

APPLICATION INSTRUCTION SHEET INSTRUCCIONES PARA LLENAR LA APLICACIÓN

**READ THESE INSTRUCTIONS CAREFULLY.
LEA CUIDADOSAMENTE ESTAS INSTRUCCIONES.**

Villa Caridad will open waiting list for applications on July 22, 2019 at 8:00 a.m. No applications will be accepted prior to that date. If application is received prior to July 22, 2019 will not be considered and will be returned by mail. Applications are available at property or online at: <https://www.stvincents-sb.org/> Villa Caridad abrira la lista de espera para aplicaciones efectivo Julio 22, 2019 a las 8:00 a.m. Ninguna aplicacion se aceptara antes del 22, de Julio. Si se recibe alguna aplicacion antes de esa fecha no serán consideradas y se regresaran por correo. Aplicaciones son disponible en la propiedad o por correo electronico en: <https://www.stvincents-sb.org/>

1. Your application must be returned by mail, email, fax or directly to the property.
Su aplicación debe devolverse directamente por coreo, email, fax o a la propiedad.

Address/domicilio: 4202 Calle Real, Santa Barbara, CA 93110

Email: villacaridad@sv-sb.org

Fax: 1-805-683-4725

2. Your application must be complete and accurate to be considered for processing. Do not use white out.
Su aplicación debe estar completamenta y con exactitud para ser considerada y procesada.

3. Applications that are not filled out completely will not be considered.
Las aplicaciones que no estén completamente llenas no serán consideradas.

Please be aware that the following items do not need to be provided now, but will need to be provided once your application has been selected for processing.

Tenga en cuenta que los siguientes artículos no tienen que ser proveídos ahora, pero tendrá que proveerlos una vez que su solicitud haya sido seleccionada para ser procesada.

- Paycheck stubs from all sources of income for the last three (3) months, for all adults (18 years of age and older) in the household. *Talones de cheques de todas las fuentes de ingresos de los últimos tres (3) meses para todos los adultos (18 años de edad y mayores) en el hogar.*
- SS or SSI benefit letters from the State of CA and the Federal Government. *Sus cartas del Seguro Social, cartas del estado de California y del Gobierno Federal.*
- Clear, readable photocopies of your two (2) most recent years Federal Income Tax Returns and all W-2s or 1099s. *Fotocopias claras y legibles de los 2 años más recientes de las declaraciones de Impuestos Federales y todos los copias del W-2 del empleador o las formas 1099*
- Copies of bank statements for the last six (3) months for all bank accounts. *Copias de los estados de cuenta bancarios de los últimos seis (3) meses de cada cuenta bancaria*
- Copies of photo Identification cards for all adults 18 and over. Birth Certificates for all household members, Social Security Cards, driver's license, alien registration card. *Copias de tarjetas de identificación con foto de cada persona de 18 años o mayor. Actas de Nacimiento de todos los miembros del hogar, tarjeta de Seguro Social, tarjeta de residencia de Los Estados Unidos, licencia de manejar.*
- Name and address of present and previous landlords for the last 5 years. *Nombre y domicilio de su propietario de los ultimos 5 años.*



Applicant name: _____



OFFICE USE ONLY

Date Rec'd: _____

Time Rec'd: _____

Rec'd by: _____

VILLA CARIDAD HOUSING APPLICATION - SENIOR

Anyone who wishes to be admitted to an assisted property or placed on a property's waiting list must complete an application. In addition to providing applicants the opportunity to complete applications at the project site, owners may also send out and receive applications by mail. Owners shall accommodate persons with disabilities who, as a result of their disabilities, cannot utilize the owner's preferred application process by providing alternative methods of taking applications.

The information you provide on this application will be treated as confidential. This application gives no lease or rental rights. It includes both information necessary for determining your eligibility for housing and information required for statistical purposes. If you and your household appear to be eligible, you will need to submit additional information to complete the processing of this application.

It is the policy of Villa Caridad to take reasonable steps to provide meaningful access to limited English proficient (LEP) individuals applying or residents of our apartment communities, or otherwise encountering our property's facilities, programs, and activities. The policy is to ensure that language will not prevent staff from communicating effectively with LEP residents, applicants, and others to ensure safe and orderly operations, and that limited English proficiency will not prevent applicants from participating in the application process, or residents from accessing important programs and information, understanding rules and regulations, and participating in meetings, events or activities.

APPLICANT NAME: _____

CURRENT ADDRESS: _____ APT. #: _____

CITY, STATE: _____ ZIP CODE: _____

HOME PHONE #: _____ WORK#: _____ CELL#: _____

E-mail address: _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

LIST THE HEAD OF HOUSEHOLD AND ALL OTHER FAMILY MEMBERS WHO WILL BE LIVING IN THE APARTMENT. GIVE THE RELATIONSHIP OF EACH FAMILY MEMBER TO THE HEAD.

LAST NAME	FIRST NAME	RELATIONSHIP	BIRTH DATE	GENDER	SOC. SEC. #
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

(OPTIONAL)

RACE/ETHNICITY OF HEAD OF HOUSEHOLD (MEMBER 1): _____

RACE/ETHNICITY OF MEMBER 2. _____ MEMBER 3. _____

*Race: American Indian/Alaska Native Asian African American/Black Native Hawaiian/Other Pacific Islander White Other

*Ethnicity: Hispanic/Latino OR Not-Hispanic/Latino

PLEASE NOTE: This information is requested by the apartment owner in order to assure the Federal Government, acting through federal, state and local agencies that Federal Laws prohibiting discrimination against resident applicants on the basis of race, national origin, and sex, are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and gender of individual applicants.

For Marketing purposes, please let us know how you heard of us: Newspaper Ad Drove by
 Resident Referral Web Site Other: _____

Applicant name: _____

Please answer each question by filling in the blank spaces provided. Answer each question as completely as possible. **All information you provide will be verified by St. Vincent's.** Incomplete and/or falsified information will cause the application to be denied and not processed.

PLEASE INDICATE STATUS AT TIME OF APPLICATION

- A. APPLICANT USING A WHEELCHAIR: _____
- B. APPLICANT WITH A SEVERE MOBILITY IMPAIRMENT AND USING A WALKER OR CANE: _____
- C. APPLICANT WITH MOBILITY IMPAIRMENT BUT NOT IN CATEGORY (A) OR (B); _____

NAME(s) AND ANY SPECIAL HOUSING NEEDS DUE TO DISABILITY/HANDICAP OF MEMBER(S) WITH MOBILITY, VISION, OR HEARING IMPAIRMENT OR PERMANENT DISABILITY/HANDICAP: _____

DO YOU OWN A CAR? _____ WOULD YOU REQUIRE A PARKING SPACE? _____

Applicant

Co-Applicant

- | | | |
|--|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you a student enrolled in an institute of higher education? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you anticipate a change in household composition (i.e., an adult household member moving in or moving out, custody or adoption of child, etc.) in the next twelve months? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Are all household members U.S. Citizens? <i>(Not applicable for PRAC programs)</i> |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you or a household member require a special accommodation in your unit or need accessible features or feature of an accessible unit? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you or any household member disposed of, sold, donated, or gifted any assets (including cash) for less than fair market value during the last two (2) years? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever been convicted of a felony or do you have a criminal history? If yes, when and what were the circumstances? _____ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you or any household member currently engage in the illegal use of drugs or your/their behavior from this illegal use interferes with the health, safety, and right to peaceful enjoyment of the property by other residents? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you been evicted in the last three years from federally-assisted housing for drug-related criminal activity? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you or anyone in your household's behavior, from abuse or pattern of abuse of alcohol, interfered with the health, safety, and right to peaceful enjoyment by other residents? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you or anyone in your household subject to a nationwide Sexual Offender's Registration? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Will this apartment be your sole place of residency? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you been displaced by Government Action or a Presidentially-Declared Disaster? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you a U.S. Veteran and/or in Active Duty? <i>(Answering this is optional)</i> |

Applicant name: _____

GENERAL INFORMATION

Bedroom size: ____1 Bedroom

Does your household need a handicap accessible unit? ____ Yes ____ No

Do you plan on bringing a pet? ____ Yes ____ No

Do you have a waterbed? ____ Yes ____ No

How did you hear about this housing? _____

Briefly describe your reasons for applying: _____

This property has a preference for local residents who currently live, work or who have a bona fide offer to work in the County of Santa Barbara at the time the application is submitted. Do you want to be considered for this preference? ____ Yes ____ No

If yes, proof will be required at the time the application is submitted.

CURRENT HOUSING STATUS

HOW MANY PEOPLE LIVE IN YOUR HOME NOW? ____ HOW MANY BEDROOMS DO YOU HAVE? ____

ARE YOU BEING EVICTED? ____ YES ____ NO. IF YES, EXPLAIN THE CIRCUMSTANCES _____

HAS YOUR 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?

____ YES ____ NO

DO YOU PLAN TO HAVE ANYONE LIVING WITH YOU IN THE FUTURE WHO ARE NOT LISTED ABOVE?

YES: ____ NO: ____ IF YES, EXPLAIN: _____

Housing History includes living with family/friends-whether or not you pay rent, current/previous landlords, current owner of real estate or homeless.)

CURRENT HOUSING PROVIDER: _____ PHONE #: _____

PROVIDER'S ADDRESS: _____ CITY _____ STATE _____

DATE OF MOVE-IN: _____ Do you pay rent? Yes ____ No ____ How much? _____

PREVIOUS HOUSING PROVIDER: _____ PHONE #: _____

PROVIDER'S ADDRESS: _____ CITY _____ STATE _____

DATE OF MOVE-IN: _____ DATE OF MOVE-OUT: _____

WERE YOU EVICTED? Yes ____ No ____ Reason? _____

Did you pay rent? Yes ____ No ____ How much? _____

EXPENSES

DO YOU PAY FOR A CARE ATTENDANT OR FOR ANY EQUIPMENT FOR A HANDICAPPED FAMILY MEMBER WHICH ENABLES ANY FAMILY MEMBER TO WORK? ____ YES ____ NO. IF YES, DESCRIBE EXPENSES:

HOW MUCH DO YOU PAY FOR MEDICARE? _____ OTHER INSURANCE? _____

DO YOU HAVE ANY OUTSTANDING MEDICAL BILLS ON WHICH YOU ARE PAYING? ____ YES ____ NO

DO YOU EXPECT TO HAVE ANY MEDICAL EXPENSES DURING THE NEXT 12 MONTHS? ____ YES ____ NO

IF YES, AMOUNT OF MEDICAL EXPENSES \$ _____

Applicant name: _____

INCOME INFORMATION (FOR INCOME INFORMATION, ATTACH ADDITIONAL PAGES, IF NECESSARY)

DOES ANY MEMBER NOW RECEIVE OR EXPECT TO RECEIVE INCOME FROM ANY OF THE FOLLOWING SOURCES? FOR EACH "YES" ANSWER PROVIDE DETAILS IN THE CHART BELOW.

<u>YES</u>	<u>NO</u>		<u>YES</u>	<u>NO</u>	
_____	_____	EMPLOYMENT	_____	_____	UNEMPLOYMENT COMPENSATION
_____	_____	SELF-EMPLOYMENT	_____	_____	PENSION / RETIREMENT FUND
_____	_____	SOCIAL SECURITY / SSI	_____	_____	SCHOLARSHIP / STUDEN AID
_____	_____	INSURANCE POLICY	_____	_____	SEVERANCE PAY
_____	_____	ANNUITIES	_____	_____	STRIKE BENEFITS
_____	_____	GA/ TANF / AFDC (Welfare)	_____	_____	ARMED FORCES PAY OR ALLOWANCES
_____	_____	ALIMONY OR CHILD SUPPORT	_____	_____	REGULAR CASH CONTRIBUTIONS OR GIFTS
_____	_____	AWARDED (EVEN IF NOT RECEIVED)	_____	_____	(FOR RENT, UTILITIES, GROCERIES, CAR PAYMENT, ETC.)
_____	_____	DISABILITY / DEATH BENEFITS	_____	_____	OTHER

FOR EACH TYPE OF INCOME THAT YOUR HOUSEHOLD RECEIVES, GIVE THE SOURCE OF THE INCOME AND THE AMOUNT OF INCOME THAT CAN BE EXPECTED FROM THAT SOURCE DURING THE NEXT 12 MONTHS.

FAMILY MEMBER	SOURCE OF INCOME / TYPE OF INCOME	ANNUAL INCOME
_____	_____	_____
_____	_____	_____
_____	_____	_____

ASSETS INFORMATION (FOR ASSET INFORMATION, ATTACHED ADDITIONAL PAGES, IF NECESSARY)

LIST ALL CHECKING AND SAVINGS ACCOUNTS (INCLUDING IRAs, KEOUGH ACCOUNTS, CERTIFICATES OF DEPOSIT) OF ALL HOUSEHOLD MEMBERS, INCLUDING AMOUNTS DISPOSED OF DURING THE PAST TWO YEARS.

FAMILY MEMBER	BANK NAME	ACCT. #	BALANCE
_____	_____	_____	_____
_____	_____	_____	_____

IF ALL STOCKS, BONDS, TRUSTS, PENSION FUNDS, OR OTHER ASSETS:

FOR **EACH** TYPE OF ASSET:

- A. CHECK "YES" IF ANY FAMILY MEMBER HAS ONE OR MORE OF THAT TYPE OF ASSET.
- B. CHECK "NO" IF NO FAMILY MEMBER HAS THAT TYPE OF ASSET.
- C. ENTER "DIVESTED" IF ANY FAMILY MEMBER HAS DISPOSED OF THAT TYPE OF ASSET FOR LESS THAN FAIR MARKET VALUE WITHIN THE PAST 24 MONTHS.

<u>YES</u>	<u>NO</u>	<u>VALUE</u>	
_____	_____	_____	SAVINGS ACCOUNT
_____	_____	_____	CHECKING ACCOUNT
_____	_____	_____	TRUST
_____	_____	_____	HOME, REAL ESTATE, RENTAL PROPERTY, RENT
_____	_____	_____	MONEY MARKET FUND
_____	_____	_____	STOCKS, BONDS, TREASURY BILLS, CERTIFICATE OF DEPOSIT
_____	_____	_____	IRA OR KEOUGH
_____	_____	_____	RETIREMENT OR PENSION FUND
_____	_____	_____	INHERITANCE, LOTTERY WINNINGS, INSURANCE SETTLEMENT DUE
_____	_____	_____	CAPITAL GAINS, CAPITAL INVESTMENTS
_____	_____	_____	PERSONAL PROPERTY HELD AS AN INVESTMENT (GEMS, AUTOS,

Applicant name: _____

ETC.)

OTHER: _____

APPLICANT CERTIFICATIONS

1. I/we certify that if selected to move into this project, the unit I/we occupy will be my/our only residence.
2. I/we understand that the above information is being collected to determine my/our eligibility for a HUD program or Section 8 subsidized apartment. I/we authorize the owner to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information which may be released by appropriate federal, state, & local agencies, or private persons to the owner/management.
3. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief.
4. I/we understand that false statements or information are punishable under federal law.
5. I/we understand we must provide written notification of any changes to the information on this form, especially address.
6. I/we understand the project will acknowledge this application by mail.

I/We would like to request a copy of the owner/agents Tenant Selection Plan. _____ Yes _____ No (paper copy _____ electronic Copy _____)

HEAD OF HOUSEHOLD (PLEASE PRINT): _____

SIGNATURE OF HEAD: _____ DATE: _____

CO-HEAD (PLEASE PRINT): _____

SIGNATURE OF CO-HEAD: _____ DATE: _____

ACKNOWLEDGEMENT

Any changes to your income, assets, household composition or student status from the date you signed your application up to your move in date, must be reported to Villa Caridad. Failure to do so could result in denial of your move in. If after move in we discover that changes were not reported, Villa Caridad may be required to take steps that could result in eviction.

Initials Initials

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 the 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) **. 6/29/2007*

Revised 01/02/2014



Applicant name: _____