

# HUD Properties

## HOUSING APPLICATION

380 Encinal St. Ste. 200  
Santa Cruz, CA 95060  
Phone: 831-469-1700  
Fax: 831-427-4999  
TTY: 711

### 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. Read through and fill out all attached forms completely.  
**Race and Ethnicity form:** This information is used for data collection only. If you do not wish to fill this form out please draw a line through the form and sign and date. There is no penalty for persons who do not complete the form.

**Emergency Contact form (HUD Form 92006):** Fill out the form, or you can choose to check mark the box indicating you do not wish to supply this information. Remember to sign and date.

**Citizenship Verification form:** If you are applying for Stepping Out Housing, Inc. please fill out the attached form, sign and date.

FOR OFFICIAL USE ONLY:

Date/Time Stamp:

RCVD By (Initials/date):

--	--

A California nonprofit tax exempt corporation

3/2017



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.**

**Grace Commons:**

- 1041 Cavuga St. Santa Cruz  
14 – 1-bedroom apts.  
*(Homeless preferred)*

**Monarch Corporation:**

- 143 Bixby Street, Santa Cruz  
\*4 – 2-bedroom apts -Shared Housing
- 2206 40<sup>th</sup>, Santa Cruz  
\*1 – 6-bedroom house-Shared Housing
- 512 Lincoln Street, Watsonville  
\*1 – 4-bedroom house-Shared Housing

**Casa de Exito:**

- 107 California Street, Watsonville  
\*1 – 5-bedroom house-Shared Housing

**Casa Linda, Inc.:**

- 1840 Maciel Avenue, Santa Cruz  
20 – 1-bedroom apts.

**Stepping Out Housing, Inc:**

- 740 N. Plymouth St, Santa Cruz  
16 – 1-bedroom apts



**APPLICANT INFORMATION**

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

**\*\*Social security numbers are required for all people who will be living in the unit, proof of social security numbers must be provided with in 60 days of receipt of application or the applicant will be removed from the waiting list**

**CURRENT RENTAL INFORMATION**

Current Address: \_\_\_\_\_

\_\_\_\_\_

Dates of residence: \_\_\_\_\_

Landlord/Manger's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord/Managers Address: \_\_\_\_\_

\_\_\_\_\_

**RENTAL HISTORY**

**Have you or anyone in your household lived in another state outside of California? If yes, please list all of the states where you or your family member has lived.**

\_\_\_\_\_

**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

A California nonprofit tax exempt corporation

9/2013



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

**How did you learn of this housing opportunity?**

- Newspaper Ad     
  Flyer     
  Friend     
  Other-Please Specify below

---

**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 \_\_\_\_\_

**PENALTIES FOR MISUSING THIS FORM**

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, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully 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, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provision for misusing the social security number are contained in the \*\*Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions is cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

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





## Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."

4.—4.

**Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Optional and Supplemental 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.

Check this box if you choose not to provide the contact information.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.	

**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.

# Resident Selection Criteria

All applicants for housing will be screened according to the criteria set forth in the Tenant Selection Plan. Management will run a credit and criminal background check and register sex offender report on all applicants and will check court records for evictions or judgments against the applicant. The purpose of these checks is to obtain information on the applicant's past history of meeting financial obligations and future ability to make timely rent payments and to determine if the applicant has a criminal history which makes him/her unacceptable to live at a property. The Tenant Selection plan is established to comply with the Federal and State Laws.

## Eligibility Criteria:

- The following list contains the eligibility criteria that are applied to all applicants, no matter which housing program they are applying for. Each housing program may have additional eligibility criteria that an applicant must meet.
- Household annual income must not exceed the program income limits of the property the household is applying for;
- In accordance with the following guideline, the household composition must be appropriate for the apartment size in which the household is applying:

Bedroom Size	Minimum Persons	Maximum Persons
Studio	1	2
1 - Bedroom	1	3
2 – Bedroom	2	5

- Past performance in meeting financial obligations, especially rent paying;
- Current and prior landlords will be contacted to determine rent paying history, disturbance of neighbors, destruction of property or housekeeping habits which would pose a threat to other residents.
- A negative landlord reference from a former landlord;
- Unlawful detainers (Evictions);
- Unpaid balance due a prior landlord;
- The Property Manager will double check the Credit History with the landlord references and application to ensure that the applicant reported all addresses where he/she has lived and any other information that should be the same. If the information is not the same, the Property Manager will ask the applicant about the discrepancies. If there is no acceptable explanation and it is clear that the applicant falsified information on the application, the applicant will be rejected/crossed out from the Waiting List and a denial letter will be sent to the applicant;
- A household member involved in drug-related criminal activity
- A household member convicted of drug-related criminal activity for manufacture or production of methamphetamine on the premises of federally assisted housing will not be approved for residency under any circumstances;
- A household member currently engaged in use of a drug or if the owner has reasonable cause to believe that a household member's illegal use of a drug or

- pattern of illegal use may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents will not be approved for residency;
- A household member who is subject to lifetime registration requirement under a State Sex Offender Registration Program will not be admitted under any circumstances. The Property Manager will check the names of all adults applying for housing through the sex offender registry in all states where each adult has lived;
  - A household member's abuse or pattern of abuse of alcohol that interferes with the health, safety, or peaceful enjoyment of the premises by other residents;
  - A household member who has been involved in drug related criminal activity or violent criminal activity or other criminal and ongoing criminal activity that is current or an indication of repeated criminal behavior will not be approved for residency;
  - An applicant's misrepresentation of any information.

**While other qualifications may apply, the above mentioned has been established to reflect a short version of the tenant selection plan. Property Management may conduct additional verifications to determine the eligibility of the entire household.**

**Being eligible, however, is not an entitlement to housing. Every applicant must meet the screening/eligibility criteria.** This policy is used to demonstrate the applicant's suitability as a resident using verified information on past behavior to document the applicant's ability, either alone or with assistance, to comply with essential Lease provisions and any other rules governing tenancy.

## Reasonable Accommodation/Modification Policy

The owner/agent is committed to complying with the Fair Housing Act and Section 504 of the Rehabilitation Act by ensuring that its policies and practices do not deny individuals with disabilities the opportunity to participate in, or benefit from, nor otherwise discriminate against individuals with disabilities in connection with the operation of housing services or programs solely on the basis of such disabilities.

If an individual with a disability requests an accommodation or modification, the owner/agent will fulfill these requests, unless doing so would result in a fundamental alteration in the nature of the program or create an undue financial and administrative burden. In such a case, if possible, the owner/agent will offer an alternative solution that would not result in a financial or administrative burden.

- (1) The owner/agent informs all residents that, at any time, the resident or a person acting on behalf of the resident may make a request for reasonable accommodation or modification for an individual with a disability.
- (2) At the time of application, all applicants are provided with a copy of the Reasonable Accommodation - Modification Policy. This is provided in writing as part of the Application Package or, upon the applicant's request, the Policy will be provided in an equally effective format.
- (3) All applicants/residents are provided with a Reasonable Accommodation/Modification Request Form when requesting a reasonable accommodation or modification. The applicant/resident's request, the Request Form will be provided in an equally effective format. A resident or applicant may submit the request in writing, orally, or use another equally effective means of communication to request an accommodation or modification.
- (4) Residents and applicants may contact the management office located within their property for information about requests.
- (5) The owner/agent will reply to requests as quickly as possible, but no more than ten (10) business days from the receipt of the request unless the owner/agent explains the delay. Response may include but is not limited to:
  - i. Request Approval
  - ii. Request Denial
  - iii. Request for Additional Information or Verification of Need
- (6) The owner/agent will consent to or deny the request as quickly as possible. Unless the owner/agent explains the delay, the applicant/resident will be notified of the decision to consent or deny within thirty (30) calendar days after receiving all necessary information and documentation from the resident and/or appropriate verification sources. All decisions to grant or deny reasonable accommodations will be communicated in writing or, if required, in an alternative format. Exceptions to the 30 business day period for notification of the owner/agent's decision on the request will be provided to the resident setting forth the reasons for the delay.
- (7) If the request for reasonable accommodation or modification is denied, the requestor has the right to appeal the decision within ten (10) business days of the date of the written notification of denial. The appeal meeting will be conducted by a person who was not originally involved in the decision to deny.
- (8) The person named below has been designated as the Section 504 Coordinator to review compliance with the nondiscrimination requirements and can be contacted to discuss any provisions of the Reasonable Accommodation – Modification Policy.

Jennifer DeToy  
380 Encinal St. Ste.200  
Santa Cruz, CA 95060  
(831)469-1700 x3861 Voice  
(831)427-9670 TTY or 711 National Call Relay



revised 6/2016