

HEALTHY HOUSING FOUNDATION REFERRAL / APPLICATION PROCESS
Healthy Housing Foundation is accepting applications for permanent & transitional housing.

Housing Type	Permanent/Single Room Occupancy (SRO) Madison Hotel 423 E. 7th Street Los Angeles, CA 90014	Transitional/Up to 90 Days (families) Sunset Property 6516 Sunset Blvd. Los Angeles, CA 90028
Eligible Applicants	Adults who are homeless or at risk homeless & other displaced individuals & families; No smoking/No sex offenders/ No acts of violent assault/No drug trafficking; No pets. (Properly documented service/support animals permitted if they are a reasonable accommodation for a disability.)	
Referral Process	<u>Referral Process:</u> 1. Referring agency complete Healthy Housing Foundation's application and background check forms with client 2. Applicant can deliver forms: In person to: Madison Hotel 423 E. 7 th Street, Los Angeles, CA 90014 OR FAX RENTAL APPLICATION & BACKGROUND AUTHORIZATION TO: +1-323-978-6030	
Site Manager Contact	Michael Zubia Cell: (213) 988.7003 Email: Michael.Zubia@aidshhealth.org	
Languages Spoken	English/Spanish	
Hours of Operation	Applications are accepted via fax and on site 24/7.	
Location Services	On-site property management; washer/dryer; cable/WIFI	
Rental Category	Income Base: \$400 per month for the Madison Hotel, \$500 per month for the Sunset Property.	
Fees	\$100 Security deposit	
Accepted Income Sources	<u>Income verification by ONE of the following methods:</u> ✓ 2017 HUD Income Limits for Very Low-Income Households ✓ 30%AMI (HUD) – attached income limits ✓ SSI/SSDI -Award letter dated within the last 12 months ✓ GR Awards letter 3 months of net of spending transactions ✓ Bank statements for the last three months (if verifiable) ✓ Signed affidavit form stating applicant receives the minimum required monthly income.	
Required Documentation Checklist	<u>In order to be processed, your complete application should contain ALL of the following:</u> 1. Complete Application Form 2. Proof of Income 3. Background Check Form 4. Verifiable photos Identification Card including: State ID, Passport, Driver's License, Native Tribal ID, and US Department of Defense ID.	

For any questions regarding the process or required documentation, please email:

Jacqueline Burbank
Jacqueline.Burbank@aidshhealth.org



APPLICATION TO RENT

ONE name per application

LEGAL NAME:		DRIVER'S LICENSE #:		SOCIAL SECURITY #:		BIRTH DATE:	
Phone:		Email:					
I hereby apply for housing at: <input type="checkbox"/> Madison Hotel (permanent) <input type="checkbox"/> 6516 Sunset (transitional/up to 90 days)							
Referral Source (please check ONE):							
<input type="checkbox"/> Walk In				<input type="checkbox"/> Agency Referral (Agency's Name & Phone):			
<input type="checkbox"/> AHF Referral (Person's Name):				<input type="checkbox"/> Other (please explain):			
Current living situation: <input type="checkbox"/> Car <input type="checkbox"/> Shelter <input type="checkbox"/> Street <input type="checkbox"/> Other (details):							
Current home address:				Previous home address:			
City, State, Zip:				City, State, Zip:			
How long at address:				How long at address:			
Rent Paid:				Previous Rent Paid:			
Current Landlord Phone Number:				Previous Landlord Phone Number:			
Current Landlord's Name:				Previous Landlord's Name:			
Current Occupation:				Previous Occupation:			
Current Employer Name:		Current Employer Phone:		Previous Employer Name:		Previous Employer Phone:	
Current Work Address:		Current Monthly Income:		Previous Work Address:		Previous Monthly Income:	
Personal References							
Reference #1 Name:				Reference #2 Name			
Reference #1 Phone Number:				Reference #2 Phone Number:			
Reference #1 Address:				Reference #2 Address:			
Reference #1 Relationship:				Reference #2 Relationship:			
Vehicle		Vehicle		Make	Color	License #	State

Please list all proposed occupants & their demographics (Gender/Race/Ethnicity/Sexual Orientation fields are optional):				
Name:	Age:	Gender:	Race/Ethnicity:	Sexual Orientation:
Name:	Age:	Gender:	Race/Ethnicity:	Sexual Orientation:
Name:	Age:	Gender:	Race/Ethnicity:	Sexual Orientation:
Number of children residing with you:				
[] YES [] NO Do you have pets? (Can provide a Certificate of Good Health/Proof of Vaccination/Service Animal Certification?)				
[] YES [] NO Have you ever been evicted or had an unlawful detainer filed against you?				
[] YES [] NO Do you have any credit problems?				
[] YES [] NO Have you ever been convicted of drug trafficking? (Examples: Selling, distributing, importing/exporting of a controlled substances?)				
[] YES [] NO Have you ever been convicted of a felony?				
[] YES [] NO Have you ever been convicted for a crime against persons? (Examples: assault, aggravated assault, rape, sexual assault, robbery, aggravated robbery, manslaughter, attempted murder, etc.)				

YOU MAY EXPLAIN ANY "YES" ANSWERS BELOW:

To be processed, application must be accompanied by ALL of the following:

- [] **Completed HHF Background Check Form** (pages 3 & 4 of this document)
- [] **Verifiable Photo ID** (State ID, Passport, Driver's License, Native Tribal ID, or US Department of Defense ID)
- [] **Proof of Income** (SSI letter, pay stub, proof of benefits, etc.)

Applicant represents that statements made are true, correct and hereby authorizes verification of references to include but not limited to credit checks, unlawful detainer checks & credit checks and agrees to furnish additional credit references on request.

I authorize verification of the information contained herein solely for the purpose of establishing my qualifications as a tenant. I release anyone verifying such information or providing information, from liability. I understand that incomplete or incorrect information provided in the application, may cause a delay in processing and can result in denial of tenancy.

I understand that even if I am granted a residence based on my initial credit check, that a fuller credit check will still be conducted up to 30 days after my initial application. I understand that if this fuller credit check reveals falsified information in my application that this is grounds for eviction and I may be denied further housing with the Healthy Housing Foundation.

Applicant Signature: _____

Date: _____

FAX AUTHORIZATON TO: Healthy Housing Foundation: +1 323 978 6030

OR RETURN IN PERSON TO: Madison Hotel: 423 E 7th St., Los Angeles, CA 90014



HEALTHY HOUSING FOUNDATION by AHF

RELEASE AUTHORIZATION FOR BACKGROUND CHECK

1. In connection with my application for residency, I understand that a consumer report or an investigative consumer report may be requested that will include information about my background and any information regarding criminal convictions that may exist. I understand that as directed by company policy described, you may be requesting information from public and private sources about any criminal conviction when may be on my record in any jurisdiction including, but not limited to: Drug trafficking convictions. Unlawful possession of a firearm or weapon. Convicted and or registered sex offenders. Crimes against persons (rape, sexual assault, robbery, armed robbery, assault, aggravated assault, manslaughter and murder, etc.). This will include convictions under Federal laws, State laws, as well as the Uniformed Code of Military Justice (UCMJ).
2. I understand that According to the Fair Credit Reporting Act, I am also entitled to know if I am denied residency as a result of information obtained through this background check process. I further acknowledge I am entitled to a copy of the report compiled by the Consumer-Reporting Agency. If so, I will be notified and given the name and address of the agency or the source that provided the information.
3. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies, including the Minnesota Department of Labor.
4. If you want a copy of the report(s) ordered, check here _____. The report(s) will be sent by the reporting agency, or the Healthy Housing Foundation to you at the address below.
5. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, or organization contacted by AIDS Healthcare Foundation, Healthy Housing Foundation, or its agent, to furnish the information described in Section 1.
6. I understand that even if I am granted a residence based on my initial credit check, that a fuller credit check will still be conducted up to 30 days after my initial application. I understand that if this fuller credit check reveals falsified information in my application that this is grounds for eviction and that I may be denied further housing with the Healthy Housing Foundation.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release all persons, agencies, organizations and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above-mentioned information or reports.

Please print your full name _____
LAST FIRST MIDDLE

Please print other names you have used _____

Home Address _____

City _____ State _____ Zip Code _____

Social Security Number _____ Email _____

Driver's License Number _____ State Issuing License _____ Name as it appears on license _____

Signature _____ Today's Date _____



HEALTHY HOUSING FOUNDATION by AHF

CONSENT FOR RELEASE OF BACKGROUND INFORMATION

PLEASE TYPE OR PRINT

I, _____
LAST NAME FIRST NAME MIDDLE NAME Please Include Sr., Jr., II, III, etc.

understand that in conjunction with my application for residency, the AIDS Healthcare Foundation and Healthy Housing Foundation will use the services of an outside agency to research regarding any and all criminal convictions as listed in the following: Drug trafficking convictions. Unlawful possession of a firearm or weapon. Convicted and or registered sex offenders. Crimes against persons (rape, sexual assault, robbery, armed robbery, assault, aggravated assault, manslaughter and murder, etc.). This agency will provide a written report of its findings to AIDS Healthcare Foundation and or the Healthy Housing Foundation. AIDS Healthcare Foundation and the Healthy Housing foundation use Accurate Background, Inc., a consumer- reporting agency, as an agent to perform its Employment related background investigations.

Accurate Background, Inc. will utilize various sources of information it deems appropriate including but not limited to criminal conviction records, current and former employers, department of motor vehicle records, military records, credit reporting agencies, education records, professional and personal references in compliance with the Americans with Disabilities Act. I agree, authorize and consent to the release and disclosure of any and all information including but not limited to the above to AIDS Healthcare Foundation, Healthy Housing Foundation, and Accurate Background, Inc.

I agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report and understand that it may contain information about my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This authorization in original or copy form shall be valid for my term of residency from the date indicated next to my signature. According to the Fair Credit Reporting Act, AIDS Healthcare Foundation, or the Healthy Housing Foundation will notify me, if residency is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to AIDS Healthcare Foundation and / or the Healthy Housing Foundation. I further understand that I may request a copy of the report, and that when doing so, proper identification will be required and I should direct my request to: Accurate Background, Inc., 7515 Irvine Center Drive, Irvine, CA 92618, (800) 216- 80248. I understand that residents of all states will automatically receive a copy of the report if an adverse action is taken regarding the residency application, or upon request as outlined herein.

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. PLEASE PRINT CLEARLY.

Signed _____ Date _____

Name as it appears on your driver's license or state identification card: _____

Other names you have used, or are also known as, including maiden name, name changes and any aliases:

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS

Mo./Yr. / Mo./Yr.

Current Address: _____ /
Street Apt.# City State Zip Code From / To?

Former Address: _____ /
Street Apt.# City State Zip Code From / To?

Former Address: _____ /
Street Apt.# City State Zip Code From / To?