



**TELACU Terrace  
4536 West 118th Street  
Hawthorne, CA 90250  
NOW ACCEPTING APPLICATIONS**

TELACU Terrace is a 74-unit housing facility for senior citizens that consist of 56 one-bedroom units and 18 efficiencies. The units include a refrigerator, a built-in stove, and an emergency pull-cord system. TELACU Terrace amenities include an on-site laundry facility, elevators, recreation/community rooms, gated parking, and an intercom system entrance.

The facility is a U.S. Department of Housing and Urban Development Section 202/8 project.

The rental rate is based on 30 percent of the eligible household's income.

**Eligibility Requirements**

1. The Head of Household (Primary Applicant) must be 62 years of age or older OR 18 years of age or older and disabled.
2. The Household's annual income may not exceed the applicable income limits:

<b>Income Limits (2023)</b>	
<b>1 Person</b>	<b>2 Persons</b>
<b>\$44,150</b>	<b>\$50,450</b>

3. The unit must be the household's only residence.
4. All applicants meet screening criteria (i.e., credit history, landlord verification, criminal background check).

Applications are available at the following locations:

**TELACU Residential Management, Inc.**  
1248 Goodrich Blvd.  
Los Angeles, CA 90022  
T (323) 838.8556  
**TTY: 711**

**TELACU Terrace**  
4536 West 118<sup>th</sup> Street  
Hawthorne, CA 90250  
T (310) 676.6694

For more information please contact TELACU Residential Management at (323) 838.8556 ext: 0

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



No Housing Authority Section 8 vouchers will be accepted.



## **TELACU Terrace** **TENANT SELECTION PLAN SUMMARY**

**TELACU Terrace** is a 74-unit building in **Los Angeles, Calif.**, that operates under the guidelines of the HUD Section 202/8 Program. As such, there are several eligibility requirements that an applicant must meet to become a resident of **TELACU Terrace** .

Applicants interested in applying for housing at **TELACU Terrace** must submit an application to **TELACU Residential Management (TRM)**. Upon receipt of the application, TRM will conduct a preliminary eligibility review to ensure that the applicant is eligible to participate in the HUD Section 202/8 Program. To meet the preliminary eligibility, the Primary Applicant must:

- Be 62 years of age or older (Head of household, co-head, or spouse) OR 18 years of age or older and disabled.
- Not exceed the applicable income limit (very-low-income limit – 50 percent of median income).
- Provide proof of citizenship status or eligible immigration status.
- Submit a completed application (All sections of the application must be filled. If a section of the application does not apply, enter “N/A”).

Please note that meeting the preliminary eligibility requirements **does not** guarantee the applicant is eligible for housing. All applicants must meet the **TELACU Terrace** Tenant Selection Plan (TSP) requirements.

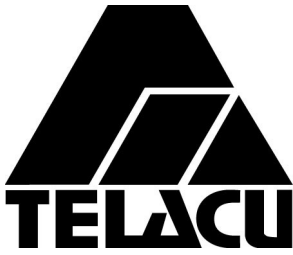
**TELACU Terrace** is an equal opportunity housing facility, designed to provide housing to very- low-income elderly individuals and families 62 years of age or older or at least 18 years of age or older and disabled under the HUD Section 202/8 Program. However, because 10 percent of the units at **TELACU Terrace** have been architecturally altered for the mobility, hearing and visual impaired as defined in HUD Handbook 4350.3 Rev. 1 Change 3 paragraph 2-32, someone in the family at least 18 years of age must qualify as “needing” the architecturally altered features to apply for or live in these units. A medical professional must verify the need.

In addition to the above requirements federal regulations require that **TELACU Terrace** residents must meet the following:

- Annual income may not exceed the applicable income limit for the program.
- The applicant must be willing to pay the rent calculated using the HUD rules and regulations.
- The unit must be the household’s only residence. At the time of admission, the applicant may not be receiving assistance for any other unit.
- Applicant must meet the owner/management TSP requirements including but not limited to satisfactory credit and criminal background history.
- Applicants must disclose the Social Security number for themselves and all household members.
- All adult members must sign consent forms and verification documents so that management can verify sources of income and eligibility.

**PLEASE NOTE:** The above information is only a summary of the TSP which may be subject to further revision by Management. A complete copy is available upon request.





APPLICATION FOR HOUSING

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: 711

NAME OF FACILITY

TELACU RESIDENTIAL MANAGEMENT

Subsidiary of TELACU

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

Form with fields: 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) who will reside in the unit and their relationship to you.

Table with 6 columns: Applicant, Relationship, Date of Birth, Social Security, Age, GENDER (Voluntary)

Indicate the bedroom(s) size you are interested in applying for: \_\_\_ 0 \_\_\_ 1

2. Please answer each of the following questions: YES NO ANNUAL AMOUNT. Questions about education, employment, income, and expenses.



**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. 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 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) to conduct a 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 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 ORIGINAL APPLICATION TO:**

**TELACU RESIDENTIAL MANAGEMENT  
1248 Goodrich Blvd.  
Los Angeles, CA 90022**



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.