

## Anderson Hotel

### Affordable Housing Opportunity for Seniors and/or Disabled

#### HASLO to Accept Applications on behalf of the Anderson Hotel – 68 units – a mix of studios & 1-bedrooms

This beautiful downtown historic property is reserved for seniors and/or disabled households. If you are not disabled, then you must be over the age of 62+; if you are disabled, you must be 18+ years of age.

***The waiting list will be generated by date and time.***

#### Amenities

- Manager
- Resident Services Staff
- Lunch provided daily on weekdays in partnership with the Senior Nutrition Program
- Community Room with organized recreational and education activities
- On site laundry facilities
- Resident pays only 30% of their income towards rent
- Located in the heart of downtown of San Luis Obispo (no parking is available)

#### Income Limits

The applicant’s income must not exceed program income limits as established by HUD for San Luis Obispo County.

HUD Income Limit (1 person)	HUD Income Limit (2 persons)
\$28,600 per year	\$32,700 per year

#### Tenant Selection Plan

Please note that, in accordance with the Tenant Selection Plan:

- Two years’ residence history must be verified as part of the application process.
- The waiting list is not maintained by unit size (studio or one-bedroom).
- If the Applicant refuses to accept an apartment offered to them then the Applicant will be removed from the Waiting List after the 2nd unit offer.
- Applicants must be eligible citizens to apply.

Please contact HASLO if you would like to obtain a copy of the tenant selection plan.

#### Fair Housing

It is the policy of the Anderson Hotel to comply with all applicable federal, state, and local fair housing laws and not to discriminate against any person based on race, color, creed, religion, national origin, sex, familial status, handicap, physical or mental disability status, sexual orientation, gender identity, marital status, age, ancestry, source of income, military status, or any other basis prohibited by law.

The Anderson Hotel is an Equal Opportunity Housing Facility, open to all applicants in accordance with local, state and federal Fair Housing Laws, Section 8 Program Regulations, and the Affirmative Fair Housing Marketing Plan (AFHMP). It is the policy of this development to consider any and all requests for reasonable accommodations or modifications when they are necessary to provide persons with a disability an equal opportunity to use and enjoy their apartment home and/or the community common areas.

A reasonable accommodation is a change, exception, or adjustment to a program service, building or dwelling unit that will allow a qualified person with a disability to: (a) Participate in the program; (b) Take advantage of a service; or (c) Live in a dwelling.

#### ***Applications available in person, by mail or you may log on to our website***

In person at our HASLO office located at 487 Leff Street, San Luis Obispo, or by calling 805-543-4478. Visit our website at [www.haslo.org](http://www.haslo.org) and download the application.

# Anderson Hotel Apartments - RENTAL APPLICATION

You must meet the criteria below to apply and qualify for this property:

Senior (62+) and/or  Disabled [receiving SSI benefits] and (  Eligible Citizen or  Eligible Non-Citizen)

**Mailing Address:**

Name	
Street	
City, State, ZIP	

**NOTE: Application will not be processed & will be returned to the mailing address provided above if not complete.**

**Bedroom Size & Unit Offer Policy**

This property has 24 studio apartments and 46 one-bedroom apartments. Applications are processed in date/time order with no consideration of preference for unit size. In accordance with the tenant selection plan and the regulations for this property, if an Applicant refuses to accept an apartment offered to them for any reason other than for reasonable accommodations, then the Applicant will be removed from the Waiting List after the 2nd unit offer.

I have read and I understand the unit offer policy.

IDENTIFYING INFORMATION – Head of Household			
Name	Birth Date	Social Security #	Driver's License Info (ID #)
Any Other Names You've Used In The Past	Citizenship Status	Phone #	E-Mail
	<input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Eligible Non-Citizen		<input type="checkbox"/> Check box if you do not have an e-mail address

IDENTIFYING INFORMATION – Other Adult in the Household			
Name	Birth Date	Social Security #	Driver's License Info (ID #)
Any Other Names You've Used In The Past	Citizenship Status	Phone #	E-Mail
	<input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Eligible Non-Citizen		<input type="checkbox"/> Check box if you do not have an e-mail address

ALL Other Occupant(s) UNDER 18 years					
First	Last	Birth Date	Social Security #	Relationship	Citizenship Status - Eligible
					<input type="checkbox"/> Citizen <input type="checkbox"/> Non-Citizen
					<input type="checkbox"/> Citizen <input type="checkbox"/> Non-Citizen

**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	

OR  I certify that the income for my household is zero

**PLEASE CONTINUE ON THE NEXT SIDE**



# Anderson Hotel Apartments - RENTAL APPLICATION

## RESIDENCE HISTORY

(NOTE: if you have ever been homeless or had a period of staying with friends/family, you MUST provide the dates as well as the names and addresses of those you stayed with and the reason you left. If this information is not complete, the application will be returned. Attach a sheet with additional details if required. Incomplete information will result in the application being returned.)

	Current Residence	Previous Residence	Prior Residence
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?			

## GENERAL INFORMATION

Yes	No	Additional Question(s) / Statement(s)
		Are you a veteran?
		I understand that there is NO parking available at this property.
		I understand I/we need to meet maximum income guidelines
		Has any household member even resided in any other state in the U.S? If yes, list name of the applicant and states resided in:
		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? Who: _____
		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 <b>note</b> 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**

**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.

\_\_\_\_\_  
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.

- |   |                                       |                                       |                                 |   |
|---|---------------------------------------|---------------------------------------|---------------------------------|---|
| <b><u>Race</u></b>  | <b><u>Ethnicity</u></b>               | <b><u>Disability Status</u></b>       | <b><u>Gender Identity</u></b>   | <b><u>Citizenship Status</u></b>                |
| <input type="checkbox"/> White                            | <input type="checkbox"/> Hispanic     | <input type="checkbox"/> Disabled     | <input type="checkbox"/> Male   | <input type="checkbox"/> Eligible Citizen       |
| <input type="checkbox"/> Black/African American           | <input type="checkbox"/> Non-Hispanic | <input type="checkbox"/> Not Disabled | <input type="checkbox"/> Female | <input type="checkbox"/> Eligible Non-Citizen   |
| <input type="checkbox"/> American India/Alaskan Native    |                                       |                                       |                                 | <input type="checkbox"/> Ineligible Non-Citizen |
| <input type="checkbox"/> Asian                            |                                       |                                       |                                 | <input type="checkbox"/> Pending Verification   |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander |                                       |                                       |                                 |   |

**How did you hear about the opening of this waiting list:** \_\_\_\_\_

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

**Mailing & Final Instructions:**

Please complete, sign and mail or deliver this Rental Application to

Mail to

HASLO  
 PO Box 1289  
 San Luis Obispo, CA 93406

Drop off Rental Application at

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 will not be accepted. For example, the following reasons may be reason to reject the Rental Application:
  - 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 the HUD Multi-family regulations in 4350.3.

**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)]**

- Rents are based on 30% of adjusted gross income, calculated in accordance with HUD regulations
- The maximum incomes for applicants to be eligible for this property are:

Household Size	Maximum Income
1 person	\$ 28,600
2 people	\$ 32,700
3 people	\$ 36,800

Note – Income limits are subject to change, based on updates to income limits by HUD