



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





601 East Glenoaks Boulevard, Suite 100, Glendale, CA 91207 (818) 549-8929 (818) 549-8915 fax

www.projectnewhope.org

Application No.: _____

Date: _____

Time: _____

Processed by: _____

504 Coordinator: Karina Barragan

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: _____

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:

Name	DOB	Gender	Relationship	SSN
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 _____)

Current Housing Situation

- Homeless Shelter Transitional Housing Rental Housing Living on Streets

Other _____





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Briefly describe your current housing situation

Income

Household Name	Source of Income	Monthly Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total amount of household income \$ _____

IV. 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 Property Management (TPM) 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.

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	_____ Applicant Signature	_____ Date
_____ Applicant Signature	_____ Date	_____ Applicant Signature	_____ Date

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