

 Transitional Housing Application

**Sunset on Sunrise (SOS)**

**6515 Sunset Blvd. Hollywood, CA 90028**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **LEGAL  NAME:** | | | | | **DRIVER’S  LICENSE  #:** | | | | **SOCIAL  SECURITY  #:** | | | | | **BIRTH  DATE:** |
| **Phone**: | | | | | | | **Email**: | | | | | | | |
| **Family Information:**  **Child(s) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Child(s) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Child(s) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Child(s) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | |
| **Referral  Source**  (please  check  ONE):   [      ]  Walk  In                      [      ]  Agency  Referral  (Agency’s  Name  &  Phone):   [      ]  AHF  Referral  (Person’s  Name):                [      ]  Other  (please  explain): | | | | | | | | | | | | | | |
| Current  living  situation:    [      ]  Car    [      ]  Shelter    [      ]  Street      [      ]  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: | |
| **Please provide TWO personal  references** | | | | | | | | | | | | | | |
| **Name:** | | | | Relationship: | | | | | | Phone: | | | | |
| Address: | | | | | | | | | | | | | | |
| **Name:** | | | Relationship: | | | | | | | | Phone: | | | |
| Address: | | | | | | | | | | | | | | |
| Vehicle | | Year | | | | Make | | Color | | | | License  # | | State |
|  | |  | | | |  | |  | | | |  | |  |

|  |
| --- |
| [      ]  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  controlled substances?) |
| [      ]  YES        [      ]  NO    Have  you  ever  been  convicted  of  a  felony? |
| [      ]  YES        [      ]  NO    Have  you  ever  been  convicted  for  a  crime  against  persons?  **If  yes,  please  check  any  below  that  apply.**  [      ]  Battery/Assault/Aggravated  Assault          [      ]  Sexual  Assault/Rape          [      ]  Robbery/Aggravated  Robbery           [      ]  Manslaughter/Murder/Attempted  Murder   [      ]  Any  crime  for  harming  or  attempting  to  harm  another  person. |

# YOU  MAY  EXPLAIN  ANY  “YES”  ANSWERS  BELOW  (please  indicate  years  of  any  convictions):

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

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

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

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

[      ]  **Completed  HHF  Background  Check**  **Form**  (pages  3  &  4  of  this  document)

## [      ]  **A  *CLEAR***  **Photo  ID**  (State  ID,  Passport,  Driver’s  License,  Native  Tribal  ID,  or  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:

**You  may  submit  your  application  by:**

**Email:**[**Info@HealthyHousingFoundation.Net**](mailto:Info@HealthyHousingFoundation.Net) **Fax:          +1  323.978.6030**

**In  Person:  Sunset on Sunrise (SOS) 6515 Sunset Blvd. Hollywood, CA 90028**

**OPTIONAL  (does  not  impact  your  application,  please  check  one):**  I  would  consider  being  interviewed   or  speaking  publicly  about  my  experience  with  the  Healthy  Housing  Foundation.

# [      ]  YES        [      ]  NO

**HEALTHY HOUSING FOUNDATION by AHF**

**RELEASE  AUTHORIZATION  FOR  BACKGROUND  CHECK**

### 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).

1. 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.
2. 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.
3. 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.
4. I  hereby  authorize,  without  reservation,  any  law  enforcement  agency,  institution,  information  service bureau, school,  or  organization  contacted  by  AIDS  Healthcare  Foundation,  Healthy  Housing Foundation, their property managers or other agents,  to furnish  the  information  described  in  Section  1.
5. 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,  the Healthy  Housing  Foundation, and/or their

property managers,  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, the  Healthy  Housing  Foundation, and/or their property managers.  AIDS  Healthcare  Foundation  and  the  Healthy  Housing  foundation   use  Accurate  Background,  Inc.,  a  consumer2  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,  their property managers, 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)  2162  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.  *I*Mo./Yr·

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Current  Address: |  |  |  |  | *I* | *\_* |
| Street | Apt.# | City | State | Zip  Code | From  *I*To? |  |

Former   Address:   *I*

Street   Apt.#   City   State   Zip   Code   From  *I*To?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Former  Address: |  |  |  |  | **/** |
| Street | Apt.# | City | State | Zip   Code | From  *I*To? |



HEALTHY HOUSING FOUNDATION REFERRAL / APPLICATION PROCESS

*Healthy Housing Foundation is accepting applications for transitional housing.*

|  |  |
| --- | --- |
| **Housing Type** | Transitional/90 Days (single parents w/ children only) |
| **Eligible Applicants** | Single parents with children who are homeless or at risk homeless. Transitional Living does have House Rules and you must pass the background check. No pets. (Properly documented service/support animals permitted if they are a reasonable accommodation for a disability.) |
| **Referral Process** | ***Referral Process:***   1. Referring agency completes Healthy Housing Foundation's application and background check forms with client, also attaching copies of client proof of income and photo ID. 2. Submit all documents in person at: SOS 3. **OR**   FAX: +1.323.978.6030  [EMAIL: Info@HealthyHousingFoundation.net](mailto:Info@HealthyHousingFoundation.net) |
| **Site Manager Contact** | Veronica Butler |
| **Languages Spoken** | English/Spanish |
| **Hours of Operation** | Applications are accepted via fax and on site 24/7. Bring proof of income & ID to apply. |
| **Location Services** | On-site property management; Fully Furnished, TV and cable, Refrigerator and Microwave |
| **Fees** | Monthly fees are $500 per month.  A $100 Cleaning Deposit per room is also required. |
| **Accepted Income Sources** | Income verification by at least one of the following methods:   SSI/SSDI -Award letter dated within the last 12 months   Offer of Employment Letter dated within the last 30 days   Bank statements for the last three months showing deposited income   Unemployment Determination  Letter  A pay stub dated from the last 60 days  CalWORKs Benefits Letter   Some Vouchers (Rapid Rehousing, etc. Inquire via email for full list.) |
| **Required Documentation Checklist** | In order to be processed, your complete application should contain **ALL** of the following:   1. Complete Application Form 2. Proof of Income 3. Background Check Form 4. **CLEAR COPY** of Verifiable photo Identification Card (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:

[**Info@HealthyHousingFoundation.net**](mailto:Info@HealthyHousingFoundation.net)

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