

  Emergency Housing Application

**Sunset on Sunrise (SOS)**

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

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| **LEGAL  NAME:**   | **DRIVER’S  LICENSE  #:** | **SOCIAL  SECURITY  #:**   | **BIRTH  DATE:**   |
| **Phone**:   | **Email**:   |
| **Family Information:** **Child Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Child Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Child 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   |
|  |  |  |  |  |  |

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| --- |
|   [      ]  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):

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

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

  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_ 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 emergency housing.*

*I understand that even if I am granted emergency housing 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** **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**

1. In connection with my application for emergency housing 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. 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. 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. 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, their property managers or other agents, to furnish the information described in Section 1.
6. 6. I understand that even if I am granted emergency housing 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**

### I,

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

understand that in conjunction with my application for emergency housing, 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** | Emergency Housing (single parents w/ children only) |
| **Eligible Applicants** | Single parents with children who are homeless or at risk homeless. Our emergency housing 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: 6516 Sunset Blvd., Los Angeles, CA 90028
3. **OR**

EMAIL: Info@HealthyHousingFoundation.net |
| **Site Manager Contact** |  Tiana Norman |
| **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)
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For any questions regarding the process or required documentation, please email:

**Info@HealthyHousingFoundation.net**

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