accommodation or modification, coming up with a reasonable accommodation plan proposal, requesting a reasonable accommodation or modification, getting referrals to other services, or implementing an approved reasonable accommodation plan, you may contact the Mental Health Housing Services Manager at (831) 459-0444.

After receiving your reasonable accommodation or modification request, the Housing Director will give you an answer in 10 days, unless there is a problem getting the information we need or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reasons. You can give us more information if you think that will help. We will try to work with you to find a way to accommodate your needs.

NOTE: All information you provide will be kept confidential and be used only to help you have an equal opportunity to enjoy your housing, the common areas, and the programs offered on site.