Congregational Place

Please check all that apply:

Households displaced from their primary residence as a result of:
\square An action taken by the City or a City agency AND you resided in the affected housing as your primary place of residence for at least two (2) years prior to the event.
\square A condominium conversion involving your residence AND you resided in the affected housing as your primary place of residence for at least two (2) years prior to the event.
\Box The expiration of affordable housing covenants applicable to your residence AND you resided in the affected housing as your primary place of residence for at least two (2) years prior to the event.
☐ The closure of a mobile home or trailer park community where you resided, AND you resided in the affected housing as your primary place of residence for at least two (2) years prior to the event.
Households displaced from their primary residence as a result of:
\square An action taken by the City or a City agency AND you resided in the affected housing as your primary place of residence for at least one (1) year but less than two (2) years prior to the event.
\square A condominium conversion involving your residence AND you resided in the affected housing as your primary place of residence for at least one (1) year but less than two (2) years prior to the event.
\Box The expiration of affordable housing covenants applicable to your residence AND you resided in the affected housing as your primary place of residence for at least one (1) year but less than two (2) years prior to the event.
\Box The closure of a mobile home or trailer park community where you resided, AND you resided in the affected housing as your primary place of residence for at least one (1) year but less than two (2) years prior to the event.
\square At least one household member currently resides within the City as their primary residence.
\square At least one household member works or has been hired to work full-time within the City.
\square At least one household member is expected to move to the City as a result of a bona fide job offer.
This form must be included with your housing application.
Signature Date







APPLICATION FOR SENIOR FACILITY

FOR O	FFICE USE ONLY
APPLICATION #	
Date Provided:	
Time Received:	
Assigned By:	

FOUNDATION PROPERTY MANAGEMENT, INC. RHF MANAGEMENT, INC.
RETIREMENT HOUSING FOUNDATION
911 N. Studebaker Road
Long Beach, CA 90815-4900
PH: (562) 257-5100
TDD: (800) 545-1833 Ext. 359

NAME OF HOUSING FACILITY

504 COORDINATOR: Stuart Hartman
Vice President of Operations

LEASE PRINT OR TYPE										
LAST NAME	F	FIRST NAME		MI		HONE NUM	MBER		DATE OF BIRTH: //	
CURRENT ADDRESS				CITY	(,	STATE	ZIP CODE	RACE/ETHNICITY - VI	OLUNTARY
LIST YOURSELF	F and a	III other occup	ants of	the uni	their	relatio	nship to	o vou (if any	v) ages and wh	nether they
are students. So	cial sec	curity numbers	are rec	quired f	or all m	embei	rs of the	e household	except those v	vho do not
contend or claim	eligible	e immigration	status.							
Applicant(s)			Relatio)	Birthdate		Soc	ial Security #	Stude
. If you were age 62 or o	over as o	of Jan 31, 2010 a	nd do not	t have a	social se	curity n	iumber, w	ere you receiv	ring HUD rental ass	sistance
at another location on	n January	y 31, 2010? Yes_	No)				•	,	
If so, what was the loc										
If all the occupants	slisted	above are stu	dents, d	o any o	the stu	udents	file a jo	int return fo	r federal income	tax purpos
☐ Yes - (If yes,	obtain	a copy of thei	r most r	ecent y	f the stu ear's ta	udents ax retu	file a journ) 🔲	oint return fo No 🗌 No	r federal income it Applicable	
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	Have you, or your spouse/co-applicant, ever been evicted or otherwise involuntarily removed from rental housing? ☐ Yes ☐ No If Yes, please explain:
5.	Are you, or any member of the household listed on this application, currently charged with, or ever been convicted of, any criminal activity? Yes No
	If Yes, describe:
	D. Do you or any member of the household engage in the use or sale of illegal drugs or abuse of controlled substance? ☐ Yes ☐ No
	E. Are you currently engaged in a pattern of alcohol abuse? ☐ Yes ☐ No
6.	Are you or a member of your household disabled? Yes No (The Fair Housing Act defines disability as a physical or mental impairment that substantially limits one or more major life activities. The Supreme Court has determined that to meet this definition a person must have an impairment that prevents or severely restricts the person from doing activities that are of central importance in most people's daily lives.) 6A. Do you or a member of your household, need a unit with accessibility features? Yes No If Yes, please describe features needed:
7.	Do you have any pets? ☐ Yes ☐ No If Yes, what kind? Weight: Height:
8.	How did you hear about this housing facility?
9.	Do you expect any changes in your income, assets, or expenses during the next twelve months? No If Yes, please explain (use additional sheet if necessary).
10.	How many vehicles does the family own? List make, color, year, license plate number and state for each:
11.	If a live-in attendant is required for an elderly, handicapped, or disabled member, please enter the name of the live in attendant and the name and address of the qualified individual who can verify the need for the attendant: Name of attendant:
	Name, Address and Relationship of Person verifying Attendant Need:
12.	How many people live in your household now? Will any of these people live anywhere except the unit you are applying for? ☐ Yes ☐ No If Yes, please explain:
	Will anyone else live in the apartment on either a full-time or part-time basis? ☐ Yes ☐ No If Yes, please explain:
	Do you expect any of the above to change in the future? ☐ Yes ☐ No If Yes, please explain:
13.	If you are now renting, who is your landlord? Name: Telephone: Telephone:
	Security Deposit \$
	If you are not renting, please explain your current living arrangements:
14	List your previous addresses for the past 5 years, Name of landlord Address Phone Dates you lived there From To
	A. Please list all states where the applicant and members of the applicant's household have resided.
15	Have you or your spouse/co-applicant ever used different names from the names given in this application? ☐ Yes ☐ No If Yes, give name(s) and explain:
16	. Have you or any members of your household ever used social security numbers different from those listed in this application ☐ Yes ☐ No If Yes, please explain:
17	. Do you live or have you ever lived in subsidized housing? ☐ Yes ☐ No
	If Yes, where?
	When? From: To: Were you evicted? ☐ Yes ☐ No
	If Yes, did you owe rent? ☐ Yes ☐ No ☐ If Yes, how much did you owe? \$ ☐ No. ☐ Yes ☐ Yes ☐ No. ☐ Yes
18	. Do you as an individual or your family have either a Section 8 Certificate or Section 8 Voucher? □ Yes □ No

Applicant:	Last Name		First Nam	10	 Initial	Prop	erty Name _		
Financial Informa			riotivan		IIIIIai				
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List any assets that you have disp	oosed of, transferred	d, given away	y, or solo	for less than	n the market v	/alue d	uring the last	vears e.g	a house car or cash
Description of Asset	Date Disposed of	Fair Market Value	DIVE	estiture Costs altor, CD Pena	Amoun		ved Nam	e and address	s of Bank, Institution, Real-Estate Agent, or Appraiser who can Verify
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Member Name (Last, First, Initial)	Account Num	ber Descri	ption of set	Current Valu	Interest R Annual In		Bank / Cred Union / Appra		Address
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Applicant Signature and Certification

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 me/us ineligible for a unit.

I/We certify that all information given in this application and in the attached 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 my/our application or, if move-in has occurred, terminate my/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/our 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 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.

PENALTIES FOR MISUSING THIS CONSENT:

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 and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 or the owner responsible for the unauthorized disclosure or improper use.

Penalty provisions for misusing the social security number are contained in the **Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).**

Notification of Nondiscrimination on the Basis of Disability Status:

Retirement Housing Foundation does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, Part 8 dated June 2, 1988).

> Stuart Hartman, Vice President of Operations 911 N. Studebaker Road Long Beach, CA 90815 562-257-5100 TDD (800) 545-1833 EXT. 359

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

For HUD Subsidized Facilities: I/We also understand that all adult members of the household must sign the HUD required Consent Form ("Authorization for Release of Information") before I/we can be offered a unit.

I acknowledge that I am applying for housing at a NON SMOKING building. Signature of Spouse or Co-Tenant Date Signature of Applicant Date Signature of Co-Tenant Signature of Co-Tenant Date Date OWNER'S STATEMENT: Based on the representations herein and upon the proof and documentation obtained, the household named in section 1 of this Application/Certification is eligible under the provisions of Section 42 of the Internal Revenue code, as amended, to live in a unit in the development. Based on the representations herein and upon the proofs and documentation obtained, the household constitutes a low-income resident whose anticipated annual income for the next twelve months does not exceed \$ (Qualifying income). Date Signature of Owner's or Developer's Authorized Representative



