



### 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.

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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





1004 Echo Park Avenue, Los Angeles, CA 90026 (213) 250-9481 (213) 250-9231 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 \_\_\_\_\_)

Alcohol/Drug Addiction    (Substance \_\_\_\_\_)

##### Current Housing Situation

Homeless Shelter     Transitional Housing     Rental Housing     Living on Streets     Chronically Homeless

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. 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 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	_____ Other household member over age 18	_____ Date
_____ Other household member over age 18	_____ Date	_____ Other household member over age 18	_____ Date

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