Department of Mental Health's 5th Annual Housing Training Institute
The Application Process – June 11, 2012 – 3:15PM
Presenter: Carmen Hill, MBA, President of CitiHousing Real Estate Services

Tips on Getting a Rental Application Accepted

1. Find out the public information:
   Order credit report: www.annualcreditreport.com

   Order criminal report: www.lasuperiorcourt.org

   Correct erroneous information.

   Be prepared to explain extenuating circumstances.

2. Find out the selection criteria before turning in application and wasting application fees.

3. Practice with blank rental applications and mock landlord interviews.

4. Show productive activities if not employed: going to school, volunteer work, etc.

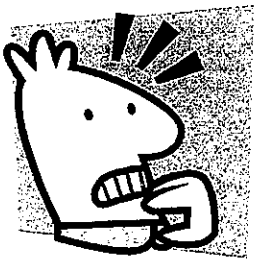
5. Current residence: if homeless, explain

6. References:
   Banks – direct deposit of government checks
   Personal- character references

7. If prior eviction judgments shown on credit report: explain extenuating circumstances and willingness to provide extra security deposit.

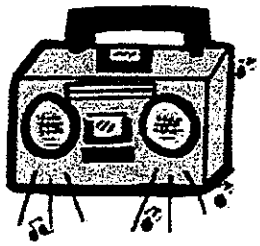
8. Dress appropriately when turning in application and bring children to show that they are well- behaved.

Landlords Fears/Concerns About Tenants



- ***Inability to Pay***
  - ***** Poor Budgeting***
  - ***** Not able to afford rent***
- ***Will damage units due to carelessness and poor housekeeping.***
- ***Too many occupants or untrained children.***

- ***Will disturb other tenants***
  - *****Loud stereos and t.v.***
  - *****Excessive guests hanging out***
  - *****Scary activities: drugs, etc.***



Sample

APPLICATION TO RENT OR LEASE

Application Rejected

PLEASE PRINT

APPLICANTS

FIRST	MIDDLE	LAST	BIRTH DATE	SOCIAL SECURITY	DRIVER'S LICENSE
Francine	Ann	Lewis	5-22-51	SSI	CDL

OTHER NAMES USED WITHIN LAST 5 YEARS	HOME PHONE	BUSINESS PHONE
None	909-364-8990	—

ADDITIONAL OCCUPANTS

ALL OTHER PROPOSED OCCUPANTS	AGE	RELATIONSHIP TO APPLICANT
None		

EMPLOYMENT

	CURRENT EMPLOYMENT	PREVIOUS EMPLOYMENT	PREVIOUS EMPLOYMENT
EMPLOYED BY	None		
ADDRESS			
EMPLOYER PHONE			
OCCUPATION			
POSITION			
NAME OF SUPERVISOR			
DATES OF EMPLOYMENT	FROM TO	FROM TO	FROM TO
INCOME PER MONTH SSI	$ 721	$	$

RESIDENCE

	CURRENT RESIDENCE	LAST PRIOR	PRIOR
STREET ADDRESS	312 Park Ave	Homeless	
CITY	Pomona		
STATE AND ZIP	CA		
DATES OF STAY	1/1/02 to Present		
LAST RENT PAID	$ 350	$	$
OWNER/MANAGER and PHONE NUMBER	Carol 909-360-1080		
REASON FOR LEAVING	This a boarding care		

VEHICLES

AUTOMOBILES	MAKE	MODEL	COLOR	YEAR	LICENSE NO.
	Chevy		Black	1985	CL 48751
MOTORCYCLES					

CREDIT INFORMATION

NAME OF BANK/S & L	BRANCH OR ADDRESS	ACCOUNT NO.	APPROX. BALANCE
None		CHECKING:	$
		SAVINGS:	$
		CHECKING:	$
		SAVINGS.	$

CREDIT REFERENCES	ACCOUNT NO.	ADDRESS/CITY	PHONE	PRESENT BALANCE	MONTHLY PAYMENTS
None					

PERSONAL REFERENCES

IN CASE OF EMERGENCY NOTIFY	ADDRESS/CITY	PHONE	RELATIONSHIP
Carol Jones	TriCity Mental Health	909-364-8600	Case mge.
CLOSE FRIEND			
None			
NEAREST RELATIVE LIVING ELSEWHERE			

GENERAL INFORMATION

1. Mother's Maiden Name Alexander
2. When have you received welfare or Unemployment Insurance? No
3. Do you have any water filled furniture or do you intend to use any water filled furniture in this apartment? No
4. Do you have any pets? No If so, how many and what? _____
5. Have you ever been evicted for non-payment of rent or any other reason? Yes
6. Why are you leaving your present residence? Board and care - would like an apt - too noisy there
7. Please explain any "yes" answers to General Information: Car breaks down and often getting it fixed owner would not accept rent

Applicant represents that all information given on this application is true and correct and hereby authorizes verification of all references and facts, including but not limited to obtaining Unlawful Detainer and Credit Reports. Applicant hereby waives any claim and releases from liability any person providing or obtaining said verification or additional information.

The undersigned hereby applies to rent/lease Apartment No._____ at _____ for $ _____ per *month* and upon OWNER'S approval agrees to enter into a Rental Agreement and/or Lease and pay all rent and security deposits required before occupancy.
An Application fee of $_____ is hereby submitted for the cost of Credit Reports and processing this application.

Additional Information _____

Dated: _____

Francisco Juarez
Applicant

Applicant

APPLICATION TO RENT OR LEASE

APPLICANT *Each Applicant over the age of 18 must complete their own application form* ***PLEASE PRINT***

First, Middle, Last Name	Date of Birth	Social Security #	Driver's License #
Other Names Used In the Last 10 Years	Home Phone	Cell Phone	Email Address

ADDITIONAL OCCUPANTS *List everyone, who will live with you:*

First, Middle, Last Name	Relationship To Applicant

EMPLOYMENT

	Current Employment	Prior Employment
Employer		
Address		
Employer Phone		
Job Title		
Name of Supervisor		
Dates of Employment	From: To:	From: To:
Income Per Month	$	$

RESIDENCE

	Current Residence	Previous Residence	Previous Residence
Street Address			
City			
State & Zip			
Dates of Stay			
Owner/Manager			
And Phone number			
Reason For Leaving			
Last Rent Paid	$	$	$

VEHICLES

Automobiles	Make	Model	Color	Year	License No.
Motorcycles					

PERSONAL REFERENCES

In Case Of Emergency, Notify	Address/City	Phone	Relationship
Close Friend			
Nearest Relative Living Elsewhere			

CREDIT INFORMATION *Please list all your financial obligations*

Name of Bank or Savings & Loan	Branch or Address	Account No.	Balance
		Checking	$
		Savings	$

Credit Accounts	Account No.	Address/City	Phone	Balance	Due Monthly

GENERAL INFORMATION *Check answer that applies*

- Do you smoke? ☐YES ☐NO
- Do you have any pets? ☐YES ☐NO
- Have you ever filed for bankruptcy? ☐YES ☐NO
- Do you have any musical instruments? ☐YES ☐NO
- Do you have any water-filled furniture or do you intend to use water filled furniture in the apartment? ☐YES ☐NO
- Have you ever been convicted for selling, possessing, distributing or manufacturing illegal drugs or convicted of any other crime? ☐YES ☐NO
- Have you ever been evicted for non-payment of rent or any other reason? ☐YES ☐NO

Please explain any "yes" answers to the above questions:

_____

_____

_____

_____

Why are you leaving your current residence?_____

_____

The applicant hereby applies to rent/lease Apartment #_____at_____ _____for $_____ per month, and upon owner's approval agrees to enter into a Rental Agreement and/or Lease and pay all rent and security deposits required before occupancy.

An application fee of $_____ is hereby submitted for the cost of processing this application, to obtain credit history and other background information.

Applicant represents that all information given on this application is true and correct. Applicant hereby authorizes verification of all references and facts, including but not limited to current and previous landlords and employers, and personal references. Applicant hereby authorizes owner/agent to obtain Unlawful Detainer, Credit Reports, Telechecks, and/or criminal background reports. Applicant agrees to furnish additional credit and/or personal references upon request. Applicant understands that incomplete or incorrect information provided in the application may cause a delay in processing which may result in denial of tenancy. Applicant hereby waives any claim and releases from liability any person providing or obtaining said verification or additional information.

Applicant:_____Date:_____
(Signature required)

FOR OFFICE USE ONLY

Applicant name: _____
Reviewed by: _____
Date: _____

Application for Admission (TCAC)
One Application per Household
(Duplicate submissions will be considered as grounds for denial.)

Equal Housing Opportunity: will comply with the provision of any federal, state, or local law prohibiting discrimination in housing on the basis of race, color, creed, ancestry, national origin, sex, sexual orientation, and familial status, source of income, age, disability, AIDS, or AIDS relation condition. TDD Telephone device for the hearing impaired (888) 877-5379 or California Relay Service.

To the applicant: Please fill out this form completely. All references will be checked and if any information is found to be false or incomplete, the application may be rejected. Use additional pages if more space is needed.

Part I. APPLICANT INFORMATION

1. Applicant: _____
2. Date of birth: _____
3. Social Security number: _____
4. Present address and telephone number

   Number and Street _____ Apt. # _____

   City _____ ST _____ Zip Code _____

   Telephone Number _____ Cell Number _____
5. Mailing address, if different: _____
6. How long have you lived at your present address? _____
7. Unit size requested (please check one): _____ 2 bedrooms, _____ 3 bedrooms, _____ 4 bedrooms
8. Do you or any member of your household have a disability that requires an accommodation? Yes ___ No ___

   Type of accommodation? _____

7

9. Other Household Members. List all the persons who are applying to live in the unit below.

	Name	Relationship to Applicant	Date of Birth	Age	Social Security Number
1					
2					
3					
4					
5					
6					
7					
8					
9					

9. Do you or any members of your household have pets (including fish, birds, rodents or reptiles)? Yes___ No___

Type: _____

Part 2. HOUSEHOLD INCOME, ASSETS, AND SUBSIDIES

10. Income. List all sources of income for all members of the household below. Please check "YES" or "NO".

YES	NO		YES	NO	
_____	_____	Employment	_____	_____	AFDC/GA ("Welfare")
_____	_____	Self-Employment	_____	_____	Unemployment Compensation
_____	_____	Social Security/ SSI	_____	_____	Pension/ Retirement Fund
_____	_____	Scholarship/Student Aid	_____	_____	Disability/Death Benefits
_____	_____	Insurance Policy	_____	_____	Severance Pay
_____	_____	Annuities	_____	_____	Strike Benefits
_____	_____	Alimony or Child Support	_____	_____	Regular Contribution or Gift (for rent, utilities, groceries, car Payment, insurance, etc.)
_____	_____	Award			
_____	_____	Other			

HOUSEHOLD'S TOTAL ANNUAL INCOME $_____

11. Assets.
    A. Check "YES" if any family member has one or more of that type of asset.
    B. Check "NO" if no family member has that type of asset.
    C. Check "DIVESTED" if any family member has disposed of that type of asset for less than fair market value within the past 24 months.

YES	NO	DIVESTED	
_____	_____	_____	Saving Account
_____	_____	_____	Checking Account
_____	_____	_____	Trust
_____	_____	_____	Real Estate, Rental Property, Rent
_____	_____	_____	Money Market Fund
_____	_____	_____	Stocks, Bonds, Treasury Bills, Certificate or Deposit Ira or Keogh
_____	_____	_____	Retirement or Pension Fund
_____	_____	_____	Inheritance, Lottery Winnings, Insurance Settlement Due
_____	_____	_____	Capital Gains, Capital Investments
_____	_____	_____	Personal Property held as an investment (Gems, Autos, Art, Etc.)
_____	_____	_____	Other: _____

HOUSEHOLD'S TOTAL ASSETS:$_____

Have you transferred any assets in the past 2 years in excess of $1,000 to anyone? ( ) Yes ( ) No
If yes please explain: _____

12. Subsidy. Do you have a Section 8 Certificate or other Rental Subsidy: [ ] Yes [ ] No

Type of unit: _____ Fair Market Rent _____

Part 3. REFERENCES

Use this space to list previous landlords for the last five years. If you have no previous landlord references, use this space to provide two other references and indicate their relationship to you. Also provide information about any prior evictions.

13. Current Landlord — Rental period covered:

Name_____ From_____ to_____

Address_____ Rent paid $ _____/ mo.

Telephone_____

Reason for leaving:_____

Previous Landlord — Rental period covered:

Name_____ From_____ to_____

Address_____ Rent paid $ _____/ mo.

Telephone_____

Reason for leaving:_____

14. Termination of Tenancy. Have you or any member of your household ever been asked to leave any apartment in the past?

[ ] Yes [ ] No

If yes, when?_____ And why?_____

15. Have you or any household member ever been convicted of a crime?

[ ] Yes ( ) No If yes, explain: _____

16. Do you anticipate any changes in your household composition or income within the next twelve months?

Yes_____ No _____ If yes explain:

_____

_____

17. Do you or any household members own a motor vehicle that you plan to park at the property? If so, what type and model of the vehicle(s):

Type	Model	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

Part 4. STUDENT INFORMATION

18. Any member of the household (over the age of 17) currently a full-time student, or planning to be one within the next 12 months? ____ Yes ___ No ____

If Yes, continue with the following questions: (You will need to provide verification of all items to which you answered YES)

YES	NO	
_____	_____	A. Are you married and currently filing a joint tax return?
_____	_____	B. Are you receiving AFDC/TANF (Aid to Families with Dependent Children)?
_____	_____	C. Are you enrolled in the Job Training Partnership Act (JTPA) or another similar local, county or state program?
_____	_____	D. Are you a single parent with children and neither your or the children are dependents on anyone else's tax return?
_____	_____	E. Will you be living with someone who is not a full-time student? If so who?

PT

_____

Part 5. OUTREACH

How did you hear about this property?

- Newspaper, name of newspaper_____
- Drive by signage _____
- Personal Reference _____
- Name of person_____
- Other; please specify:_____

Part 6.EMPLOYMENT

List current employment of all household members over the age of eighteen.

Household Member: _____

Employer Name: _____ Position: _____

Address: _____

Phone #: _____ Fax #: _____

Household Member: _____

Employer Name: _____ Position: _____

Address: _____

Phone #: _____ Fax #: _____

Household Member: _____

Employer Name: _____ Position: _____

Address: _____

Phone #: _____ Fax #: _____

Household Member: _____

Employer Name: _____ Position: _____

Address: _____

Phone #: _____ Fax #: _____

Household Member: _____

Employer Name: _____ Position: _____

Address: _____

Phone #: _____ Fax #: _____

Part 7. CERTIFICATION

I/we certify that if selected to move into this project, the unit I/we occupy will be my/our primary residence.

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.

I/we understand that the above information is being collected to determine my/our eligibility for an apartment. I/we authorize the owner or his agent to verify all information provided on this application and to contact previous or current landlords, employers, or other sources for credit and verification information which may be released by appropriate federal, state, local agencies, or private persons to the owner/management.

I/we agree to allow management to perform a consumer credit check and a criminal background check on all adult household members. I/we agree to pay a credit check and criminal background-processing fee at the initial screening interview. This will be required prior to an applicant being processed.

I/we acknowledge receipt of the resident selection criteria for _____ Apartment Homes. By signing below I

acknowledge I have read and understand the selection criteria and grounds for denial of housing, and find them be reasonable. I hereby certify the information provided herein is true and correct and acknowledge that the landlord shall rely upon this representation. I acknowledge that any false statements or misrepresentations shall be grounds for immediate denial of this application.

Applicant: _____ Date: _____

Applicant: _____ Date: _____

Applicant: _____ Date: _____

Applicant: _____ Date: _____

Applicant: _____ Date: _____

Applicant: _____ Date: _____

Applicant: _____ Date: _____

Tenant Selection
Chapter 2 - HUD Handbook 4350.3

Tenant Selection Plan

According to Paragraph 2-24, Page 2-41 of HUD Handbook 4350.3, even though HUD does not review or approve tenant selection plans, owners must develop a written plan which conforms to HUD regulations and which covers the following:

1. Procedures for accepting applications and screening tenants
2. Nondiscrimination and equal opportunity requirements
3. When applicants may be rejected
4. How they will apply preferences and priorities required by HUD
5. Procedures for selecting between tenants on the waiting list and current tenants in the development

Permitted Screening Criteria

According to Par 2-25, Pgs 2-41 thru 2-44, owners must apply their screening criteria uniformly to all applicants. The cost of screening must not be charged to applicants, but may be charged against the project operating account. Owners should consider the following factors, but may include other criteria as well as long as it is not prohibited as indicated in Par 2-26, Pgs 2-44 and 2-45.

1. **Demonstrated Ability to Pay** - owners may ask the applicant to show a history of paying the rent on time, and an ability to meet the requirements of tenancy.
2. **Former Landlords** - owners may ask for past rental history including nonpayment of rent, failure to cooperate with applicable recertification procedures, violations of house rules or leases, history of disruptive behavior, housekeeping habits, termination of assistance for fraud, previous evictions, convictions involving the illegal manufacture or distribution of a controlled substance, or convictions for the illegal use of a controlled substance.
3. **Credit References** - credit checks may be used when no rent payment history is available, but a lack of a credit history may not be used to reject an applicant.
4. **Housekeeping Habits** - owners may make visits to the applicant's current residence to review housekeeping habits.
5. **Illegal Drugs** - owners may make inquiries of each applicant to determine if the applicant or any member of the household is currently an illegal user of, or has been convicted of the illegal use, manufacture, or distribution of a controlled substance.
6. **Accessible Units** - when an applicant requests such a unit owners may make inquiries to determine whether an applicant is qualified for a dwelling available only to persons with handicaps.
7. **Handicap Accommodations** - owners may be required to modify the screening criteria as a reasonable accommodation to persons with handicaps.
8. **Extenuating Circumstances** - owners may consider extenuating circumstances in evaluating information obtained during the screening process to assist in determining the acceptability of an applicant for tenancy.
9. **Assistive Animals** - owners may require individuals with handicaps in family housing to provide justification that their assistive animal is needed for the individual to have equal opportunity to use and enjoy the housing.

Prohibited Screening Criteria

According to Par 2-26, Pgs 2-44 and 2-45, owners may not require the following as a condition of admission:

1. **Physical Examinations** - a pregnant woman could not be required to undergo medical testing to determine a child's sex for assigning bedroom size.
2. **Meals and Other Services** - owners may not require tenants to participate in meals programs that have not been approved by HUD.
3. **Donations or Contributions** - Owners must not require a donation, contribution, or membership fee as a condition of admission, except that cooperative housing projects may charge a membership fee.
4. **Handicap Status** - it is unlawful to make an inquiry to determine whether an applicant has a handicap, or to make inquiry as to the nature or severity of a handicap of such a person

Reasons for ineligibility

APPLICATION:

Incomplete application
False information
Insufficient references
Family Composition

CREDIT HISTORY:

Delinquent debts
Excessive financial obligations
Bankruptcy

RENTAL HISTORY:

Unable to verify references
Unable to obtain landlord reference
Garnishment, repossession, law-suit, etc
Unable to verify residence
Unsatisfactory previous occupancy

INCOME:

Unable to verify employment
Unable to verify income
Income over the maximum income limit
Insufficient income

CRIMINAL RECORD:

Conviction within the last (2) years for any crimes involving physical violence to persons or property or illegal drug activity of any kind

IN HOME VISIT:

Poor House Inspection

OTHER:

Senior housing community – no minors are permitted

From a property management company's operations manual for a HUD-subsidized building

Affordable Rental Options

- Shared housing –landords renting rooms in single family homes
  DMH Program S.H.A.R.E – 310-546-5270
  www.shareself.org/collaborativehousing

- HUD Subsidized apartments (project based Section 8)
  - www.hud.gov
  - Click on "Search for an Affordable Apartment"

- City of Los Angeles Affordable Housing Roster
  www.lahd.lacity.org

- A Community of Friends (apts for homeless, mentally ill)
  www.acof.org
    - Contact William Membreno 323-757-0670x 105

- Listings posted on County's website www.housing.lacounty.gov

- Tax credit apartments
  - Advertised in local newspapers *"income restrictions apply"*
  - Newspaper press releases
  - www.pennysaverusa.com
  - List published on internet
    http://treasurer.ca.gov/ctcac/history.asp
    Click on "Active projects receiving tax credits 1987-2011"

- Mom and Pop Landlords
  - For rent signs posted on property
  - Neighborhood newspapers