



**South Gate Senior Villas  
9927 San Antonio Avenue  
South Gate, CA 90280**

**NOW ACCEPTING APPLICATIONS**

South Gate Senior Villas, a 79-unit housing facility for senior citizens consists of 76 one-bedroom units and 3 two-bedroom units is a smoke-free community. South Gate Senior Villas amenities include on-site laundry facilities, elevator, recreation/community rooms and an intercom system entrance.

**Eligibility Requirements**

1. All applicants must be 55 years of age or older.
2. The Household's annual income may not exceed the applicable income limits:

60% of Median Income Limits (2023)

1 Person	2 Persons
\$52,980	\$60,540

3. The unit must be the household's only residence.
4. All applicants must meet screening criteria (i.e., credit history, landlord verification, etc.).
5. Applicant must earn a minimum monthly income of 1.5 times the monthly rent.

**Rents for South Gate Senior Villas for 2023 are:**

One-bedroom	\$1,146
Two-bedroom	\$1,374

**\*Rents are subject to change**

Applications are available at the following locations:

**TELACU Property Management, Inc.**  
1248 Goodrich Boulevard  
Los Angeles, CA 90022  
(323) 838.8556  
TTY: 711

**South Gate Senior Villas**  
9927 San Antonio Avenue  
South Gate, CA 90280  
(323) 569.2300

For more information, please contact us at (323) 838.8556  
Se Habla Español

Mail completed applications to the address on the back of the application.



**This building is not a HUD-subsidized project; however,  
Section 8 Housing Vouchers are accepted.**



**No Pets Allowed**



**TELACU PROPERTY  
MANAGEMENT**  
Subsidiary of  
TELACU

**APPLICATION FOR  
HOUSING**

**SOUTH GATE SENIOR VILLAS**  
NAME OF FACILITY

Application # \_\_\_\_\_  
Date Received \_\_\_\_\_  
Time Received \_\_\_\_\_  
Processed by \_\_\_\_\_

**504 COORDINATOR**  
Karina Barragan  
**TELACU Property 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.**

PLEASE PRINT OR TYPE

LAST NAME	FIRST NAME	M.I.	TELEPHONE NUMBER ( )		
CURRENT ADDRESS	APT. #	CITY	STATE	ZIP CODE	VOLUNTARY INFO: RACE/ETHNICITY

1. List yourself and all other applicants (if any) that will reside in the unit and their relationship to you. Use an additional sheet if you need more space.

APPLICANT	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER	AGE	MALE/FEMALE
	Self				

Indicate the bedroom(s) size you are interested in applying for: \_\_\_1 \_\_\_2 \_\_\_3 \_\_\_4 \_\_\_5

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 [full or part-time]?	___	___	
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?	___	___	\$ _____
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) _____			



YES NO

3. Are you, or any family member(s) listed on this application currently charged with, or ever been charged with, or ever been convicted of, a felony offense or any other criminal activity?.....

\_\_\_ \_\_\_

If yes, describe: \_\_\_\_\_

4. Do you or a member of your household need a unit with accessibility features? .....

\_\_\_ \_\_\_

If yes, describe: \_\_\_\_\_

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. If a live-in-aid attendant is required for an elderly, handicapped, or disabled member, please enter the name of the attendant and the name and address of a doctor who can verify the need for the attendant:

Name of attendant \_\_\_\_\_

Name and address of doctor: \_\_\_\_\_

7. 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: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

8. 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

9. Have you or spouse/co-applicant ever used different names from the names given in this application?

\_\_\_ \_\_\_

If yes, please explain: \_\_\_\_\_

10. Have you or any members of your household ever used social security numbers different from those listed in this application? .....

\_\_\_ \_\_\_

If yes, please explain: \_\_\_\_\_

11. 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: \_\_\_\_\_

12. 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? \$ \_\_\_\_\_

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

\_\_\_ \_\_\_

14. 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 and 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 Property Management (TPM) 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. TPM 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 any person, who knowingly or willingly requests, obtains or discloses any information under false pretenses may be subject to a misdemeanor and fined not more than \$5,000.

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 PROPERTY MANAGEMENT  
1248 Goodrich Blvd.  
Los Angeles, CA 90022**