

Dear Applicant:

Casa de Rosas offers housing without regard to race, color, religion, sex, gender identity and expression, family status, national origin, marital status, ancestry, age, sexual orientation, disability, source of income, genetic information, arbitrary characteristics, or any other basis prohibited by law.

Casa de Rosas is a recipient of housing subsidy under one or more subsidy programs, and is subject to applicable laws, regulations and guidelines. This community provides long-term affordable housing for extremely low-income veterans and their families. All applicants require registration with the Los Angeles Homeless Services Authority (LAHSA's) Coordinated Entry System (CES). CES is a list of all of the people in the region experiencing homelessness, prioritized by community standards, and referred to available housing inventory (CES works to connect the highest need, most vulnerable persons in the community to available housing and supportive services equitably). If you do not have a unique identification number, please call 2-1-1 or visit LAHSA's website www.lahsa.org to find out how to register with CES.

The criteria for selection are verification of the following:

- A veteran who served in the active military, naval, or air service and who was discharged or released from such service under conditions other than dishonorable.
- Have a chronic health condition.
- Must be Homeless or Chronically Homeless
 - Homeless – An individual or family who lacks a fixed, regular, and adequate nighttime residence. An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground.

An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing); an individual who resided in a shelter or place not meant for human habitation and who is exiting an institution where he or she temporarily resided.

- Chronically Homeless. 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.

- ☐ Chronic Health Condition – Must have a letter from a medical professional attesting to the presence of the condition.

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 incorporates 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.

A person with a disability may request a reasonable accommodation (a reasonable change in policies), a reasonable structural modification, an accessible unit or the provision of auxiliary aids and services, in order to have equal access to a housing program.

If you or anyone in your household has a disability, and because of that disability requires a specific accommodation, modification or auxiliary aids or services to fully use our housing services, please contact our staff for a reasonable accommodation form *titled Request Form for Reasonable Accommodation or Modification (Optional)*.



Thanks,

Management



Application # _____

Date Received _____

Time Received _____

Processed By _____

CASA DE ROSAS HOUSING APPLICATION

504 COORDINATOR
Karina Barragan
TELACU Property Mgmt.
1248 Goodrich Blvd.
Los Angeles, CA 90022
Ph: (323) 838.8556
TTY: (323) 622.0006

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.

WE WILL NOT ACCEPT COPIES OF APPLICATIONS

PLEASE PRINT OR TYPE

LAST NAME	FIRST NAME	M.I.	TELEPHONE NUMBER
CURRENT ADDRESS	APT. #	CITY	STATE
	ZIP CODE	VOLUNTARY INFO.: RACE/ETHNICITY	

1. List yourself and all other applicants (if any) who will reside in the unit and their relationship to you.

Applicant	Relationship	Date of Birth	Social Security Number	Age	GENDER
	Self				

Indicate the bedroom size(s) you are interested in applying for: ___ 0 bedroom (studio) ___ 1 bedroom ___ 2 bedroom

Indicate if you are Homeless _____ OR Chronically Homeless _____ CES Unique ID# _____

Current Housing Situation

- ___ Living in a place not designed for habitation. Specify: _____ Current length of stay: ___ days
- ___ Living in Emergency shelter. Current length of stay: ___ days
- ___ Transitional housing for homeless persons Program Name: _____ Current length of stay: ___ days
- ___ Domestic Violence Situation Current length of stay: ___ days
- ___ Other: Specify: _____ Current length of stay: ___ days

If you are applying for the program under the 'Other' category of current housing and are being evicted from a private residence such as family's apartment, friend's apartment or rental housing you were paying for please check below which specific place it was. Please provide proof of address such as a utility bill or lease.

- ___ Room, apartment, or house that you rented
- ___ Apartment or house that you own
- ___ Living in a family member's room, apartment or house
- ___ Living in a friend's room, apartment or house
- ___ Hotel or motel paid for without emergency shelter voucher

Do you have a chronic health condition? _____ YES _____ NO

2. Are you a veteran who served in the active military, naval, or air service and who was discharged or released from such service under conditions other than dishonorable? _____

YES NO
____ _

3. How did you hear about this housing facility? _____



YES NO

3. Please answer the following questions:

- Is any member enrolled in an institute of higher education?
- Is any member of your household employed full-time, part-time, or seasonally?
- Does any member of your household expect to work for any period during the next 12 months?
- Is any member of your household on leave of absence from work due to lay off Medical or military leave?
- Does any member of your household receive or expect to receive unemployment?
- Does any member of your household receive or expect to receive alimony?
- Does any member of your household work for someone who pays him or her in cash?
- Does any member of your household receive regular cash contributions from individuals not living in the unit or from agencies?
- Does any member of your household receive or expect to receive General Relief, CAPI, or TANF assistance?
- Does any member of your household receive or expect to receive Social Security or VA Payments?
- Does any member of your household receive or expect to receive income from a pension or annuity?
- Does any member of your household receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks, bonds, or income from rental property?

4. Would you or anyone in your household benefit from an accessible unit?.....

If Yes, do you need a _____ mobility or _____ hearing/vision unit.

5. Are you, or any co-applicant currently charged with, or ever been charged with, or ever been convicted of, a felony offense or any other criminal activity?.....

If yes, describe: _____

6. Do you have any pets?

7. If a live-in-aid attendant is required for an elderly, handicapped, or disable member, please enter the information requested: Name of attendant: _____
 Name and Address of Doctor: _____

8. If you are now renting, who is your landlord?
 Name _____ Phone: (____) _____
 Current Rent: \$ _____ Address _____
 Security Deposit: \$ _____

9. If you have moved within the past five years, give the name, address, and phone number of your previous landlords and the date you lived there. (use an additional sheet if you need more space)

Address of last location	Name of Landlord	Telephone	Lived-from (MM/DD/YY)	To (MM/DD/YY)

YES / NO

10. Have you, or spouse/co-applicant, ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reasons?

If yes, please explain: _____

11. Do you live or have ever lived in subsidized housing?.....

If Yes, where? _____

When? From: _____ To: _____ Were you evicted?.....

If yes, did you owe rent? Yes ___ NO ___ If yes, how much did you owe? \$ _____



FINANCIAL INFORMATION - Complete this page for each member who will live in the unit who has any income or assets.

You do not need to complete this page for a live-in-attendant. For financial information, please write the names addresses of people who can verify the information you provide. (For example: income, write your employer's address; for a pension write the name and address of the agency). Please use an additional sheet of paper to record additional information if there isn't enough room for entry.

INCOME: List all employment and non-employment income for all household members. Include Recurring Gifts (cash contributions), Social Security, Salary, Wages, SSI, IRA, Keoghs, V.A. Pension, annuities, general assistance, and any other source of income.

Member Name (last, First, Initial)	Type of Income And who pays it?	Estimated Total Income (Circle week or month)	Address of Income Source	Contact Person Name and Telephone
		\$ week or month		
		\$ week or month		
		\$ week or month		
		\$ week or month		
		\$ week or month		

ASSETS: List assets of all household members; include savings, checking accounts, certificates of deposit, IRA, stocks, mutual funds, credit union shares, land real estate (including your home, if you own it) and any other assets.

Member Name (last, First, Initial)	Account Number	Description of Asset	Current Value of Asset	Interest Rate Annual income	Bank/Credit Union Address

List any assets that YOU have disposed of, transferred, given away, or sold for less than the market value during the last 2 years. (e.g., a house, car or cash)

Description of Asset	Date Disposed of	Fair Market Value	Divesture Cost (e.g., Realtor, CD penalty)	Amount Received	Name & Address of Bank Institution, Real estate Appraiser who can verify

List family members and address for emergency purpose only.

Name	Address	Phone Number	Relationship



Applicant Signature and Certification

I/We request, authorize and consent to TELACU Property Management, Inc. (TPM) 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. TPM has advised me that its criminal background check will focus on conviction and that a criminal record will disqualify me from renting.

Initials: Head of Household

Spouse/Co-Applicant

Co-Applicant

I/We understand the information in this application will be used to determine eligibility for a unit and that this information will be checked. I/We understand that any false information may make us ineligible for a unit.

I/We certify that all information given in this application and in the attachments: member's information, income, assets and the citizenship declaration are 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 freely and voluntarily authorize the investigation of all statements contained in this questionnaire. I/We understand that the company may request an investigative consumer report from a consumer reporting agency. I/We understand that the investigative consumer report may involve personal interviews with my neighbors, friends, relatives, former employers, schools and others. I/We also understand that under the Federal Fair Credit Reporting Act, I/We have the right to make a written request to the company, within a reasonable time, for the disclosure of the name and address of the consumer reporting agency and the third party reporting agency, so that I/we may obtain a complete disclosure of the nature and scope of the investigation.

This authorization is limited to use regarding this facility.

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 a \$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.

If this application is for a household of more than one person, I/we consider ourselves a stable household, and all of our income is available to the household for its needs.

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

SPOUSE

DATE

CO-APPLICANT

DATE

CO-APPLICANT

DATE

**PLEASE RETURN THIS APPLICATION TO: TELACU PROPERTY MANAGEMENT, INC.
1248 Goodrich Blvd.
Los Angeles, CA 90022**

