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

504 COORDINATOR:
**Stuart Hartman**
Vice President of Operations

# APPLICATION FOR FAMILY FACILITY

Bonnie Brae
**NAME OF HOUSING FACILITY**

**FOR OFFICE USE ONLY**

APPLICATION #_____

Date Provided: _____

Time Received: _____

Assigned By: _____

☐ MOBILITY IMPAIRED UNIT "ONLY"

☐ SENSORY IMPAIRED UNIT "ONLY"

**Please answer all questions on this application. Enter "None" or N/A for those questions which do not apply to you. Applications will not be considered unless they are fully completed.**

**PLEASE PRINT OR TYPE**

| LAST NAME | FIRST NAME | MI | TELEPHONE NUMBER | DATE OF BIRTH / / |
|---|---|---|---|---|

| CURRENT ADDRESS | APT | CITY | STATE | ZIP CODE | RACE/ETHNICITY - VOLUNTARY |
|---|---|---|---|---|---|

1. **LIST YOURSELF** and all other occupants of the unit, their relationship to you, (if any), ages, and whether they are students. Social security numbers are required for all members of the household except those who do not contend or claim eligible immigration status.

| Applicant(s) | Relationship | Birthdate | Social Security # | Student |
|---|---|---|---|---|
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**Please mark which unit size(s) you are applying for:** ☐ Studio ☐ 1 Bdrm ☐ 2 Bdrm ☐ 3 Bdrm ☐ 4 Bdrm

**(Please note: you will not be placed on the list for units you are not eligible for.)**

1A. If you were age 62 or over as of Jan 31, 2010 and do not have a social security number, were you receiving HUD rental assistance at another location on January 31, 2010? Yes ☐ No ☐
If so, what was the location? Property Name_____ Address_____

2. If all the occupants listed above are students, do any of the students file a joint return for federal income tax purposes?
☐ Yes - (if yes, obtain a copy of their most recent year's tax return) ☐ No ☐ Not Applicable

3. Please answer each of the following questions:

| | Yes | No | Annual Amount |
|---|---|---|---|
| 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? | ☐ | ☐ | |
| Does any member of your household work for someone who pays them in cash? | ☐ | ☐ | $_____ |
| Is any member of your household on leave of absence from work due to lay-off, medical, maternity or military leave? | ☐ | ☐ | |
| Does any member of your household now receive or expect to receive unemployment benefits? | ☐ | ☐ | |
| Does any member of your household now receive or expect to receive child support? | ☐ | ☐ | |
| Is any member of your household entitled to child support that he/she is not now receiving? | ☐ | ☐ | |
| Does any member of your household receive or expect to receive alimony payments? | ☐ | ☐ | |
| Is any member of your household entitled to alimony payments that he/she is not now receiving? | ☐ | ☐ | |
| Does any member of your household receive or expect to receive welfare assistance? | ☐ | ☐ | |
| Does any member of your household receive or expect to receive Social Security or VA benefits? | ☐ | ☐ | |
| Does any member of your household receive or expect to receive income from a pension or annuity? | ☐ | ☐ | $_____ |
| 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 income from assets including interest on checking or savings accounts interest and dividends from certificates of deposit, stocks or bonds, or income from the rental of property? | ☐ | ☐ | |
| Has your residency/tenancy or government assistance in a subsidized housing program ever been terminated for fraud, non payment of rent, or failure to comply with recertification procedures? | ☐ | ☐ | |

4. 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: _____
A. If YES, was the conviction for a sex crime? ☐ Yes ☐ No
B. Are you or is any member of your household subject to a lifetime state sex offender registration in ANY state. (Failure to respond to this question may jeopardize the approval of the application) ☐ Yes ☐ No
C. If Yes, which state? _____ (STATE)
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? ☐ Yes ☐ 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: _____
Current Rent $ _____ Address: _____
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 |
|---|---|---|---|---|
| | | | | |
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| | | | | |

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? $ _____

18. Do you as an individual or your family have either a Section 8 Certificate or Section 8 Voucher? ☐ Yes ☐ No

Applicant: _____ Property Name Bonnie Brae
Last Name First Name Initial

# Financial Information

*Complete these pages for each member who will live in the unit who has any income or assets, or who causes any medical, handicap, or child-care expenses.* ***You do not need to complete these pages for a live-in attendant.*** *You may photocopy these pages if necessary. For financial information, please write the names and addresses of people who can verify the information you provide. (For example, for employment income, write your employer's address; for a medical expense, write the address of your doctor). Please use an additional sheet of paper to record additional information if there isn't enough room for an entry.*

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 | Divestiture Costs (e.g., realtor, CD Penalty) | Amount Disposed of | Name and address of Bank, Institution, Real-Estate Agent, or Appraiser who can Verify |
|---|---|---|---|---|---|
| | | | | | |
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***Income:*** List all employment and non-employment income for all household members. Include Salary and Wages (Gross Amount), Social Security (Green check), Supplemental Security Income (Gold Check), IRA, Keough, V.A. Pension, other pensions or annuities, General assistance (Welfare), TANF, Child support, and any other source of income.

| Member Name (Last, First, Initial) | Type of Income and Who Pays it | Est. Total Income (Circle 'wk' or 'mo') | Address of Income Source | Contact Person Name and Telephone |
|---|---|---|---|---|
| | | $_____ per wk. mo. | | |
| | | $_____ per wk. mo. | | |
| | | $_____ per wk. mo. | | |
| | | $_____ per wk. mo. | | |

***Assets:*** List assets of all household members, including savings and checking accounts, certificates of deposit, stocks, bonds, 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 or Annual Income | Bank / Credit Union / Appraiser | 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 Applicant | Date | Signature of Spouse or Co-Tenant | Date |
|---|---|---|---|
| Signature of Co-Tenant | Date | Signature of Co-Tenant | Date |

EQUAL HOUSING OPPORTUNITY

**PLEASE RETURN THIS APPLICATION TO:**

**Foundation Property Management**
**911 N. Studebaker Road**
**Long Beach, CA 90815-4900**

**SCEENING RESULTS**

Credit Done Y ☐ _____

Eviction Done Y ☐ _____

Criminal Done Y ☐ _____

Approved By _____

Date _____

# CREDIT & CRIMINAL REPORT REQUEST

(Reports will not be processed if copies of ID and Social Secuirty Card are not attached)

**Date** _____

**Facility Name** MADISON AVENUE APARTMENTS **Facility Number** _____

**Requested By** TRICIA MORAN, COMMUNITY MANAGER **Anticipated Move-In Date*** _____

**Applicants Name** _____ **WL#** _____

**AKA (s) if any** _____ **Applicant Phone Number** _____

**Social Security Number** _____ **Date of Birth** _____

**Current Address** _____ City _____

State _____ Zip _____ County _____ How long at this address _____ ☐ Years ☐ Months

Rent _____ Own _____ Other (Explanation) _____

**Prior Address #1** _____ City _____

State _____ Zip _____ County _____ How long at this address _____ ☐ Years ☐ Months

Rent _____ Own _____ Other (Explanation) _____

**Prior Address #2** _____ City _____

State _____ Zip _____ County _____ How long at this address _____ ☐ Years ☐ Months

Rent _____ Own _____ Other (Explanation) _____

**Prior Address #3** _____ City _____

State _____ Zip _____ County _____ How long at this address _____ ☐ Years ☐ Months

Rent _____ Own _____ Other (Explanation) _____

_____ _____

**Applicants Signature** **Date**

Rental History Must Contain A Minimun of the Last 5 Years

*Credit & Criminal reports are only valid for 120 days

Update 08/2024