



P. O. B O X 3222 ♦ MONTEREY, CA 93942 ♦ 831-649-4522 ♦ FAX 831-642-9561

Rental Application - Interim, Inc.

Section 504 Equal Access Statement

For mobility impaired persons this document is kept in the office at Interim, Inc. 11 Quail Run, Suite 203, Salinas, CA 93907. 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. 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 ensure 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 the applicant has a qualifying psychiatric disability by submitting a MCBH Referral to Interim's Community Housing Program Director with the completed application;**
- 4) Certification of homelessness required for applicants applying for housing with a homeless requirement (see page 2 of application);**
- 5) Household is limited to one person with qualifying psychiatric disability except where there is a qualifying live-in aide.**

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 is becomes available.

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

Applicant Name: _____

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 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

GENERAL INFORMATION:

1. How many people live in your household now? _____
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 of the above to change 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. Do you own or possess a firearm or any other weapons? **YES or NO**
If YES, please explain: _____

7. 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.

8. 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: _____

9. Are you currently using illegal drugs or controlled substances including the use of unprescribed prescription medication? Current use is defined as use within the last 6 months. **YES or NO**
If YES, please explain: _____

Applicant Name: _____

10. Have you successfully completed an approved supervised drug rehabilitation program? **YES or NO**
If **YES**, please explain: _____

11. 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 up to your conviction changed? _____

12. Have you ever had a restraining order issued against you? **YES or NO**
If **YES**, what was the reason? _____

Have the conditions that led up to the restraining order changed? **YES or NO**
If **YES**, please explain: _____

13. 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.

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 pets or assistive animals? **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. Service animals for the disabled are not considered to be pets, but resident will be required to sign reasonable rules of conduct for the animal.

20. Do you attend school full-time? **YES or NO**

Applicant Name: _____

21. Place a **checkmark** and list the amount for any income you currently receive or expect to receive:

Income Source	Monthly Amt.	Income Source	Monthly Amt.
<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	_____

22. List assets for Savings/Checking Accounts:

Bank Name and Address	Balance

23. List 401K or other Retirement Accounts:

Bank Name and Address	Balance

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

Description, Name of Company, Number of Shares	Total Value	Annual Income

25. If you own any real estate, please describe it, indicate where it is located, and give an estimated fair market value. _____

List any other assets: _____

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

If **YES**, explain:

Applicant Name: _____

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 residency. I authorize the owner to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental, credit screening services, and to contract 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 management.
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.
5. I certify that the statements made in this application are true and complete to the best of my knowledge and belief.
6. I understand that false statements or information will deem me ineligible, or, if move-in has occurred, terminate the rental agreement.
7. I understand that, for my application to be approved, I may be required to execute further certifications of compliance for all house rules, firearms/weapons prohibitions, and any other certifications deemed necessary by management. I understand that failure to execute all required certifications will deem me ineligible, or, if move-in has occurred, terminate the rental agreement.
8. I understand I must provide written notification of any changes to the information on this form.
9. 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.
10. 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.

<u>Applicant:</u>	
Signature of Applicant	Date
Acceptance of completed application by Interim Housing Management:	
Signature of Management Representative	Date