TELACU

TELACU RESIDENTIAL MANAGEMENT
Subsidiary of
TELACU

APPLICATION FOR HOUSING

TELACU RIO ALTO

NAME OF FACILITY

Application #_____
Date Received _____
Time Received _____
Processed By _____

504 COORDINATOR
Karina Barragan
TELACU Residential 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

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	Age	Gender
	Self				

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

2. Please answer each of the following questions:	YES	NO	ANNUAL AMOUNT
Is any member of your household 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 work for someone who pays them in cash?	☐	☐	$_____
Does any member of your household receive or expect to receive unemployment?	☐	☐	
Does any member of your household receive or expect to receive alimony payments?	☐	☐	$_____
Is any member of your household on leave of absence from work due to layoff, medical, or military leave?	☐	☐	
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 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?	☐	☐	
Do you expect any changes in your income, assets, or expense during the next 12 months?	☐	☐	

If Yes, please explain (use additional sheet if necessary) _____

_____

EQUAL HOUSING OPPORTUNITY

YES / NO

3. Does any member of your household have a physical impairment that: (a) Is expected to be of long-continued and indefinite duration; (b) Substantially impedes one's ability to live independently; and (c) Is of such a nature that the ability to live independently could be improved by more suitable housing conditions?..... ☐ ☐

4. Do you or a member of your household need a unit with accessibility features?..... ☐ ☐
   If yes, please explain _____

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. How many vehicles do the family own? _____ List make, color, year, license plate number and state for each: _____

8. 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: _____

9. If you are now renting, who is your landlord?
   Name _____ Phone: (____)_____
   Current Rent: $_____ Address _____
   Security Deposit: $_____ _____
   If you are not renting, please explain your current living arrangements: _____
   _____

10. 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

11. Have you or spouse/co-applicant ever used different names from the names given in this application?..... ☐ ☐
    If yes, please explain: _____

12. Have you or any members of your household ever used social security numbers different from those listed in this Application? ..... ☐ ☐
    If yes, please explain: _____

13. 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: _____
    _____

14. 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? $_____

15. Do you as an individual or your family have either a Section 8 Certificate or Voucher?... ☐ ☐

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

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 Residential Management (TRM) 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. TRM 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.

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.

_____	_____	_____	_____
SIGNATURE OF HEAD OF HOUSEHOLD	DATE	SPOUSE	DATE
_____	_____	_____	_____
CO-APPLICANT	DATE	CO-APPLICANT	DATE

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