Dear Potential Applicant;

Thank you for your interest in Housing with Hollywood Community Housing Corporation (HCHC). HCHC provides affordable housing for low-income families, seniors and persons living with HIV/AIDS.

**Hollywood Community Housing is not an emergency response organization.**

We are not able to provide crisis intervention or emergency housing. If you are in need of immediate services, we have included a resource list that you may use to contact emergency organizations.

Attached you will find the pre-application packet for the Special Needs Housing designated for those living with HIV/AIDS. The rents on Special Needs housing are federally subsidized and administered through Housing Authority City of Los Angeles. Residents are supported through a range of social services designed to assist in maintaining housing.

Please review the attached eligibility guidelines to ensure that you meet these requirements, read the enclosed pre-application carefully and complete all information. If there is missing information, we are not able to continue the application process. Pre-applications must be returned to 5020 Santa Monica Blvd., Hollywood, Ca 90029 via mail or hand delivered.

Once your pre-application is received, it will be reviewed to ensure eligibility and that all information is complete. If all criteria is met, you will be placed on the Main Waiting List.

- The Waiting List is maintained through a data base. Persons are listed according to the date that their application was received. The average wait time is six months to one year. Staff members are not able to give a specific time frame as it is unknown when apartments will become available.

- You will be contacted for an interview when your name comes up on the waiting list and you become the next eligible candidate for an available apartment.

- **It is extremely important that you notify HCHC if your contact address and phone number change after your application is submitted.** If your name comes up on the Waiting List and you are unable to be contacted, staff will move on to the next individual/family on the list.

Thank you
HOLLYWOOD COMMUNITY HOUSING CORPORATION

Eligibility Guidelines
Special Needs Housing

Definition: Affordable housing developments for low-income persons living with HIV/AIDS. Apartment units have many community and recreational features: furnished community room, fully equipped laundry facilities, electronic intercom system, with ample lighting throughout and around the complex.

Shelter Plus Care (S+C) Program

Rents subsidized under the HUD Shelter Plus Care Program for those in need of housing and supportive services; rents are 30% of a resident’s gross income.

In order to be eligible to occupy these units, the applicant must meet the following qualifications:

1. Homeless or Chronically Homeless
2. Very low income
3. Disabled by HIV/AIDS
4. Have a valid U.S. Government issued photo ID and Social Security card
5. Meet HACLA family status guidelines, if more than one individual comprises the household.

Definition of Homeless¹

Homeless includes any individual or family who:

1. Lacks a fixed, regular, or adequate nighttime residence; and
2. Has a primary nighttime residence that is:
   a. A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters and transitional housing for mentally ill); or
   b. An institution that provides temporary residence for persons intended to be institutionalized; or
   c. A public or private place not designated for, or ordinarily used as, a regular sleeping accommodation for human beings.

Chronically Homeless² is defined as an unaccompanied homeless individual who:

1. has been continuously homeless for one (1) year or,
2. has had at least four (4) episodes of homelessness in the past three (3) years. Each episode must be a separate, distinct and sustained stay on the streets and/or in an emergency homeless shelter.

The term “homeless” or “homeless individual” does not include any individual imprisoned or otherwise detained pursuant to an Act of Congress or State Law.²

¹ Housing Authority of the City of Los Angeles website: http://www.hacla.org/specialprograms/#homeless-program, (version June 2011)
² Housing Authority of the City of Los Angeles website: http://www.hacla.org/specialprograms/#homeless-program, (version June 2011)
³ Housing Authority of the City of Los Angeles Shelter Plus Care/SRO Mod Rehab Sponsor Certification of Chronically Homeless form, HAPP S+C 7(1/03)
⁴ Definition under review to include families.

Revised July 2011
Shelter Plus Care Income Guidelines

Shelter Plus Care participants must have a steady income which does not exceed HUD’s very low income limits as defined below:

<table>
<thead>
<tr>
<th>Number of Persons</th>
<th>Income Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$29,900</td>
</tr>
<tr>
<td>2</td>
<td>$34,200</td>
</tr>
<tr>
<td>3</td>
<td>$38,450</td>
</tr>
<tr>
<td>4</td>
<td>$42,700</td>
</tr>
</tbody>
</table>

HOPWA/HUD811 Programs

Rents subsidized by the Housing Authority of the City of Los Angeles under the Housing Opportunities for Persons with AIDS (HOPWA) Program; rents are 30% of a resident’s gross income.

In order to be eligible to occupy these units, the applicant must meet the following qualifications:

1. Applicant or at least one adult member in the household must be living with HIV/AIDS.
2. Applicant must be income eligible. Units are available for applicants earning a maximum of 35% or 50% of the area median income limits. The area median income limits are listed below:

<table>
<thead>
<tr>
<th>Family Size</th>
<th>35% Income Limits</th>
<th>50% Income Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$20,930</td>
<td>$29,900</td>
</tr>
<tr>
<td>2</td>
<td>$23,940</td>
<td>$34,200</td>
</tr>
<tr>
<td>3</td>
<td>$26,915</td>
<td>$38,450</td>
</tr>
<tr>
<td>4</td>
<td>$29,890</td>
<td>$42,700</td>
</tr>
</tbody>
</table>

3. Meet Housing Authority family status guidelines, if more than one individual comprises the household (refer to Housing Authority/HUD guidelines).

To obtain an application for the HUD 811 programs contact the property directly; Allesandro Apartments at (323) 665-2736, or Waterloo Heights Apartments at (213) 240-1255. Each building maintains a separate waiting list.

Revised July 2011
In addition to the above program requirement, all program eligible applicants must meet the following HCHC requirements (applies to all programs):

**HCHC Requirements:**

1. Proof of stabilized independent living skills, such as:
   - Written references substantiating applicant’s ability to meet tenant responsibilities in maintaining an apartment in good condition and ability to follow apartment rules and guidelines. One letter can be from a case manager or program supervisor of a residential program, or a previous landlord.
   - Proof of ability to self-manage finances, such as a reference letter from a previous housing or service provider or a completion certificate from a budgeting or life skills class.

2. Proof of sobriety (free from drugs and/or alcohol abuse), minimum of six (6) months. A reference letter from a sponsor of a recovery program; certifying the applicant’s regular participation, and amount of time in recovery. The letter should indicate the applicant’s ability to live independently. In addition, proof of completion of a substance abuse program.

3. Applicant must be amenable to living with others who are HIV+ or living with AIDS.

4. Willingness to participate in supportive services.

5. All adults in household must agree to credit and criminal background checks by HCHC’s Property Management company.

6. An applicant may be disqualified and removed from the waiting list if they fail to follow through with the application process.

7. An applicant may be disqualified due to recent criminal activity and/or nature of offence.

To inquire about the status of your application or update your contact information, you may leave a message on **(323) 469-0710, ext 325.** Calls are returned within a two week period. Be sure to leave a number where a message can be left with the information.

Revised July 2011
Hollywood Community Housing Corporation

Special Needs Pre-Application

Shelter Plus Care and HOPWA Programs

For wait list purposes ONLY. This application is not an assured acceptance to the housing program. Applicant must meet additional program and building eligibility requirements. No additional paperwork needed at this time.

Incomplete applications will NOT be accepted. Originals Only! NO FAXES.

DATE:____________________

A. Referral Information

☐ Agency ☐ Self Referred

Referring Agency ____________________________

Contact Person ____________________________

Telephone (include extension) ____________________________

Length of participation in the program? ____________________________

B. Applicant Information

Last Name ____________________________ First Name ____________________________ M. ______

Address ____________________________

City ____________________________ State ____________________________ Zip ____________________________

Contact Telephone No.: ____________________________ (Required)

e-mail ____________________________ Date of Birth ____________________________

Social Security No.: ____________________________ (Required)

Total Number of Persons included in this application: _______ (including applicant)

How many Other Adults included in this application? _______

Name DOB Gender Relationship SS#

Gender Male Female Transgender (M to F) Transgender (F to M)

Marital Status Single Domestic Partner Married Divorced Separated

Children included in application Yes No Gender Age

Revised July, 2011
C. Household Income Information  (Required)
(Application will NOT be accepted if income is $0 or left blank.)
What is the total household monthly income? ______________________
Source of income?
☐ Employment    ☐ General Relief    ☐ SSI/SSDI    ☐ State Disability
☐ Other ______________________
Does any household member have any other financial assets? (i.e. Interest Income, Holdings)
☐ Yes    ☐ No If yes, explain ______________________

D. Current Housing Situation
☐ Homeless Shelter    ☐ Transitional Shelter    ☐ Have own Apartment    ☐ Couch Surfing
Briefly describe your current housing situation including length of stay:

________________________________________________________________________
________________________________________________________________________
Can this be verified?    ☐ Yes    ☐ No

E. Health History
Please check all that apply (You must check one from the first column in order to be eligible)
☐ HIV-Symptomatic    ☐ Mental Health (Diagnosis:______________________)
☐ HIV-Asymptomatic    ☐ Alcohol/Drug Addiction (Substance:______________________)
☐ AIDS
Can this be verified? __________

F. Identification  (Required)
Do you have a U.S. government issued picture identification card? ☐ Yes    ☐ No
If Yes, what type ______________________

G. Supportive Services
Briefly describe type of supportive services you are currently receiving:

________________________________________________________________________
________________________________________________________________________

Mail application ONLY to: Hollywood Community Housing Corporation
5020 Santa Monica Boulevard
Los Angeles, CA 90029
(323) 469-0710

[NO FAXES accepted. Call (323) 469-0710, ext 325 to (1) confirm receipt of your application, (2) inquire about the status of your application, or (3) provide any changes to your contact information.]
Special Needs Waiting List Inquiry

To check the status of your application, please call 323-469-0710 Ext 325. Please allow two weeks for us to get back to you due to the high volume of calls we receive.

If you need to change your contact information and/or any other additional information please send in your specific changes in writing and include: your full name and the information you need to change on your pre-application.

Thank you for your interest in housing with HCHC!

INFORMACION SOBRE LA LISTA DE ESPERA

Favor de llamar al (323) 469-0710, ext. 325 para informarce sobre su aplicacion para viviendas de bajos recursos. Se le regresara la llamada dentro de dos semanas.

Si desea cambiar su informacion personal en la aplicacion, envienos un carta por correo, incluyendo su nombre completo y sus nuevos datos.

Se le agradece su paciencia, y gracias por su interes en las viviendas de HCHC.

HANDOUTS FOR CLIENTS
<table>
<thead>
<tr>
<th>Address</th>
<th>Property Name</th>
<th>Property Address</th>
<th>Room Size</th>
<th>Rent</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>123 Main St, Hollywood, CA 90028</td>
<td>Hollywood Community Housing Corporation</td>
<td>5950 Yucca Street, Hollywood, CA 90028</td>
<td>Studio 1-2 bedrooms</td>
<td>$595</td>
<td>323-866-9850</td>
</tr>
<tr>
<td>789 Vine St, Hollywood, CA 90028</td>
<td>Warner Three Apartments</td>
<td>1381 Vine St, Hollywood, CA 90028</td>
<td>Studio 1-2 bedrooms</td>
<td>$695</td>
<td>323-866-9850</td>
</tr>
<tr>
<td>1010 N. Vermont Ave, Hollywood, CA 90027</td>
<td>View at 777 Apartments</td>
<td>1471 N. Vermont Ave, Hollywood, CA 90027</td>
<td>Studio 1-2 bedrooms</td>
<td>$875</td>
<td>323-866-9850</td>
</tr>
</tbody>
</table>

**Property Contact Information**

- **Rent**: The rent amounts listed are based on the current market rates for each property.
- **Contact**: To inquire about availability or to schedule a viewing, please call the phone numbers provided for each property.

Thank you for your interest. Please read all of Hollywood Community Housing Corporation (HCHC) guidelines before proceeding.