

**Rental Application - Interim, Inc.**

**Section 504 Equal Access Statement**

For mobility impaired persons -- this document is kept in the office at 201 John Street, Suite A, Salinas, Ca 93901. This document may be examined from Monday through Friday between the hours of **8:30** AM - Noon and **1:00** PM and **4:30** PM. You must phone to make arrangements to examine this document. Please call (**831**) **649-4522 Ext 323 or 324** and TDD users may dial 1-800-735-2929.

For vision impaired persons – **Interim, Inc.** will provide a staff person to assist a vision impaired person in reviewing this document. Assistance may include: describing the contents of the document, reading the document or sections of the document, or providing such other assistance as may be needed to permit the contents of the document to be communicated to the person with vision impairments.

For the hearing impaired – **Interim, Inc.** will provide assistance to hearing impaired persons in reviewing this document. Assistance may include provision of a qualified interpreter at a time convenient to both the Property and the individual with handicaps. Please call the TDD number 1-800-735-2929 for our number and to schedule an appointment.

Assistance to insure equal access to this document will be provided in a confidential manner and setting. The individual with disabilities is responsible for providing his/her own transportation to and from the location where this document is kept.

If an individual with disabilities is involved, all hearings or meetings required by this document will be conducted at an accessible location with appropriate assistance provided.

**ELIGIBILITY REQUIREMENTS**

1. Applicants must meet the low income eligibility requirements established by HUD and/or other specific program requirements (by property);
2. Applicants must be at least 18 years of age or legally emancipated;
3. Monterey County Behavioral Health (MCBH) must certify qualifying psychiatric disability;
4. Homeless Certification required at move in for applicants applying for housing with a homeless requirement (see page 2 of application).
5. Only individuals with a qualifying psychiatric disability are eligible for Interim Housing, except where there is a live-in aide who meets the requirements of HUD's Section 504 regulations.

Applicants who meet the eligibility requirements listed above will be added to the waiting lists for the properties indicated. Applicants who do not meet the eligibility requirements will be notified with the reason for denial.

Being eligible is not entitlement to housing. Applications will be screened for specific program eligibility and information will be verified at the time the application reaches the top of the waiting list and a unit becomes available.

Citizenship, Social Security Number requirements and additional eligibility and screening requirements for specific properties are available on request.

OFFICE USE ONLY	
Date application received	_____
Time application received	_____
Received By – Initials	_____
_____	
Date MCBH referral received	_____
Time referral received	_____
Confirmed – Initials	_____

# Rental Application - Interim, Inc.

Please indicate all properties you are interested in applying for below (you may check more than one):

**Shared Housing -** Each person has his/her own bedroom with shared common areas.

**Salinas**

Acacia House

California House (Homeless or At- Risk Required for 2 Units)

Casa de Paloma

Sunflower Gardens (Homeless or At-Risk of homelessness required)

**Marina**

Sandy Shores (CARS Referral required)

**Monterey**

Casa de Perla

**One Bedroom or Studio Apartments**

**Monterey**

Horizons (waitlist open as of 1/03/17)

**Marina**

Rockrose Gardens (waitlist open as of 10/5/2023)

**Salinas**

Sunflower Gardens (Homeless or At-Risk of Homelessness Required)

California House

Catalyst A-E

Waiting lists are closed for Mariposa, and Casa de los Robles were closed on 12/30/16.

Waiting lists for Catalyst and Pearl Street

**Studio Apartments With Extra Supportive Services**

Lupine Gardens (HUD 811 PRAC) (Homelessness Required)

**NOTE:** Requires MCBH referral for intensive case management services

**Note:** Each property has its own waiting list. If you select multiple properties, your position on the waiting list will vary by property.

**PLEASE USE INK AND FILL IN ALL BLANKS. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

CURRENT ADDRESS: \_\_\_\_\_  
STREET ADDRESS & APARTMENT # CITY ZIP

HOW LONG AT THIS ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

ARE YOU CURRENTLY HOMELESS OR AT RISK OF HOMELESSNESS? YES or NO

ALTERNATE PHONE: \_\_\_\_\_ DRIVERS LICENSE/OR ID #: \_\_\_\_\_ STATE: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

**Do you qualify for a unit designed for an individual with physical disabilities? YES or NO**  
 (The special design features of a unit designed for an individual with physical disabilities may include, but are not limited to; wheelchair accessible doorways, grab bars in the bathroom, a raised toilet or toilet seat, and lowered sinks and countertops with the lower cabinets removed).

**Do you qualify for a unit designed for persons with hearing or sight impairments? YES or NO**

**Do you need any disability-related accommodation or modifications? YES or NO**  
 If yes, please explain: \_\_\_\_\_

**Are you a veteran? YES or NO**



**DO YOU HAVE A COORDINATOR WITH MONTEREY COUNTY BEHAVIORAL HEALTH? YES or NO**

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

Are you Conserved? YES or NO If yes, name of Conservator: \_\_\_\_\_

Address and phone number of Conservator:  
\_\_\_\_\_

**Race and Ethnicity Information**

HUD requires us to report the race and ethnicity of all applicants. We request your cooperation in completing the following questions. This response is optional and your entry will have no bearing on your eligibility for housing. This information is confidential and is only used for government reporting purposes to monitor compliance with equal opportunity laws. This information is voluntary and will not affect your place on the waiting list.

**RACE- Select all that applies:**

American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White  Other

**ETHNICITY- Select one:**

Hispanic or Latino  Not Hispanic or Latino

DECLINE TO STATE

- 1) Will anyone else live in the apartment on either a full-time or part-time basis? **YES or NO**  
If **YES**, please explain: \_\_\_\_\_
- 2) Do you expect any changes in your household in the future? **YES or NO**  
If **YES**, please explain: \_\_\_\_\_
- 3) Have you ever used different names from the ones shown above? **YES or NO**  
If Yes, please explain: \_\_\_\_\_
- 4) Have you ever been evicted or otherwise removed from rental housing? **YES or NO**  
If **YES**, when was the eviction \_\_\_\_\_ please explain: \_\_\_\_\_

Please provide the landlord's name and address: \_\_\_\_\_

- 5) Has your residency/tenancy or government assistance in a subsidized housing program ever been terminated for fraud, non-payment of rent or failure to comply with re-certification procedures? **YES or NO**  
If **YES**, please explain: \_\_\_\_\_
- 6) Have you caused any damage to a previous rental (above ordinary wear and tear) or had a household destroyed by fire? **YES or NO** If **YES**, please explain: \_\_\_\_\_
- 7) Are you currently using illegal drugs or controlled substances including the use of prescription medication not prescribed to you? Current use is defined as use within the last 6 months. **YES or NO**  
If **YES**, please explain: \_\_\_\_\_
- 8) Have you successfully completed an approved supervised drug rehabilitation program? **YES or NO**  
If **YES**, please explain: \_\_\_\_\_



9) Have you been convicted of a crime? **YES or NO** (Do not include convictions prior to 18 years of age that have been sealed or expunged). If **YES**, for what reason and when: \_\_\_\_\_  
 \_\_\_\_\_  
 Have the conditions that led to your conviction changed? \_\_\_\_\_  
 \_\_\_\_\_

10) Have you ever had a restraining order issued against you? **YES or NO**  
 If **YES**, what was the reason? \_\_\_\_\_  
 Have the conditions that led to the restraining order changed? **YES or NO**  
 If **YES**, please explain: \_\_\_\_\_  
 \_\_\_\_\_

11) If you were previously denied housing because of criminal activity and you claim that you are no longer involved in criminal activity, be prepared to provide proof of this at your interview.

12) Do you own or possess a firearm or any other weapons? **YES or NO**  
 If **YES**, please explain: \_\_\_\_\_  
 \_\_\_\_\_

13) Firearms and weapons are expressly prohibited on all Properties. If you own or possess a firearm or weapon, be prepared to provide evidence of how you plan to store/relinquish your firearm/weapon at your interview.

14) Are you, or any member of your household, subject to State Lifetime Sex Offender registration in any state? **YES or NO**

15) Current Landlord's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date of Move to Current Address: \_\_\_\_\_

16) List the name, address, and phone number of your previous landlords or places of residence for the last five years:

Landlord/Residence Name	Address and Phone Number	Move in Date	Move out Date

17) List the States and Counties where you have ever lived since you were 18:


18) Do you own a Vehicle? **YES or NO**  
 19) Do you have any pets? **YES or NO** If yes, please describe: \_\_\_\_\_



20) Do you have an assistance animal (companion animal) prescribed by a doctor? **YES or NO**

21) Do you have a service dog that provides a specific task for you? **YES or NO**

Pets are only allowed in accordance with the specific Pet Policy for each property and the resident is required to sign a Pet Agreement and pay a Pet Deposit. Companion Animals and Service Animals for the disabled are not considered pets, but resident will need a Reasonable Accommodation and will be required to sign rules of conduct for the animal.

22) Do you attend school full-time? **YES or NO**

23) Place a checkmark and list the amount for any income you currently receive or expect to receive.

<u>Income Source</u>	<u>Monthly Amt.</u>	<u>Income Source</u>	<u>Monthly Amt.</u>
<input type="checkbox"/> Employment	_____	<input type="checkbox"/> General Assistance (GA)	_____
<input type="checkbox"/> Self-Employment	_____	<input type="checkbox"/> Unemployment Compensation	_____
<input type="checkbox"/> Social Security/SSI	_____	<input type="checkbox"/> Pension/Retirement Fund	_____
<input type="checkbox"/> Scholarship/Student Aid	_____	<input type="checkbox"/> Disability/Death Benefits	_____
<input type="checkbox"/> Insurance Policy	_____	<input type="checkbox"/> Severance Pay	_____
<input type="checkbox"/> Annuities	_____	<input type="checkbox"/> Strike Benefits	_____
<input type="checkbox"/> Alimony or Child Support awarded (even if not received)	_____	<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)	_____
<input type="checkbox"/> Regular Cash Contributions for Food, Rent, Utilities, etc.	_____	<input type="checkbox"/> Armed Forces Pay/Allowances	_____

\_\_\_\_\_ **ZERO INCOME**

24) List assets for Savings/Checking Accounts:

Bank Name and Address	Balance

25) List 401 K or other Retirement Accounts:

Bank Name and Address	Balance

26) List any Stocks or Bonds, including name of company, amount of interest or dividend earned, and total value. (use back of page if more space is needed.)

Description, Name of Company	Total Value	Annual Income



If yes, provide address and estimated value: \_\_\_\_\_

27) List any other assets: \_\_\_\_\_

28) Do you expect any change in your income, assets, or expenses during the next twelve months? YES or NO

If Yes, explain: \_\_\_\_\_

It is the policy of Interim, Inc. to comply fully with Title VI of the Civil Rights Act of 1964, Title VIII and Section 3 of the Civil Rights Act of 1968 (As amended by the Community Development Act of 1974), Executive Order 11063, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and any legislation protecting the individual rights of residents, applicants or Staff which may subsequently be enacted.

The staff of Interim, Inc. shall not discriminate because of race, color, religion, sex, age, familial status, handicap/ disability, national origin, ancestry, medical condition, sexual orientation, gender identity, gender expression, genetic information, marital status, source of income or any other arbitrary basis in the leasing, rental, or other disposition of housing or related facilities, (including land), included in any Development or Developments under its jurisdiction or in the use or occupancy thereof.

**APPLICANT CERTIFICATIONS**

1. If my application is approved and move-in occurs, I certify that only those persons listed in this application will occupy the apartment, that I will maintain no other place of residence, and that there are no other persons for whom I have or expect to have responsibility for providing housing.
2. I understand that the above information is being collected to determine my eligibility for residency. I authorize the owner to make any and all inquiries to verify this information either directly or through information exchanged now or later from credit screening services, 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, employers or private persons.
3. I authorize management to obtain one or more "consumer reports" as defined in the Fair Credit Reporting Act, 15 U.S. C. Section 1681a(d), seeking information on my creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.
4. I authorize management to obtain information about my background to see if there is any criminal history which would prevent me/us from moving onto the property. I understand that housing will be denied to applicants listed on the National Sex Offender Public registry.
5. I understand I must provide written notification of any changes to the information on this form.
6. If I am applying for Catalyst Apartments, a HUD 202/8 subsidized property, I understand that I must disclose and provide verification of the complete and accurate Social Security Number (SSN) assigned to me with citizenship status.
7. If I am applying for Horizons, Lupine Gardens and/or Mariposa Apartments, HUD 811 PRAC subsidized properties, I understand that I must disclose and provide verification of the complete and accurate SSN assigned to me unless I certify that I do not claim eligible citizenship status.

I certify that the statements made in this application are true and complete to the best of my knowledge and belief. I understand that false statements or information will deem me ineligible, or if move in has occurred, may terminate the rental agreement.

**Applicant:**

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Head of Household

**Acceptance of completed application by Management:**

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Management Representative



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: (Check all that apply)</b> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____	
<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.

**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.

Form HUD-92006 (05/09)

