

860 on the Wye - RENTAL APPLICATION

- Application for 1-bedroom units – reserved for VASH Voucher Holders who are homeless**
- Application for Studio units – preference for local veterans, with or without a voucher**

IDENTIFYING INFORMATION – Head of Household			
Name	Birth Date	Social Security #	Driver's License Info (ID #)
	<small>m m / d d / y y y y</small>		
Any Other Names You've Used In The Past	Phone #	E-Mail	
		<input type="checkbox"/> Check box if you do not have an e-mail address	
Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	DD214 Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	Discharge Status:	

IDENTIFYING INFORMATION – Other Adult in the Household			
Name	Birth Date	Social Security #	Driver's License Info (ID #)
	<small>m m / d d / y y y y</small>		
Any Other Names You've Used In The Past	Phone #	E-Mail	
		<input type="checkbox"/> Check box if you do not have an e-mail address	
Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	DD214 Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	Discharge Status:	

ALL Other Occupant(s) UNDER 18 years					
First	Last	Birth Date	Social Security #	Relationship	full time student? (Yes or No)
		<small>m m / d d / y y y y</small>	<small>x x x - x x - _ _ _ _</small>		
		<small>m m / d d / y y y y</small>	<small>x x x - x x - _ _ _ _</small>		

VEHICLE INFORMATION					
Make	Model	Color	Year	License	State

RESIDENCE HISTORY			
(NOTE: if you have ever been homeless or have/had a period of staying with friends/family, please provide the dates as well as the names and addresses of those you stayed with and the reason you left)			
	Current Residence	Previous Residence	Prior Residence
Homeless	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address			
City, State, Zip			
Date Moved In (Month/Year)			
Date Moved Out (Month/Year)			
Owner/Manager Name			
Owner/Manager Phone # & Email			
Owner/Manager Address			
Why did you move?			

PLEASE CONTINUE ON THE NEXT SIDE



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INCOME INFORMATION for the HOUSEHOLD

List ALL types of income for the household, including occupants 18+ years of age

(example: Wages, TANF, VA, SSA, SSI, Pension, Child Support, General Assistance, Alimony, Unemployment, Family Support)

Income belongs to	Type of Income	Frequency of Payment	Gross \$ (before taxes)
		<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	
		<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	
		<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	

Please list at what office location you receive your VA, DSS,SSA, GA or UIB benefits from: _____

I certify that the income for my household is zero

GENERAL INFORMATION

Yes	No	Additional Question(s) / Statement(s)
		Do you or any household member qualify for the local preference of living in San Luis Obispo County or working at least 20 hours per week in SLO County? What proof can you offer to establish eligibility for the local preference? _____
		Does any household member CURRENTLY have a Section 8 Housing Choice Voucher?
		Does any household member CURRENTLY have a VASH voucher? If yes, name of your VA Caseworker: _____
		Has any household member ever applied to VA to determine if you/they are eligible for VASH voucher? If not, and you would like a referral to the VA, please contact our office to do a referral to the VA-VASH staff.
		I understand I/we need to meet minimum and/or maximum income guidelines
		I understand that there is limited parking and by permit only.
		Does any household member require a reasonable accommodation or modification to have an equal opportunity to use and enjoy a dwelling unit? If yes, please describe _____ Do you require a unit with accessibility modifications for: <input type="checkbox"/> Hearing <input type="checkbox"/> Mobility <input type="checkbox"/> Vision/Sight
		Does every household member understand that this is a non-smoking property (inside the units and throughout the grounds and that if you/they are a smoker, everyone must comply with lease and local ordinance regulations?
		Does any household member work with a caseworker at a supporting agency? If yes, please provide contact details _____
		Has any household member ever been served with an eviction notice? If yes, please describe the circumstances _____
		Is any household member a full-time student or plan on becoming a full-time student in the next 12 months?
		Has any household member ever been terminated from a subsidized housing program?
		List the animal(s) in your household (Type, Breed, approximate size or weight)?
		I understand that the lease contains policies with respect to animal(s) that our household will need to comply with.
		Has any household member ever been arrested in the last seven years? (Please note that arrests <u>do not</u> automatically disqualify your Rental Application for housing)
		Is ANY family member subject to a lifetime state sex offender registration program in any state?

If there is a history of arrest(s), please provide the following details:

Why were you arrested?	Date(s) Arrested	Convicted?

PLEASE SIGN RENTAL APPLICATION ON THE NEXT PAGE



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CERTIFICATION & AUTHORIZATION

HEAD OF HOUSEHOLD:

- I do hereby swear and attest under penalty of perjury that all of the information about me and my household is true and correct.

- I further understand that Federal Regulations allow for criminal and/or credit checks on all household members 18 years of age or older, and that our Rental Application can be denied or terminated as a result of certain violations or any untruthfulness on this declaration. I agree to hold HASLO and the procurer or furnisher of such information harmless from any liability whatsoever in the use, procurement, or furnishing of such information. I also understand I have the right to obtain a copy of my personal consumer report and am able to dispute any inaccurate information that might be found on such report.

- I understand that this is a Rental Application for an apartment, and is NOT for a Housing Choice Voucher (aka Section 8) or for rental assistance.

- I understand that there is a preference for veterans and/or for applicants who qualify for a homeless status.

Signature, Head of Household

Date

OTHER ADULT IN HOUSEHOLD: Not Applicable

- I do hereby swear and attest under penalty of perjury that all of the information about me and my household is true and correct.

- I further understand that Federal Regulations allow for criminal and/or credit checks on all household members 18 years of age or older, and that our Rental Application can be denied or terminated as a result of certain violations or any untruthfulness on this declaration. I agree to hold HASLO and the procurer or furnisher of such information harmless from any liability whatsoever in the use, procurement, or furnishing of such information. I also understand I have the right to obtain a copy of my personal consumer report and am able to dispute any inaccurate information that might be found on such report.

Signature, Other Adult in Household

Date

AFFIRMATIVE ACTION INFORMATION - Information is for Head of Household

To help us with Federal/State record keeping, reporting and other legal requirements, please check the appropriate boxes. Please note that if you elect not to provide this information, we are required to provide our best guess to comply with federal/state regulations.

Race

- White
- Black/African American
- American India/Alaskan Native
- Asian
- Native Hawaiian/Pacific Islander

Ethnicity

- Hispanic
- Non-Hispanic

Disability Status

- Disabled
- Not Disabled

Gender Identity

- Male
- Female

How did you hear about the opening of this waiting list: _____

Please see the reverse side for mailing, final instructions and other information



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Mailing & Final Instructions:

Please complete, sign and mail or deliver this Rental Application by January 31st, 2017 in order to include it in the lottery process that will be held to randomly prioritize the Rental Applications for the waiting list.

Mail to (mail must be post-marked no later than January 31st, 2017):

860 on the Wye
 c/o HASLO
 PO Box 1289
 San Luis Obispo, CA 93406

Drop off Rental Application at (no later than 4:30pm on January 31st, 2017):

HASLO
 487 Leff Street
 San Luis Obispo, CA 93401

Note:

- If you would like a copy of the Tenant Selection Plan, please contact Sandy Murry at 805-594-5311 or smurry@haslo.org.
- Incomplete Rental Applications may not be accepted. For example, the following reasons may be reason to reject the Rental Application:
 - DD214 is not attached if you are claiming the veterans preference;
 - Form is not signed by all adults (18+ years of age) in the household;
 - Residency history is incomplete;
 - Income information has been left blank; or
 - Each household may only submit one Rental Application. Duplicate Rental Applications will not be considered and may result in all Rental Applications for the household being rejected.
- Households comprised of ALL full-time students do not qualify unless they meet one of the exceptions under Section 42 of the IRS Code.
- The lottery will be held in February 2017. We will continue to accept Rental Applications after that time, and Rental Applications will be placed in order by veteran status, local residency, and the date/time the Rental Application was received by HASLO.

If you require a reasonable accommodation to access our program, please contact us at 594-5311.

Unit Rent and Income Guidelines Schedule [based on Area Median Income (AMI)]

Income Limit Set-Aside	# of units	Studio Rent	1-bed Rent	Minimum Income *	Maximum Income (1 person family)	Maximum Income (2 person family)
30% AMI	2	\$ 401	\$ 430	\$ 12,000	\$ 16,050	\$ 18,360
40% AMI	13	\$ 535	\$ 573	\$16,100-\$17,200	\$ 21,400	\$ 24,480
45% AMI	4	\$ 601	\$ 645	\$18,000-\$19,400	\$ 24,075	\$ 27,540

*For a family that does not have a Section 8 or VASH voucher, this is the recommended minimum income required to qualify for a unit at **860 on the Wye**.

Note – Income limits are subject to change, based on updates to income limits by HUD and/or the Tax Credit Program under Section 42 of the IRS Code.

