

April, 2012

RE: Willis Avenue Apartments

Dear DMH Applicant:

Attached you will find the Housing Intake Form for Willis Avenue Apartments, located at 14731 Rayen Street, Los Angeles, CA 91402 (Panorama City)

Please review the following eligibility criteria for this project:

- 1- Senior Adult (62 years or older)
- 2- Homeless or chronically homeless
- 3- Have an approved MHSA Housing Certification Application
- 4- Income not exceeding 30% of the Los Angeles County Area Median Income
- 5- Able to live independently
- 6- Household size: Two (2) members maximum

You can submit the completed Housing Intake Form, approved MHSA Housing Certification Application and verification of homelessness via mail **OR** fax to:

Willis Avenue Apartments
P.O Box 761007
Los Angeles, CA 90076-1007
Fax (213) 368-1171

Upon review of the Housing Intake Form and approved MHSA Housing Certification Application, we will send you a complete application package or an Unable to Accommodate letter (UTA).

Thank you for your interest in applying for an apartment at Willis Avenue Apartments!



A Community of Friends (ACOF) Housing Intake Form

OFFICIAL USE	
Received by: _____	Response Date: _____
Date Received: _____	Date Updated: _____
Time Received: _____	W-L# _____ (YYYYMMDD##)

What property are you applying for? **Willis Avenue Apartments**

Have you ever applied for housing at an ACOF building? Yes No

Have you ever lived in an ACOF building? Yes No

If you answered "Yes" to any of the above questions, which property(ies)? _____

Applicant Name: _____ Are you 62 years or older? Yes No

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Please list the names, DOB and relationship of **ALL** members of the household applying for housing.

Names of All Household Members	DOB	Relationship	Last 4 digits of SS#	Source(s) of Income	Monthly Income	Full Time Student?
		Self			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
					\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please complete questions A to E.

A. Do you have a diagnosed disability? Yes No

a. If yes, referring case manager or licensed practitioner must initial. _____ (Initial)

B. Where are you currently living? (If applicable, please check the box that applies and list the name of the facility.)

Transitional Program _____ Shelter _____

Crisis Program _____ Other: _____

C. How long have you been homeless? _____

D. If known, which Service Provider Area (SPA) are you in? _____

E. Case Manager information (if any):

Service Provider/Case Manager: _____ Title: _____

Agency Name: _____ Address: _____

Phone Number: _____ Fax Number: _____ Email Address: _____

***OPTIONAL:** -I hereby authorize my case manager to receive information regarding my application and further authorize Property Management to exchange and release personal records regarding my application with/to my case manager. _____
(Applicant Initials)

-I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief.

-I/we understand that false statements or information are punishable under federal law and are cause for denial of housing and will be grounds for immediate termination and cancellation of the rental agreement at the option of the landlord.

Applicant Signature

Date

Case Manager/Licensed Practitioner Signature

Date



*Please mail or fax the completed form directly to:
Willis Avenue Apartments, P.O. Box 761007, Los Angeles CA 90076-1007
Fax (213) 368-1171

Unsigned forms will not be accepted.

Note: If applicant requires an interpreter or has a disability that requires special accommodations, please contact the Property Management Company so that reasonable accommodations can be made to meet applicants needs.

